New Mexico

Department of Health

Developmental Disabilities Supports Division

Provider Capacity Assessment

September 2023

PUBLIC
CONSULTING GROUP

CONTENTS

I. EXECUTIVE SUMMARY 5
- Overview 5
- Project Approach 5
- Findings 7
- Recommendations 10

II. INTRODUCTION 12
- Services in Scope 12
- Developmental Disabilities & Mi Via Waivers at a Glance 13

III. METHODOLOGY 14
- Stakeholder Engagement 15
- Capacity Assessment Surveys 15
  - Survey Analysis 16
- Departmental Data Comparison 20
  - DDSD Provider Enrollment Unit Data Analysis 20
  - Regional Office Request for Assistance Data Analysis 20
- Environmental Scan 20

IV. KEY FINDINGS BY SERVICE CATEGORY 22
- Professional Services (Behavior Support Consultation, Occupational Therapy, Physical Therapy, Speech Therapy) 24
  - Summary 24
  - Service Availability 24
  - Barriers to Service Availability 30
  - Expanding Access 31
- Community Supports and Employment (Community Integrated Employment Job Maintenance, Customized Community Supports, Community Direct Support) 33
  - Summary 33
  - Service Availability 33
  - Barriers to Service Availability 37
  - Expanding Access 38
- Living Care Arrangement (Customized In-Home Supports, Family Living, Homemaker/Direct Supports, In-Home Living Supports, Respite, Supported Living) 39
  - Summary 39
  - Service Availability 40
  - Barriers to Service Availability 43
  - Expanding Access 45

Other Waiver Services (Adult Nursing, Assistive Technology Purchasing Agent, Private Duty Nursing, Socialization and Sexuality Education, Technology for Safety and Independence Purchasing Agent) 46
Summary 46
Service Availability 47
Barriers to Service Availability 48
Expanding Access 49
Case Management and Consultant Services 49
Summary 49
Service Availability 49

V. RECOMMENDATIONS 52
Removing Barriers to Expansion 52
Recruitment and Retention Strategies 52
Rates and Wages 54
Telehealth 55
Gathering Additional Data and Further Assessing Capacity 56
Additional Research on Specific Areas 56
Mi Via Participant Engagement 57
Regional Office Request for Assistance Process 58

VI. ACKNOWLEDGEMENTS 59

APPENDIX A: NM CAPACITY – PARTICIPANT SURVEY 60

APPENDIX B: NM CAPACITY – CASE MANAGER AND CONSULTANTS SURVEY 69

APPENDIX C: NM CAPACITY – PROVIDER SURVEY 87

APPENDIX D: PARTICIPANT SURVEY ANALYSIS 97
Participant Survey Assessment of Bias 97
Respondents 97
Participation by Waiver Type 97
Waiver Services Represented in the Sample 97
Service Availability 98
Quality of Care 98
Developmental Disabilities Waiver 99
Mi Via Waiver 101
Barriers to Service Availability 103
Qualitative Responses 103

APPENDIX E: CASE MANAGERS AND CONSULTANTS SURVEY ANALYSIS 105
Respondents 105
Waivers Supported by Respondents 105

Caseloads 105
Service Availability 105
Development Disabilities Waiver 105
Mi Via Waiver 107
Barriers to Service Availability 108
Telehealth 113
Qualitative Responses 116

APPENDIX F: PROVIDER SURVEY ANALYSIS 118
Respondents 118
Waivers Respondents Provide Services In 118
Services Respondents Provided 118
Therapies 119
Providers Expanding Capacity in the Past Year 120
Providers Limiting Capacity in the Past Year 122
Providers Expanding and Limiting Capacity in the Last Year 126
Future Expansion 126
Telehealth 126
Staff Recruitment and Retention 128
Qualitative Responses 129

APPENDIX G: GEOGRAPHIC REPRESENTATION BY SURVEY 130
Participant Survey 130
Case Manager and Consultant Survey 131
Provider Survey 132

APPENDIX H: ENVIRONMENTAL SCAN FINDINGS 134
Geographic Nuances and Barriers 134
Provider expenses 134
Access to Connectivity 135
Telehealth 135
Location of Providers and Vendors Providing Services 138
Marketing strategies for recruiting direct support personnel and new provider agencies 138
Direct Support Personnel Retention and Recruitment Taskforce 138
Career Advancement 139
Public Marketing Campaigns 140
Aligning Requirements 140

I. EXECUTIVE SUMMARY

OVERVIEW

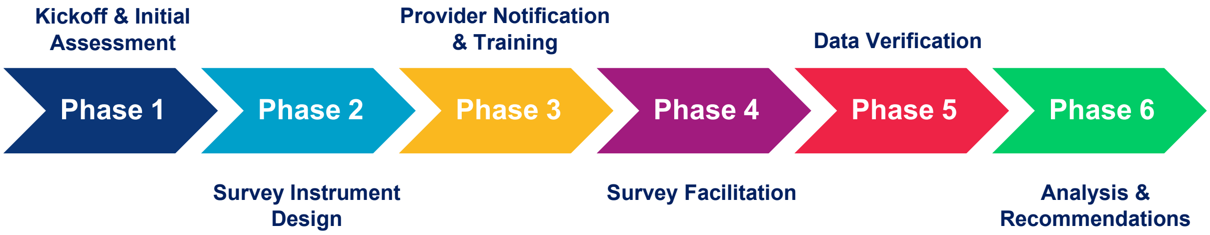
The New Mexico Department of Health (DOH), Developmental Disabilities Supports Division (DDSD or the Division) operates New Mexico's four 1915(c) Home and Community-Based Services (HCBS) Medicaid waiver programs. These include the Developmental Disabilities Waiver, the Medically Fragile Waiver, the Mi Via Self-Directed Waiver, and the Supports Waiver.

The Division contracted with Public Consulting Group LLC (PCG) in September 2022 to lead an HCBS Waivers Rate Study and Provider Capacity Assessment. In accordance with the scope of work, PCG conducted surveys to assess the provider capacity for **specific services** for individuals with intellectual and developmental disabilities receiving services through the **Developmental Disabilities** and **Mi Via Waivers.**

This is the **Provider Capacity Assessment** final report. The Rate Study report was issued in June 2023.

PROJECT APPROACH

FIGURE 1: DDSD HCBS WAIVERS PROVIDER CAPACITY ASSESSMENT METHODOLOGY OVERVIEW



As shown in **Figure 1** above, PCG employed its proven approach in conducting this Capacity Assessment, which consisted of six phases, including:

1. **Kickoff & Initial Assessment** – securing critical input from the DDSD project team and the Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families (ACQ) as part of the kickoff and initial assessment (including initial data request) of New Mexico's HCBS waiver programs.
2. **Survey Design** – designing and developing tools and methodologies for data collection, including survey instruments, with input from DDSD and the ACQ.
3. **Provider Notification & Training** – notifying the participant, provider, and vendor communities about the surveys and preparing them for how to complete the tools and submit their responses.
4. **Survey Facilitation** – supporting participants, providers, vendors, case managers and consultants in completing and submitting the survey instruments.
5. **Data Verification** – conducting quality assurance and verification of all data received.
6. **Analysis & Recommendations** – analyzing the collected data, as well as environmental scan findings, to develop and present recommendations to DDSD and the ACQ.

PCG engaged stakeholders, including the ACQ, throughout each phase of the project. A project team made up of representatives from DDSD and PCG met and communicated regularly to lead the work. PCG and DDSD also met with the ACQ Rate Study Subcommittee periodically throughout the project in an advisory capacity.

To assess New Mexico's HCBS waivers' provider network, therapy caseloads, and to gather provider feedback on barriers to expansion of services, PCG designed and collected surveys from three groups: (1) Participants, (2) Case Managers and Consultants, and (3) Providers. PCG received responses as shown in the table below.

TABLE 1: DDSD HCBS WAIVERS PROVIDER CAPACITY ASSESSMENT SURVEY RESPONSES

Survey Instrument	Responses
Participant	217
Case Manager & Consultant	139
Provider	104

After conducting isolated analyses on each individual survey to establish baseline/initial findings, PCG conducted a cross-survey analysis. Additionally, the survey findings were compared to DDSD Provider Enrollment Unit (PEU) data (which this report refers to as DDSD Provider Data) on provider moratoriums and openings for each service by county along with data from DDSD's Regional Office Request for Assistant (RORA) process. DDSD created the RORA system to promote and encourage communication with external and internal partners and to provide a forum for raising concerns to DDSD. The RORA process was established by DDSD as a mechanism for informing DDSD of gaps in services and/or needs for assistance.

This report focuses on the eight services that were most frequently identified by Participant and Case Manager and Consultant Survey respondents as not available in "the amount [the participant was] authorized to receive and/or at the quality level [they] would like." As described in the methodology section, these services were assigned a weighted ranking across both surveys based on number of respondents indicating the service was "Not Always Available" or "Never Available." The eight services most frequently identified as having limited access and their weighted rank in the Case Manager and Consultant Survey are listed below.

TABLE 2: EIGHT SERVICES MOST FREQUENTLY IDENTIFIED IN SURVEYS AS HAVING LIMITED ACCESS

Service Name	Developmental Disabilities Waiver	Mi Via Waiver
Behavior Support Consultation	Mid	High
Occupational Therapy	High	High
Physical Therapy	High	High
Speech Therapy	High	High
Customized Community Supports	High	High
Supported Living	Mid	N/A
Respite	Mid	Mid
Private Duty Nursing	N/A	High

Participant Survey respondents reported less concerns with service availability overall, with all services weighted as Low-Mid for service unavailability by participant respondents. This may be due in part to low participant responses. The four services ranked by participants in the Mid-range for service unavailability (i.e., services most frequently identified as having limited access by participants) are incorporated in the services listed in Table 2.

Of note, the survey did not differentiate between types of Customized Community Supports or Supported Living. For services identified as having limited availability in both Waivers, analysis specific to the Mi Via Waiver was limited due to minimal Participant Survey responses from Mi Via participants and limited DDSD data on the Mi Via Waiver, given the nature of the self-directed program and that the vendors and employees do not contract with the state directly.

FINDINGS

Overall, participant respondents reported having provider choice and being satisfied with service quality. Specifically:

- 75 percent agree that their services meet their needs.
- 92 percent agree that their services are provided in their language and/or in a culturally competent manner.
- 91 percent agree that their services are being provided in a manner that respects their dignity and privacy.
- 86 percent agree that their services are being delivered in an individualized and person-centered way.
- 66 percent agree that they have multiple service providers to choose from for the service(s) on their Individualized Service Plan or Service and Support Plan.

When issues arise, participant respondents are seeking help and the majority have successfully addressed their concerns by reaching out. Specifically:

- 96 percent indicated that they contacted their provider, case manager, consultant, or DDSD or another State employee for help.
- Of those respondents, 60 percent indicated that their efforts resolved the problem.

The findings below are specific to the eight services that were most frequently identified as not available in “the amount [the participant was] authorized to receive and/or at the quality level [they] would like.” There were three strong barriers to service availability identified across all eight services:

- Providers not accepting new participants
- No providers in area
- Providers unable to staff service due to complexity of needs

Note that although the survey language did not ask about moratorium status, DDSD policy states that providers must be on moratorium if they are unable to accept new participants. Similarly, providers cannot deny services unless DDSD has granted an exception to the provider agency.

The table below summarizes additional findings for each of the eight services, including: (1) how many case manager and consultant respondents indicated the service was unavailable in each waiver, (2) actual service availability based on DDSD Provider Data (3) barriers to service availability (beyond the three above) that were identified most by providers and case managers and consultants (4) options for expansion identified by provider respondents.

TABLE 3: SUMMARY OF FINDINGS

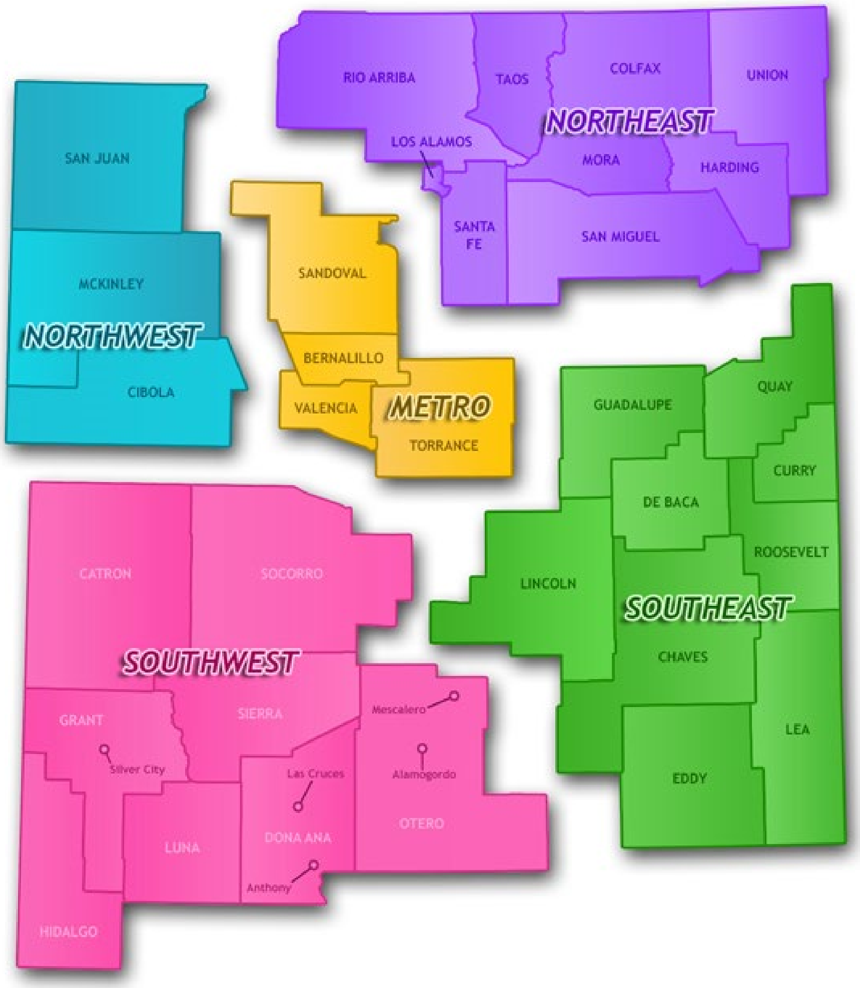
Service Availability	Comparison to DDSD Data	Barriers to Service Availability	Expanding Access
Behavior Support Consultation, Occupational Therapy, Physical Therapy and Speech Therapy were each identified by 28-58% of case managers and consultants as "Not Always Available" in both Waivers.	• There are many counties with no slots for each service. • A high proportion of providers are on self-imposed moratorium. • There were many Developmental Disabilities Waiver related RORAs, but none for the Mi Via Waiver.	• Providers will not accept rates for Mi Via Waiver • Lack of staff for geographic areas	• Increased rates and wages • Telehealth
Customized Community Supports was identified as "Not Always Available" by 45% of consultants and 60% of case managers.	• Most counties had service openings. • A high proportion of providers are on self-imposed moratorium. • There were not many RORAs submitted for either Waiver.	• Transportation not available for Developmental Disabilities Waiver • Lack of staff for specific days or hours • Staff leaving the agency	• Increased rates and wages • Bonuses • Benefits • Dependent care • Housing • Paid trainings
Respite was identified as "Not Always Available" by 30% of consultants and 26% of case managers. Supported Living was identified as "Not Always Available" by 26% of case managers.	For Respite: • Most counties had service openings. • A low proportion of providers are on self-imposed moratorium. • There were only a few RORAs for the Developmental Disabilities Waiver. There were no RORAs for the Mi Via Waiver. For Supported Living: • There were 15 counties with no openings. • A high proportion of providers are on self-imposed moratorium. • Supported Living had the highest number of RORAs of any service for the Developmental Disabilities Waiver.	• Providers will not accept rates for Mi Via Waiver • Lack of staff for specific days or hours • Staff leaving the agency	• Increased rates and wages

Service Availability	Comparison to DDSD Data	Barriers to Service Availability	Expanding Access
Private Duty Nursing was identified as "Not Always Available" by 30% of consultants.	N/A (Mi Via waiver service, Mi Via data not available)	• Providers will not accept rates.	N/A (No provider responses)

PCG also assessed the geographic trends in service availability based on participant responses and compared those results to the DDSD Provider Data. The key takeaways from **this geographic analysis** are summarized below with a regional map of New Mexico below for reference.

- De Baca **(Southeast)** and Harding **(Northeast)** counties ***have no slots available for any of the eight services of focus***
- The **Metro region** survey respondents reported availability issues for **all services**. DDSD's data indicated that most services had available slots.
- In the **Southeast** and **Southwest,** most counties have no slots in Physical Therapy and Occupational Therapy.
- In the **Northwest** and **Southeast,** most counties have no slots in Behavior Support Consultation.
- Survey respondents in **most regions** report Respite as being unavailable. DDSD's data shows openings in all regions.
- The **Northeast region** had few survey respondents report service availability problems. This region also had the lowest survey participation.
- Three services of focus were available in certain regions, as indicated by both survey responses and DDSD data.
    - Behavioral Support Consultation in the **Southwest**
    - Customized Community Supports in the **Northwest** and **Southwest**
    - Supported Living in the **Northwest**

FIGURE 2: REGIONAL MAP OF NEW MEXICO


RIO ARRIBA
TAOS
COLFAX
UNION
NORTHEAST
LOS ALAMOS
MORA
HARDING
SAN JUAN
SANTA FE
SAN MIGUEL
SANDOVAL
MCKINLEY
NORTHWEST
BERNALILLO
CIBOLA
QUAY
GUADALUPE
VALENCIA
METRO
TORRANCE
CURRY
DE BACA
ROOSEVELT
CATRON
SOCORRO
LINCOLN
SOUTHEAST
SOUTHWEST
CHAVES
GRANT
SIERRA
Mescalero
LEA
Silver City
Las Cruces
Alamogordo
EDDY
LUNA
DONA ANA
OTERO
Anthony
HIDALGO

RECOMMENDATIONS

The recommendations proposed in this report address removing barriers to access for the eight services that were most frequently identified by Case Manager and Consultant and Participant Survey respondents as not available in “the amount [the participant was] authorized to receive and/or at the quality level [they] would like.” These recommendations include:

- Strategizing with providers to improve recruitment and retention,
- Leveraging the ACQ for recommendations on how DDSD can support providers with recruitment and retention,
- Partnering with the ACQ and the New Mexico Department of Workforce Solutions in targeted workforce development initiatives,
- Studying the feasibility of wage pass throughs and modifiers, and
- Considering reimplementation of telehealth services.

Furthermore, PCG recommends that DDSD gather additional data and further assess provider capacity. Specifically, DDSD should:

- Seek clarification on why respondents indicated service availability issues in areas where DDSD Provider Enrollment Unit Data does not show an availability issue,
- Request explanation from providers regarding techniques employed to handle participants with complex needs,
- Solicit targeted Mi Via Waiver feedback by outreach to Mi Via Waiver participants and implementation of a Participant Data Management System
- Increase promotion of use of the RORA process, specifically aiming to ensure the state's awareness of access issues in real-time and to gain more targeted Mi Via Waiver participant feedback.

DDSD can accept some, all, or none of these recommendations.

II. INTRODUCTION

The New Mexico Department of Health (DOH), Developmental Disabilities Supports Division's (DDSD or the Division) mission is to effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus of assisting individuals with intellectual and developmental disabilities (I/DD) and their families to exercise their right to make choices, grow, and contribute to their community. DDSD operates New Mexico's four 1915(c) Home and Community-Based Services (HCBS) Medicaid waiver programs, including the Developmental Disabilities Waiver (Traditional Waiver), the Medically Fragile Waiver, the Mi Via Self-Directed Waiver, and the Supports Waiver.

New Mexico's operation of these Waivers is consistent with DDSD's vision for people with I/DD to live the lives they prefer in their communities. Within broad federal guidelines, states may implement HCBS waivers to meet the needs of people who prefer to receive long-term services and supports in their home or community, rather than in an institutional setting. The HCBS waivers allow states to waive certain Medicaid program requirements, such as statewide applicability, service comparability, and income and resource rules.

DDSD contracted with Public Consulting Group LLC (PCG) in September 2022 to lead an HCBS Rate Study and Provider Capacity Assessment. This report is specific to the Provider Capacity Assessment. The final report for the rate study was issued in June 2023.

Only certain services from the Developmental Disabilities Waiver and the Mi Via Waiver were included in the Provider Capacity Assessment at the direction of DDSD based on the contract scope for this engagement. The Developmental Disabilities Waiver offers services and support to adults and children with I/DD so that they may actively participate in their communities. The Mi Via Waiver allows for self-direction by participants within a community-based alternative to institutional care.

The recommendations stemming from the Provider Capacity Assessment were informed by the results of surveys administered to HCBS participants, provider agencies, vendors, and case managers and consultants. These recommendations were further informed by policy research, analysis of DDSD administrative data, discussions with I/DD subject matter experts, and peer state research. Those recommendations can be found in the Recommendations section of this report. It is important to note that DDSD has the authority to accept all, some, or none of these recommendations.

SERVICES IN SCOPE

The **Developmental Disabilities Waiver** scope included the following services:

- Assistive Technology Purchasing Agent
- Adult Nursing Services (RN and LPN)
- Behavior Support Consultation
- Case Management
- Community Integrated Employment
    - Job Maintenance
- Customized Community Supports
    - Individual
    - Group – Category 1
    - Group – Category 2
    - Group – Small Group
- Customized In-Home Supports
    - Living with Family or Natural Supports
    - Living Independently
- Family Living
- Occupational Therapy
- Physical Therapy
- Respite
- Speech Therapy
- Supported Living
    - Category 1 – Basic Supports
    - Category 2 – Moderate Supports
    - Category 3 – Extensive Supports
    - Category 4 – Extraordinary Medical/Behavioral Supports
- Socialization and Sexuality Education

The services included in the scope under the **Mi Via Waiver** were**:**

- Behavior Support Consultation
- Community Direct Support
- Customized Community Supports
- In Home Living Supports
- Homemaker/Direct Supports
- Consultant Services
- Private Duty Nursing
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Respite
- Technology for safety and Independence (Purchasing Agent

DEVELOPMENTAL DISABILITIES & MI VIA WAIVERS AT A GLANCE

In State Fiscal Year (SFY) 2023, 6,962 unduplicated individuals received services through the two HCBS Waivers included in this study with total expenditures of approximately $679 million. The population of 6,962 participants across the Waivers is shown in the table below. Approximately 1,000 participants received services through both Waivers over the course of the year, accounting for the total population of Waiver participants (6,962) being less than the sum of both Waivers (8,027).

TABLE 4. DEVELOPMENTAL DISABILITIES AND MI VIA WAIVERS AT A GLANCE

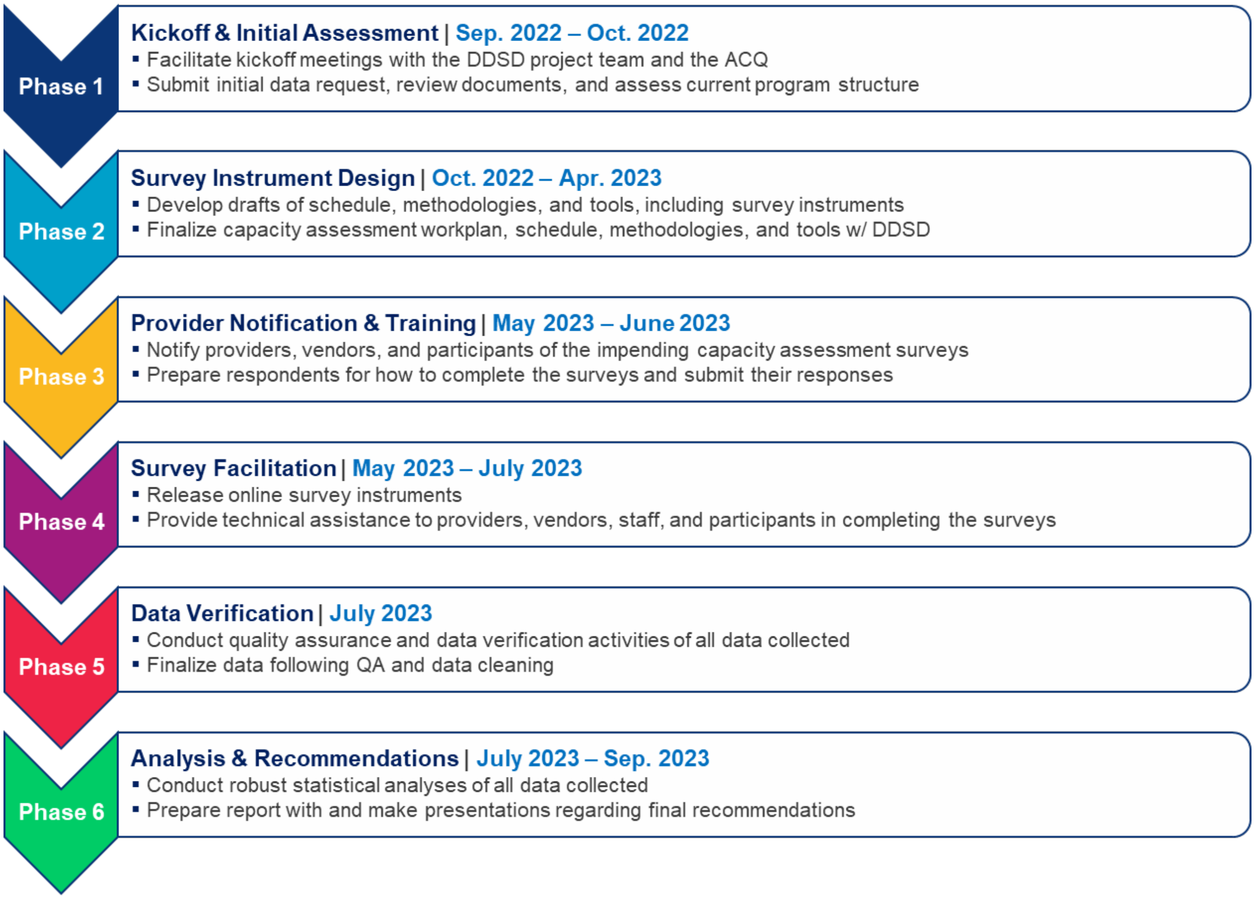
	Participants receiving services	Providers or Vendor Agencies	Case Management or Consultant Agencies
Developmental Disabilities Waiver	4,780	187	14
Mi Via Waiver	3,247	Not in data	12

During that same period, DDSD's data show there were 187 providers in the Developmental Disabilities Waiver, 14 case management agencies, and 12 consultant agencies. The number of Mi Via Waiver vendors and employees was not captured in the DDSD data because Mi Via Waiver employees and vendors do not contract directly with the DOH. Instead, Mi Via Waiver vendors are hired directly by the Mi Via Waiver participant and/or the Employer of Record and then are contracted and paid through a third-party fiscal intermediary. DDSD's data only captures the state's payment to the Fiscal Intermediary for the Mi Via Waiver and not the Fiscal Intermediary's payment to the employee or vendor.

III. METHODOLOGY

Public Consulting Group employed its proven approach in conducting this capacity assessment. The methodology, including the timeframes and key activities involved in each of the six phases, is summarized in the figure below.

FIGURE 3: DDSD HCBS WAIVERS PROVIDER CAPACITY ASSESSMENT PROJECT PLAN & TIMELINE



Phase 1

Kickoff & Initial Assessment | **Sep. 2022 – Oct. 2022**
- Facilitate kickoff meetings with the DDSD project team and the ACQ
- Submit initial data request, review documents, and assess current program structure

Phase 2

Survey Instrument Design | **Oct. 2022 – Apr. 2023**
- Develop drafts of schedule, methodologies, and tools, including survey instruments
- Finalize capacity assessment workplan, schedule, methodologies, and tools w/ DDSD

Phase 3

Provider Notification & Training | **May 2023 – June 2023**
- Notify providers, vendors, and participants of the impending capacity assessment surveys
- Prepare respondents for how to complete the surveys and submit their responses

Phase 4

Survey Facilitation | **May 2023 – July 2023**
- Release online survey instruments
- Provide technical assistance to providers, vendors, staff, and participants in completing the surveys

Phase 5

Data Verification | **July 2023**
- Conduct quality assurance and data verification activities of all data collected
- Finalize data following QA and data cleaning

Phase 6

Analysis & Recommendations | **July 2023 – Sep. 2023**
- Conduct robust statistical analyses of all data collected
- Prepare report with and make presentations regarding final recommendations

PCG conducted ongoing project management activities throughout the study, including regular check-in meetings with Developmental Disabilities Supports Division (DDSD) staff, ongoing coordination of the survey process, quality assurance activities, and robust analyses. Additionally, PCG facilitated periodic meetings with the Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families (ACQ) and other stakeholders who provided input on the methodology.

The figure above depicts tasks completed in each project phase, including: 1.) securing critical input from the DDSD project team and the ACQ as part of the kickoff and initial assessment; 2.) designing and developing tools and methodologies for data collection and analysis, including survey instruments, peer state research, and DDSD administrative data; 3.) notifying the participant, provider, and vendor communities about the surveys and preparing them for how to complete the tools and submit their responses; 4.) supporting participants, providers, vendors, and case managers and consultants in completing the surveys; 5.) conducting quality assurance and verification of all data received; and 6.) analyzing the collected data, including environmental scan findings, and developing and presenting recommendations to DDSD and the ACQ.

STAKEHOLDER ENGAGEMENT

Stakeholder engagement improves the collection and analysis of data. PCG maintained weekly communication with DDSD. PCG also met with members of the ACQ subcommittee assembled by DDSD for this Rate Study and Provider Capacity Assessment periodically throughout the project period. These stakeholders served as an advisory group providing input into the goals, methodologies, tools, analysis of the data, and final recommendations.

The ACQ subcommittee is comprised of the following:

- Four parent representatives
- Four participant representatives
- Three ACQ representatives
- Three Association of Developmental Disabilities Community Providers (ADDCP) representatives
- Three non-ADDCP provider representatives
- Three Therapy Network representatives (one speech therapist, one physical therapist and one occupational therapist)
- One Case Managers Action and Advocacy Council representative
- One Mi Via In-Home Living Supports vendor representative.
- Two Mi Via Consultant Association representatives
- Two Nurse representatives
- One Behavioral Health Association representative
- Three Direct Support Staff Organizations/Advocacy Organizations representatives

CAPACITY ASSESSMENT SURVEYS

PCG distributed three online surveys via Qualtrics, a web-based survey platform, throughout June 2023. The surveys were developed in consultation with DDSD. The logistical overview of each survey is summarized in the table below.

TABLE 5: SURVEY DETAILS

Survey	Estimated Length to Complete	Maximum Number of Questions	Total Responses Received
Participant Survey	7 minutes	15	217
Case Manager & Consultant Survey	10 minutes	25	139
Provider Survey	7 minutes	20	104

All case managers and consultants were asked to share the **Participant Survey** with participants throughout June 2023. The Participant Survey can be found in **Appendix A: NM Capacity – Participant Survey** . This survey asked participants about potential difficulties they may have experienced in finding providers or employees to deliver the services and supports identified in their person-centered plans.

All case managers and consultants were invited to participate in the **Case Managers and Consultants Survey.** The Case Managers and Consultants Survey can be found in **Appendix B: NM Capacity – Case Manager and Consultants Survey**. This survey asked case managers and consultants about difficulties they may have experienced in finding providers or employees to deliver the services and supports identified in the Individualized Service Plan (ISP) or Service and Support Plan (SSP) of participants they support.

All Development Disabilities Waiver providers and Mi Via Waiver vendor agencies that provide the 1915(c) Home and Community-Based Services (HCBS) Waiver services were invited to participate in the **Provider and Vendor Survey (called the "Provider Survey")**. The Provider Survey can be found in **Appendix C: NM Capacity – Provider Survey**. This survey asked providers and vendors about opportunities and barriers they may have faced in their current ability to support participant service delivery. PCG asked that one response be submitted per organization.

The questions asked of each respondent varied based on responses given to earlier questions in the survey, to ensure irrelevant questions were not asked (e.g., providers who did not offer Mi Via Waiver services were not asked questions about Mi Via Waiver services). In addition, the surveys were designed with an optional-response format, meaning that respondents could skip any questions they did not know or did not feel comfortable answering and still submit a completed survey. The optional-response format was employed to discourage survey abandonment. Also, this analysis does not include responses from those who indicated that they did not participate in the Developmental Disabilities Waiver nor the Mi Via Waiver or those who did but not indicate participation in any service(s) within the scope of this study. These factors led to a varying number of responses for each question. For example, in the Participant Survey, 183 respondents answered the relationship-to-participant question, while 175 entered county-of-residence signifiers, and 176 responded to the type-of-waiver question.

Survey Analysis

PCG analyzed the responses to each of the three surveys before identifying cross-survey themes. The in-depth analyses of the three surveys can be found in the following appendices:

Appendix D: Participant Survey Analysis

Appendix E: Case Managers and Consultants Survey Analysis

Appendix F: Provider Survey Analysis

The Participant Survey and Case Manager and Consultant Survey asked respondents to identify specific Developmental Disabilities Waiver and Mi Via Waiver services (within the scope of the Capacity Assessment) that participants were authorized to receive that were *not always* and *never* available to them at the authorized amount or expected level of quality over the past year. PCG used this information to drill down and determine the specific services with the greatest levels of unavailability, isolating eight services identified by a high proportion of respondents, across the Participant and/or Case Manager and Consultant Survey, as sometimes or always unavailable.

Each service issue was weighted and ranked by PCG to identify the most acute needs. To determine the weighted ranking (Low, Mid, or High) of service unavailability, a survey response identifying a service as *not always available* was weighted one point and a survey response categorizing a service as *never available* was weighted two points, recognizing that a service that is always unavailable is more acute than a service which is sometimes unavailable. The weighted ranking for each service was calculated as the sum of all weighted *not always available* and *never available* ratings by respondents divided by the total number of participants authorized for the service through their ISP/SSP. That proportion (the resultant percentage) was used to classify the ranking as Low, Mid, or High based on a consistent scale applied across all services and surveys. A rating of Low means service unavailability occurred less than 25 percent of the time. A rating of Mid means service unavailability occurred between 25 to 49 percent of the time. A rating of High means service unavailability occurred 50 percent of the time or more.

For each of the eight services identified by respondents as having the most significant issues in availability (i.e., the highest weighted rankings), PCG then assessed:

- Geographic trends in availability according to respondents.
- Themes across surveys on barriers to service availability.

- Themes across surveys on options to remove barriers and expand access, including:
    - Exploring provider respondents' past experiences with service expansion
    - Assessing whether case managers and consultants believe telehealth could be used to expand access, and what current barriers to utilizing telehealth exist.
    - Analyzing what factors provider respondents felt would support them with staffing and recruitment.

Where possible, this report provides both counts of respondents and proportion of respondents. Proportions allow comparison of answers across services or questions with different counts of respondents.

In addition, the responses were analyzed at a service-specific level when possible. However, for the Case Manager and Consultant Survey, questions were asked at the level of the "service category," the groupings of which are shown in the table below. Responses were analyzed at this service category level in some cases.

TABLE 6: SERVICE CATEGORIES FOR CAPACITY ASSESSMENT ANALYSIS

Category	Services
Professional Services	Behavior Support Consultation Occupational Therapy Physical Therapy Speech Therapy
Community Supports & Employment	Community Integrated Employment Job Maintenance Customized Community Supports Community Direct Support
Living Care Arrangement	Customized In-Home Supports Family Living Homemaker/Direct Supports In-Home Living Supports Respite Supported Living
Other Waiver Services	Adult Nursing Assistive Technology Purchasing Agent Private Duty Nursing Socialization and Sexuality Education Technology for Safety and Independence

Survey Limitations and Considerations

Overall, responses are geographically representative based on counties represented. Each survey included a question about respondents' location by county. The Provider Survey and Case Manager and Consultant Survey both asked respondents "What counties do you serve? Select all that apply." The Participant Survey asked, "Which county do you live in?" As shown in **Appendix G: Geographic Representation by Survey**, the geographic distribution of the responses to each survey aligned with the distribution of Participant County in the DDSD utilization data, suggesting we have a representative sample geographically.

Despite being geographically representative, the surveys have limitations to informing policy action. Foremost, the survey findings are based on respondents' perception of their own experience and do not necessarily reflect the state of the system. To add context to these survey results, PCG compared these survey results to Departmental data to inform recommendations as described in the **Departmental Data Comparison** section. Other limitations and considerations of the surveys included:

GENERALIZABILITY AND STATISTICAL SIGNIFICANCE

PCG used multiple communication methods to disseminate the surveys including emails and coordinating with the ACQ, DDSD, and case managers and consultants. This was done to inform survey populations (i.e., participants, provider agencies, vendors, and case managers and consultants) about the surveys and encourage participation. Despite engagement efforts, the number of responses received limited our ability to generalize results across survey populations and led to results that do not have statistical significance.

When responses for a particular question were below 20 percent of a survey's total respondent population, the results could not be generalized to the full population the survey is representing. Responses below the threshold are included in this report, however, for informational purposes.

For example, in terms of geographic areas, 15 counties had zero respondents for the Participant Survey. Even when grouped at the regional level, as shown in the table below, three regions (i.e., Northeast, Northwest, and Southeast) had too few responses for meaningful geographical takeaways from that survey. For the Case Manager and Consultant Survey and the Provider Survey, each county in the state had respondents indicated as being served. However, responses were in many cases still too low to be generalizable.

TABLE 7: PARTICIPANT SURVEY RESPONSES BY REGION

Region	Count of Participant Survey Responses
Metro	78
Northeast	13
Northwest	15
Southeast	24
Southwest	45

In terms of services, some services also did not have enough responses to be generalizable. For example, some services were not represented at all. From the Participant Survey, there were limited Mi Via Waiver participants overall, with only 30 responses regarding any Mi Via Waiver services in the respondents' SSPs. Private Duty Nursing and Respite services were not represented for any Mi Via Waiver participant respondents. In the Provider Survey, no respondents indicated that they provided Private Duty Nursing and Technology for Safety and Independence. In addition, there were some services indicated as being provided by a low number of respondents. Findings related to these services are not generalizable due to the limited responses.

RESPONSE ACCURACY AND BIAS

Respondents may have unintentionally submitted an unintended response to any question. In addition, the surveys allowed respondents to skip questions. Selection bias may have occurred due to an increased likelihood that potential survey participants with a particularly good or bad experience were more likely to participate in the survey and answer questions.

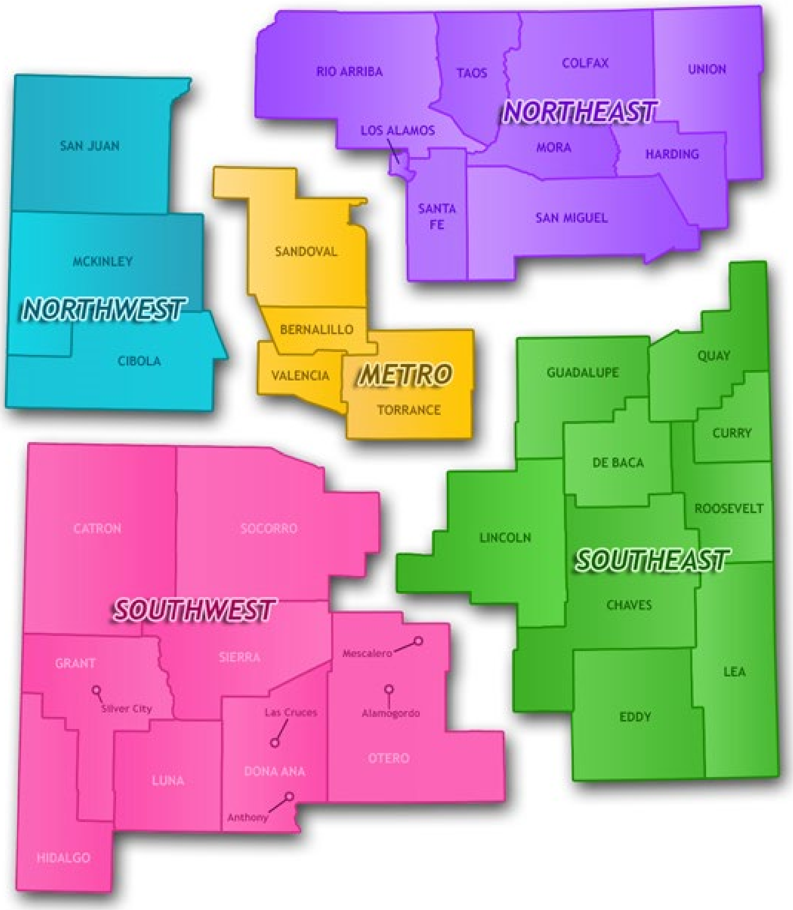
GEOGRAPHIC ANALYSIS OF SERVICE AVAILABILITY

PCG was unable to confidently make geographic inferences based on the findings from the Case Manager and Consultant Survey due to the manner in which questions were asked of respondents. Participating case managers and consultants were asked to identify the counties they serve by selecting all pertinent counties from a picklist. Most respondents identified multiple counties served, and a quarter of respondents selected “Statewide” for their service area. However, subsequent questions regarding service availability, contributing factors, and telehealth did not ask respondents to tie their responses to individual counties. After analyzing the survey results, PCG determined that drawing conclusions based on counties served by Case Manager and Consultant Survey respondents may present skewed or misleading geographical findings and has excluded that analysis from the report.

Provider Survey respondents were also asked to identify the counties they serve by selecting all pertinent counties from a picklist. Most operated in more than one county and subsequent questions did not ask respondents to tie their responses to individual counties. For example, a provider may have indicated provision of five services and operation in six counties; however, it is unclear which service(s) were provided in which counties. Nonetheless, the provider responses were analyzed based on the counties served by provider respondents, as these organizations’ overall experience is reflected in the results.

Where geographical findings are presented, Participant Survey responses and DDSD data are summarized by region. A regional map of New Mexico is below for reference.

FIGURE 4: REGIONAL MAP OF NEW MEXICO


RIO ARRIBA
TAOS
COLFAX
UNION
NORTHEAST
LOS ALAMOS
MORA
HARDING
SANTA FE
SAN MIGUEL
SAN JUAN
MCKINLEY
NORTHWEST
CIBOLA
SANDOVAL
BERNALILLO
VALENCIA
METRO
TORRANCE
GUADALUPE
QUAY
CURRY
DE BACA
ROOSEVELT
LINCOLN
SOUTHEAST
CHAVES
LEA
EDDY
CATRON
SOCORRO
SOUTHWEST
GRANT
SIERRA
Mescalero
Silver City
Las Cruces
Alamogordo
LUNA
DONA ANA
OTERO
Anthony
HIDALGO

DEPARTMENTAL DATA COMPARISON

PCG compared the survey responses on service availability to DDSD data, including both DDSD Provider Data and Regional Office Request for Assistance (RORA) Data.

DDSD Provider Enrollment Unit Data Analysis

PCG received Excel files from the Provider Enrollment Unit that this report refers to as “DDSD Provider Data.” This data includes the count of providers open or on self-imposed moratorium by service, and tables indicating which services do not have available service openings by county. Providers with a self-imposed moratorium are not able to accept additional participants. However, providers can come on and off self-imposed moratorium which could increase the number of openings available to provide services.

The DDSD Provider Data spanned six months, from February through August 2023. PCG identified the number of slots unavailable by service and county. DDSD updates this data regularly, as provider status and service availability changes when providers move on and off moratorium. A provider that operates in more than one region appears in the provider counts multiple times which means the sum of providers in the data could exceed the total number of actual providers in the state. Of note, this data is not available for Mi Via Waiver services.

PCG compared this DDSD Provider Data to responses from the Participant and Case Manager and Consultant Surveys.

Regional Office Request for Assistance Data Analysis

DDSD maintains a RORA system and form to promote and encourage communication with external and internal partners and to provide a forum for raising concerns to DDSD. The RORA form is intended to be a helpful mechanism for informing DDSD of gaps in services and/or needs for assistance.

If there are issues with provider capacity or concerns about participants’ needs not being met, DDSD expects to be made aware of the issue through submission of a RORA form (“RORA”). A RORA may be used to inform the state about a wide range of issues, including broad system level issues, issues related to a specific provider agency and/or issues related to a specific individual served. PCG analyzed the total count of RORAs submitted, not those specifically noting lack of access to an authorized service. While not all RORAs were concerning service availability, there should be RORAs if there are issues with service availability.

DDSD shared with PCG the data on all RORAs submitted from State Fiscal Year 2023 (July 1, 2022, to June 30, 2023). PCG used this data to determine how many RORAs per service were submitted and compared these results to the services with limited availability reported by survey respondents.

DDSD monitors, responds to, and analyzes RORA data separately from this scope. As such, PCG limited its analysis of this data to further examine capacity feedback provided by survey respondents, for purposes of this report.

ENVIRONMENTAL SCAN

PCG’s Provider Capacity Assessment included an environmental scan and research to identify the following:

- Best practices employed by other states/programs to address provider capacity concerns.
- Geographic nuances and barriers that impact provider capacity.
- Location of Developmental Disabilities Waiver providers and Mi Via Waiver vendors.
- Marketing strategies for recruiting direct support personnel (DSP) and new provider agencies.

Our environmental scan and research included the following approaches:

- Review of the Centers for Medicare and Medicaid Services Technical Guide – this provided a foundation and framework for identifying best practices and allowable activities via HCBS waivers.
- Literature review of academic articles, government reports, and industry publications – PCG was able to easily identify what has already been done and researched to help narrow what is most appropriate to and for New Mexico.
- Peer state research – PCG identified states like New Mexico in population and landscape (i.e., rural and frontier) – knowing what other states like New Mexico have done or are doing helps identify approaches that could more easily be implemented in New Mexico.

The full findings are in **Appendix H: Environmental Scan Findings**. Specific findings relevant to the Key Findings by Service Category from the Capacity Assessment Surveys are included in the Recommendations section.

IV. KEY FINDINGS BY SERVICE CATEGORY

Key findings from the three Capacity Assessment Surveys that are not service-specific include the following:

- **Participants report having provider choice and service quality.** When asked about quality of care, the capacity of services to meet varying needs, respondents to the Participants Survey overwhelmingly rated their services as meeting their needs and preferences overall and specifically related to cultural competence, dignity and privacy, personalization, and provider choice. Of respondents to the quality-of-care section of the Participant Survey,
    - 75 percent agree their services meet their needs.
    - 92 percent agree their services are provided in their language and/or in a culturally competent manner.
    - 91 percent agree their services are being provided in a manner that respects their dignity and privacy.
    - 86 percent agree their services are being delivered in an individualized and person-centered way.
    - 66 percent agree they have multiple service providers to choose from for the service(s) on their Individualized Service Plan (ISP) or Service and Support Plan (SSP)
- **Some participants are unable to access authorized services in their ISP/SSP.** The Participant and Case Manager and Consultant Surveys identified specific services within the scope of the Capacity Assessment as being *not always* and *never available* to authorized participants. Of Case Manager and Consultant Survey respondents, 86 percent indicated that a portion of the Developmental Disabilities Waiver participants they support cannot access one or more needed services within their ISP, while 60 percent noted that a portion of the Mi Via Waiver participants they support cannot access some of the needed services in their SSP. Similarly, nearly half (46%) of Participant Survey respondents enrolled in the Developmental Disabilities Waiver indicated they could not always access all services in their ISP at the level and quality preferred, while just over half (53%) of Mi Via Waiver participants reported experiencing at least one occurrence of an accessibility, availability, or quality of care issue over the past year.
- **When issues arise, participants seek help in resolving them.** If an issue with service availability or quality arose, 96 percent of Participant Survey respondents indicated that they contacted their provider, case manager, consultant, or the Developmental Disabilities Supports Division (DDSD) or another State employee for help. When asked if the action taken resolved the issue, 60 percent of participants indicated that their efforts resolved the problem.
- **Providers are interested in expanding in the next year.** 83 percent of Provider Survey respondents reported that they are considering expanding services in the next year.
- **Telehealth may alleviate service barriers.** Case Manager and Consultant Survey respondents indicated that participants' interest in telehealth was not a strong barrier to its use**.** More provider respondents indicated that lack of technical support for participants (32%) and lack of participant interest (24%) were strong barriers than indicated that costs to their organizations was a strong barrier (<10%).

The remainder of this section includes key findings organized by service category. Each service category section presents initial results on service availability from the Participant and Case Manager and Consultant Surveys. Each section focuses on only those services identified by a significant proportion of respondents from either survey as sometimes or never available in "the amount [the participant was] authorized to receive and/or at the quality level [they] would like." The eight services that this report focuses on are listed in **Table 8** below, by service category.

TABLE 8: SERVICES INCLUDED IN CROSS-SURVEY FINDINGS

Service Category	Service(s) Identified as Frequently Unavailable
Professional Services	Behavior Support Consultation Occupational Therapy Physical Therapy Speech Therapy
Community Supports and Employment	Customized Community Supports
Living Care Arrangement	Respite Supported Living
Other Waiver Services	Private Duty Nursing

Each service category section also includes a comparison of survey responses to DDSD data, including both DDSD Provider Data and data on the Regional Office Request for Assistance (RORA) process. Of note, the DDSD Provider Data does not clearly indicate a capacity issue in terms of available slots for Customized Community Supports or Respite services. Given the nature of the self-directed program and that the vendors and employees do not contract with the state directly, DDSD does not maintain Provider Data for Mi Via Waiver services, so DDSD data also does not indicate whether there is an issue for Private Duty Nursing.

PCG also assessed the geographic trends in service availability based on participant responses and compared those results to the DDSD Provider Data. The regions identified as problematic based on the DDSD Provider Data are summarized in **Table 9** below. Survey responses indicating access issues that were concentrated in other regions may have been noting issues other than slot availability. Similarly, lack of responses indicating concerns does not mean there are no concerns; lack of responses could be attributed to low response rates for specific services and/or in specific regions.

TABLE 9: GEOGRAPHIC SUMMARY OF SERVICE AVAILABILITY

Services	Regions with majority of counties with no slots	Regions with one or more counties with no slots
Behavior Support Consultation	NW, SE	Metro, NE, NW, SE
Therapies	SE, SW	Statewide*
Supported Living (DD)	SW	NE, SE, SW
Customized Community Supports	None	NE, SE, SW
Respite	None	NE, SE
Private Duty Nursing (MV)	No Data	No Data

*Speech Therapy is available in all counties in the Metro region; the other therapies are not.

Geographic trends and alignment between survey and DDSD Provider Data are discussed in more detail below. The key takeaways are:

- De Baca **(Southeast)** and Harding **(Northeast)** counties ***have no slots available for any of the eight services of focus***
- The **Metro region** survey respondents reported availability issues for **all services**. DDSD's data indicated that most services had available slots.
- In the **Southeast** and **Southwest,** most counties have no slots in Physical Therapy and Occupational Therapy.

- In the **Northwest** and **Southeast,** most counties have no slots in Behavior Support Consultation.
- Survey respondents in **most regions** report Respite as being unavailable. DDSD's data shows openings in all regions.
- The **Northeast region** had few survey respondents report service availability problems. This region also had the lowest survey participation.
- Three services of focus were available in certain regions, as indicated by both survey responses and DDSD data.
    - Behavioral Support Consultation in the **Southwest**
    - Customized Community Supports in the **Northwest** and **Southwest**
    - Supported Living in the **Northwest**

PROFESSIONAL SERVICES (BEHAVIOR SUPPORT CONSULTATION, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY)

Summary

Case manager and consultant respondents identified the key barrier to access for Professional Services was **limited providers offering these services or accepting new participants**; provider respondents, in turn, identified the key barriers to access were **supporting participants with complex needs** and in **certain geographic areas.** Providers of these services reported that, in the past, **increased rates and wages** helped them expand and that they believe future increases would help further, though provider respondent request varied regionally.

DDSD Provider Data indicated high proportions of Professional Services providers on self-imposed moratorium as well as many counties with zero openings, though these occurrences were not necessarily in the same geographic regions as the areas identified as having limited availability in the surveys.

In addition, survey results suggest that **telehealth may be a viable option** for increasing access to these services. Case Manager and Consultant Survey respondents identified providers not offering telehealth as a strong barrier to telehealth. Providers cannot currently offer these services via telehealth, so State action would be necessary to remove that barrier.

Service Availability

Both participant and case manager and consultant respondents indicated that all four professional services were frequently unavailable "at the amount [participants] are authorized to receive and/or at the quality level [they] would like." **Figures 4-7** provide details from the Case Manager and Consultant and Participant Surveys regarding each of the professional services, including the proportion of respondents indicating the service was *not always* and *never available*.

While limited conclusions can be drawn from the responses to the Participant Survey for these services due to the minimal number of respondents authorized to receive them, the significant level of issues identified by Case Manager and Consultant Survey respondents suggest that service availability is an area of concern, across both Waivers, for the Behavior Support Consultation, Occupational Therapy, Physical Therapy, and Speech Therapy services. The results are consistent across these four services, and they are among the top five services identified in the Capacity Assessment as having the most acute limitations in service availability.

FIGURE 5: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING BEHAVIOR SUPPORT CONSULTATION AS NOT ALWAYS AND NEVER AVAILABLE

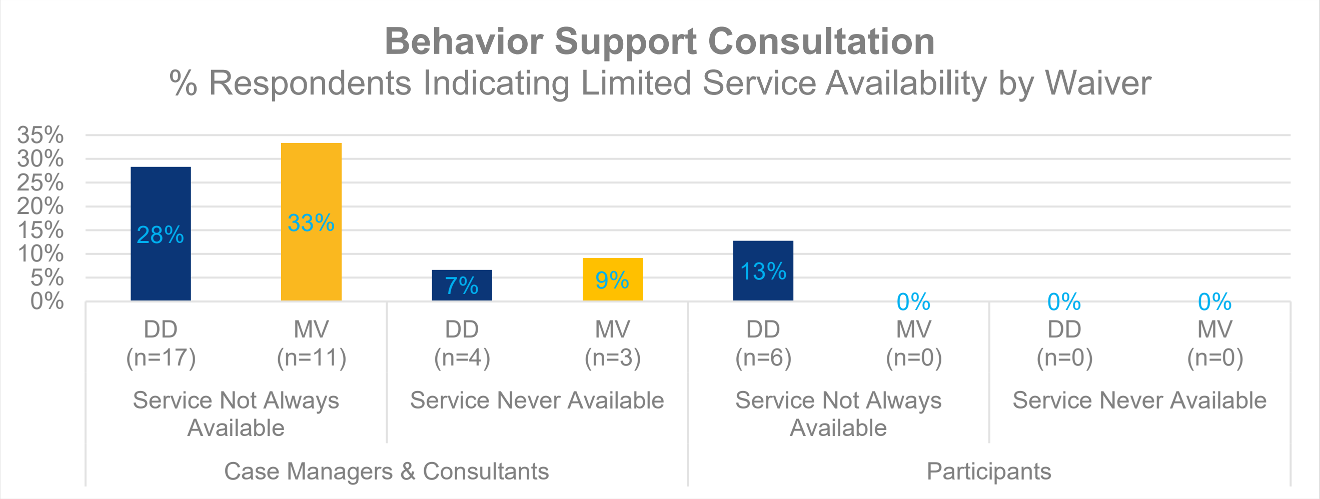


FIGURE 6: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING OCCUPATIONAL THERAPY AS NOT ALWAYS AND NEVER AVAILABLE

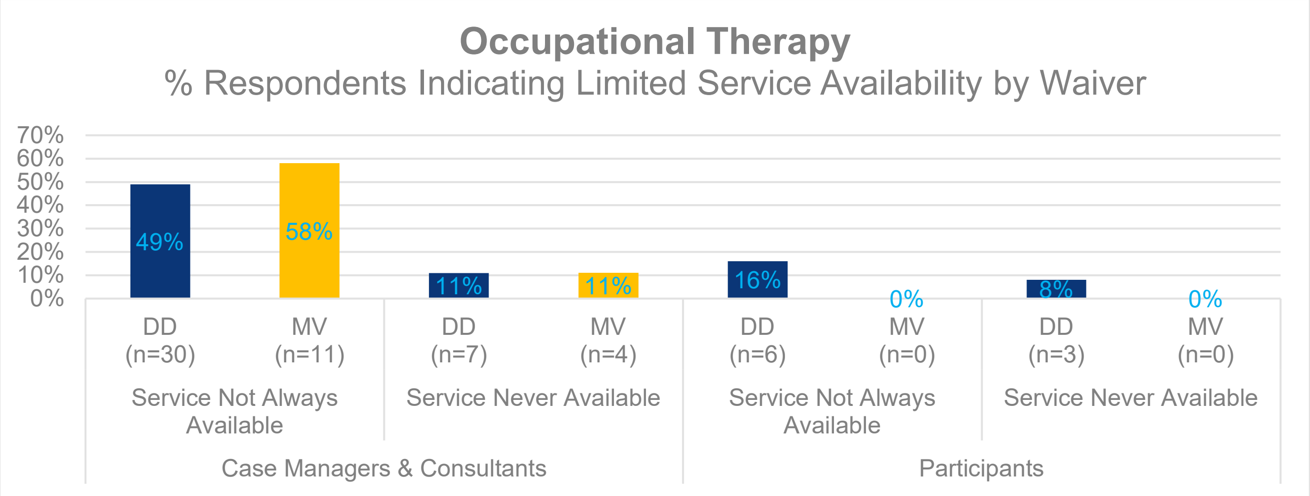


FIGURE 7: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING PHYSICAL THERAPY AS NOT ALWAYS AND NEVER AVAILABLE

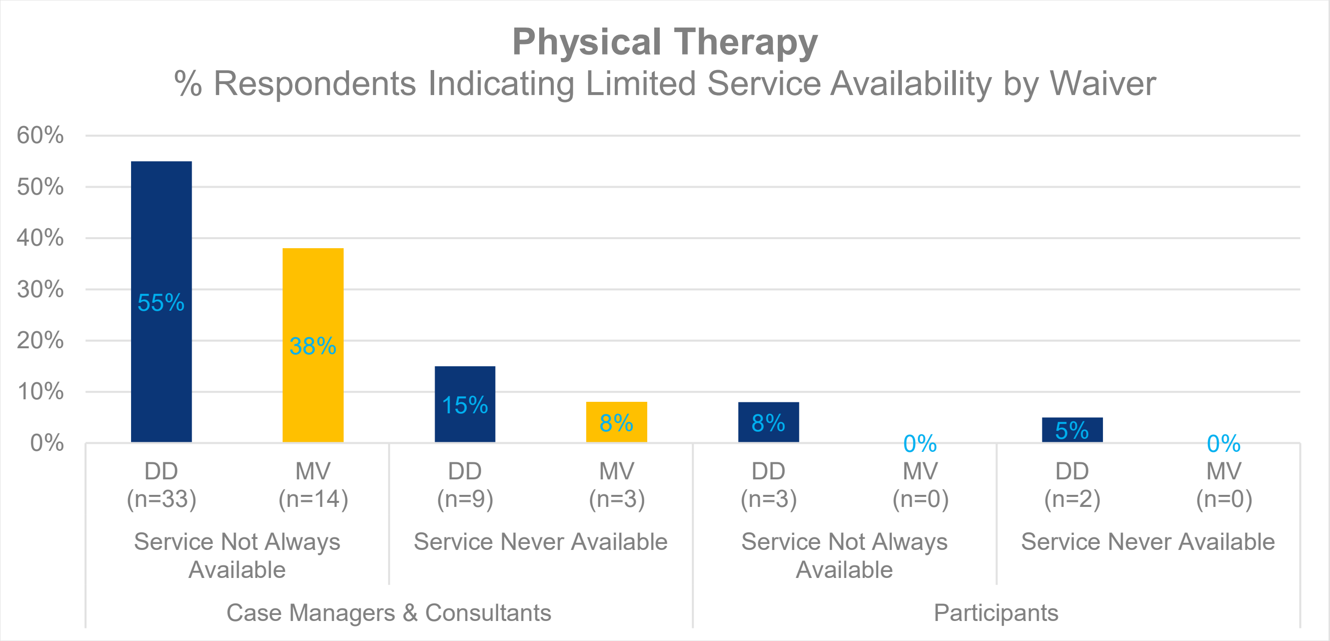
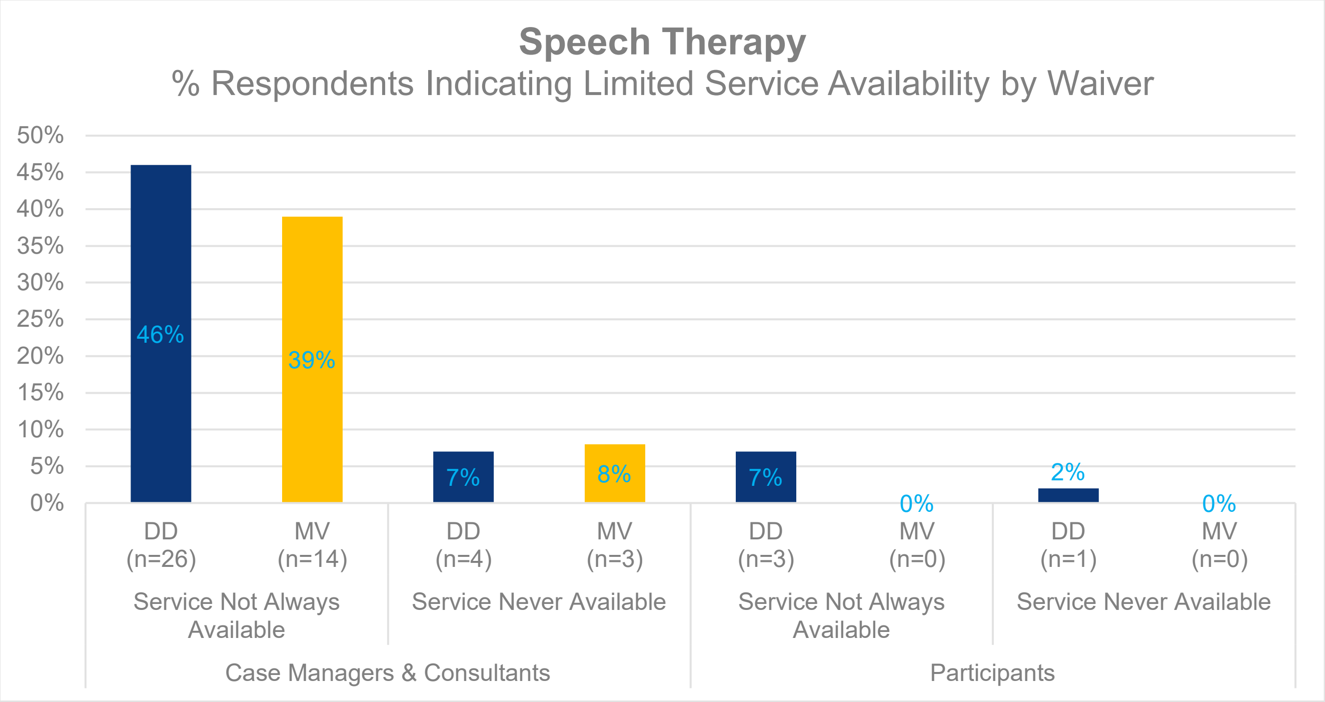


FIGURE 8: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING SPEECH THERAPY AS NOT ALWAYS AND NEVER AVAILABLE



In the Provider Survey, most respondents providing Professional Services indicated that they experienced limited capacity for that service in the past year as shown in **Table 10** below. Respondents also indicated turning away referrals for these four services. In addition, at least one provider respondent reported expanding each of these services, except Speech Therapy, in some way in the past year.

TABLE 10: PROVIDERS' LIMITED CAPACITY TO PERFORM PROFESSIONAL SERVICES

Service	Count of Respondents Who Limited Service	Count of Respondents Who Provided Service	Proportion who Indicated Limited Capacity to Perform Service	Total Referrals Turned Away Per Month	Count of Agencies Turning Away Referrals
Behavior Support Consultation	8	13	62%	42	8
Occupational Therapy	7	8	88%	24	5
Physical Therapy	7	8	88%	21	5
Speech Therapy	11	16	69%	33	5

Provider respondents who indicated they provided therapies were asked to "Provide an estimate of the **average number of participants served by therapist per month** over the past year." These survey results are summarized in **Table 11**.

TABLE 11: THERAPY CASELOADS OF PROVIDER RESPONDENTS

Service	Count of Responses	Minimum Caseload	Mean	Maximum Caseload
Physical Therapy	8	1	74	225
Occupational Therapy	8	9	83	241
Speech Therapy	15	1	72	535
Behavior Support Consultant	12	1	39	160

Geographic Assessment

For the services not always available and never available, PCG mapped the participant respondents' county to determine areas experiencing access issues. However, not all counties or regions were represented in responses. As noted in the Limitations and Considerations, the Northeast, Northwest, and Southeast regions had too few participant responses to draw overall regional conclusions; respondents using these four professional services in each county were even more limited.

For these four services, the participant respondents from the Developmental Disabilities Waiver who indicated these services as not always available lived in the regions and counties shown in **Table 12** below. No Mi Via Waiver participants listed these services as unavailable; however, there was a low response rate for that Waiver, so this does not necessarily mean there is no access issue for Mi Via Waiver services.

Table 12: Participants With Professional Services Not Always Available by County

Region	County	BSC*	OT**	PT***	ST****	County Total Indicating Not Always Available	Total DD Waiver Respondents from County (All Services)
Metro	Bernalillo	3	2		1	6	44
Metro	Valencia			1		1	5
Northwest	San Juan	1	1	1		3	5
Southeast	Lincoln	1				1	2
Southwest	Doña Ana		3	1	1	5	29
Southwest	Otero				1	1	8
Participant	Total for Service Indicating Not Always Available (All Counties)	5	6	3	3	17	

*Behavior Support Consultant (BSC), **Occupational Therapy (OT), ***Physical Therapy (PT), ****Speech Therapy (ST)

Participants indicating the Professional Services were never available were a subset of the above table, as shown in **Table 13**.

Table 13: Participants' Professional Services Never Available by County

Region	County	OT	PT	ST
Metro	Valencia		1	
Southwest	Doña Ana	3	1	
Southwest	Otero			1

Only 24 provider respondents provided a Professional Service and operated in one of these counties. DDSD utilization data shows there were many more providers of these services in these counties. This indicates that responses to the Provider Survey may not be geographically representative for these services. That said, a summary of the provider responses by geography is below.

Table 14: Provider Respondents of Professional Services by County

Region	County	BSC*	OT	PT	ST	Responses from County (All Services)*
Metro	Bernalillo	7	6	4	11	55
Metro	Valencia	5	0	0	4	24
Northwest	San Juan	1	0	0	0	9
Southeast	Lincoln	2	1	1	1	7
Southwest	Doña Ana	2	2	2	1	15
Southwest	Otero	2	1	1	1	10

*includes statewide response(s)

Comparison to Departmental Data

DDSD PROVIDER DATA

DDSD Provider Data suggests that many of the service gaps reported in survey responses may not be caused by an actual lack of service provision in the respondent's county. Specifically, as shown in **Table 12** above, respondents indicated difficulty with Behavior Support Consultant services in Bernalillo, San Juan, and Lincoln counties, but the DDSD Provider Data indicated that only San Juan had no service availability. Similar discrepancies were found between survey results and DDSD Provider Data results for Occupational Therapy, Physical Therapy, and Speech Therapy services. Of three counties indicated in survey results as deficient for Occupational Therapy service provision (i.e., Bernalillo, San Juan and Doña Ana), only Doña Ana had no Occupational Therapy service available according to DDSD Provider Data. Of the three counties indicated in survey results as deficient for Speech Therapy or Physical Therapy service provision (i.e., Bernalillo, Doña Ana, and Otero), only Otero had no Speech Therapy available according to DDSD Provider Data.

These discrepancies suggest that issues reported in survey responses indicate something other than availability. For example, survey respondents' concerns may have been caused by provider inability to travel to the participant or because the services were otherwise not available in "the amount [the participant was] authorized to receive and/or at the quality level [they] would like." Bernalillo County, for example, had openings available for all therapies, but six people in our survey indicated these professional services were not always available in the amount or quality they would like.

More generally, the DDSD Provider Data, summarized in **Table 15**, demonstrates many counties experienced no availability (i.e., zero slots) for Professional Services and the majority of providers on self-imposed moratoriums. This supports the survey finding that participants are having trouble accessing these services. A reduction in self-imposed moratorium status would contribute to an increase in provider openings to provide services.

TABLE 15: DDSD PROVIDER DATA FOR PROFESSIONAL SERVICES

Service	Count of Counties with Zero Slots as of August 2023	Count of Fully Open Providers as of September 2023	Count of Providers on Self Moratorium as of September 2023
Behavior Support Consultation	13	11	44
Occupational Therapy	21	10	33
Physical Therapy	18	10	40
Speech Therapy	14	17	38

REGIONAL OFFICE REQUEST FOR ASSISTANCE DATA

As shown in **Table 16** below, 226 of the 1,305 RORAs for the Developmental Disabilities Waiver were submitted for Professional Services. While not all these RORAs were about service availability, this does align with the DDSD Provider Data and survey data's suggestions that these services may not always be available "at the amount [participants] are authorized to receive and/or at the quality level [they] would like."

None of the 73 Mi Via Waiver RORAs were related to Professional Services. This may be due to the Mi Via participants, Consultants and Vendors using the RORA process less frequently than the Development Disabilities stakeholders.

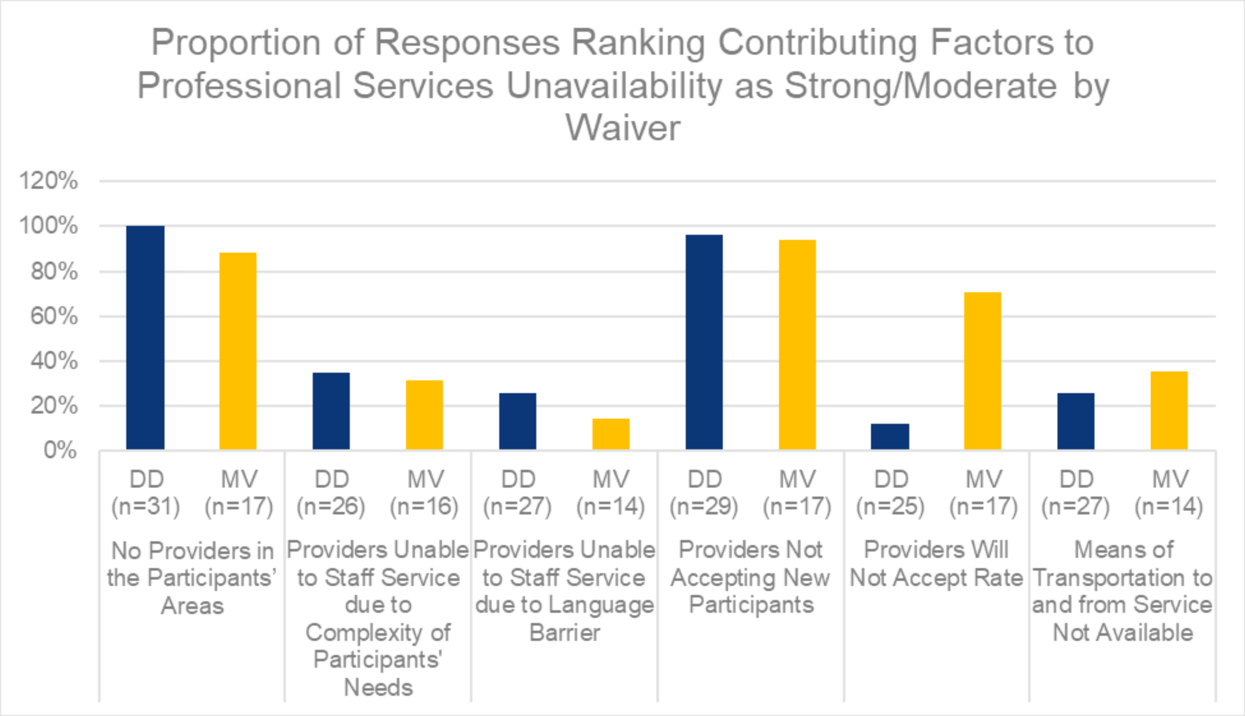
TABLE 16: COUNT OF RORAS SUBMITTED FOR EACH PROFESSIONAL SERVICE

Provider Role in RORA Data	RORA Count
Developmental Disabilities Waiver, All Services	1,305
Behavior Support Consultant	71
Physical Therapist	65
Speech Language Pathologist	45
Occupational Therapist	45
Mi Via Waiver, All Services	73
Professional Services	0

Barriers to Service Availability

Case Manager and Consultant Survey respondents indicated **no providers in the Participant's Area** and **providers not accepting new participants** as strong barriers to Professional Services availability.

FIGURE 9: CONTRIBUTING FACTORS TO PROFESSIONAL SERVICES UNAVAILABILITY



Provider respondents were asked “What were contributing factors to your organization having limited capacity over the past year?” They ranked the factors below as strong, moderate, weak, or not applicable:

- Staff leaving the agency.
- Staff leaving the workforce.
- Lack of applicants/staff trained for participants’ complex needs.
- Lack of applicants/staff for certain geographic areas.
- Lack of applicants/staff for specific languages.
- Lack of applicants/staff for specific days/hours

Over half of provider respondents of Professional Services indicated a **lack of applicants/staff for certain geographic areas** as a strong contributing factor to their limited capacity. Similarly, half of provider respondents indicated a **lack of staff for participants’ complex needs** as a strong factor.

Provider responses were aggregated across all services for the regions identified as problematic from provider respondents. The following regional trends stood out among the factors rated as strong contributing factors:

- The **metro region** counties had a lower average proportion of provider respondents indicating that (<10%) **lack of applicants/staff for specific languages** was a strong contributing factor towards their limited capacity than any other region.
- **The northwest region** also had a low average proportion of respondents indicating that (<10%) **lack of applicants/staff for specific languages** was a strong factor. This region also had a high average proportion of respondents (>60%) indicate that **lack of applicants/staff for participants with complex needs and lack of applicants for certain geographic areas.**
- The **southeast and southwest regions** also had a high average proportion of respondents (>60%) indicate the **lack of applicants for certain geographic areas as a strong factor.**

Expanding Access

This section explores avenues to expand access for the four professional services including (1) what has worked for provider respondents in the past, (2) telehealth, and (3) staff recruitment and retention.

Providers’ Past Experiences

There were 19 provider respondents that provided at least one of these four professional services and expanded capacity over the past year. Over half of these provider respondents indicated **increased rates** as a strong contributing factor to their expansion, and nearly half (47%) indicated **ability to provide services via telehealth** as a strong contributing factor.

Provider responses were then aggregated across all services for the regions identified as problematic from provider respondents. The following regional trends stood out among the factors rated as strong contributing factors towards expansion:

- The metro region counties all had a higher proportion of provider respondents ranking **increased rates** as a strong contributing factor (>60%) than all other regions. The metro region counties also had a lower proportion of respondents (<10%) indicating that **recruitment and marketing efforts** was a strong factor than any other region.
- The southeast region counties had higher proportion of respondents than all other regions (>80%) indicating that **increased wages** was a strong contributing factor.

Telehealth Appropriateness and Barriers

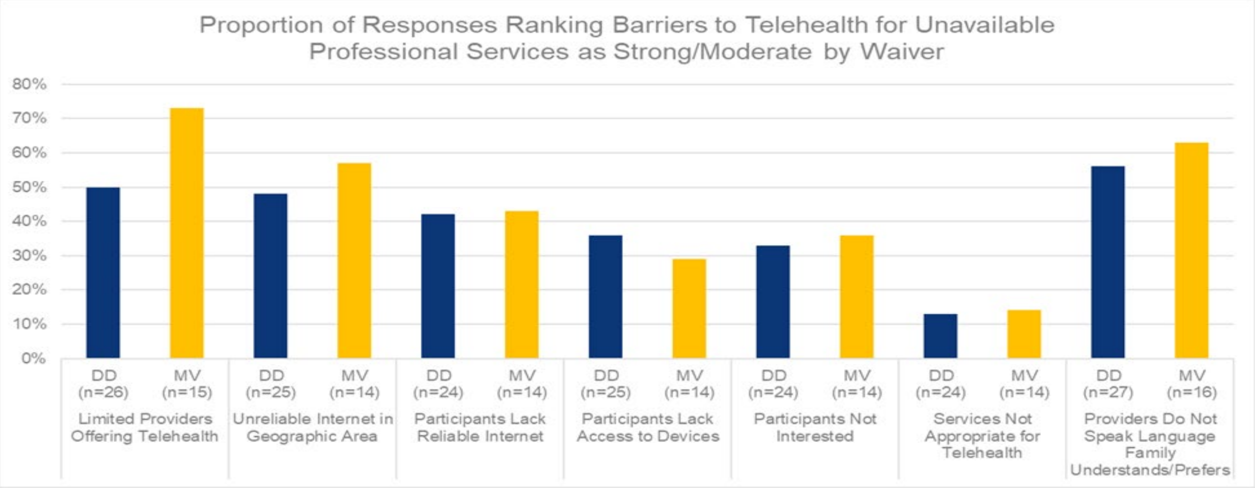
Provider and Case Managers and Consultant Survey respondents indicated all four Professional Services as being appropriate for telehealth.

TABLE 17: PROVIDER RESPONDENTS ON SUCCESSFUL USE OF TELEHEALTH BY SERVICE

Service	Count Responding Telehealth Worked	Count of Survey Responses for Service	Proportion Indicating Telehealth Worked
Behavior Support Consultation	9	13	69%
Occupational Therapy	5	8	63%
Physical Therapy	3	8	38%
Speech Therapy	11	16	69%

The figure below shows that Case Manager and Consultant respondents believe the key barrier for the participants accessing telehealth for Professional Services is **limited providers offering telehealth**, followed by **limited providers speaking the language of the participants**.

FIGURE 10: CASE MANAGER BARRIERS TO TELEHEALTH FOR UNAVAILABLE PROFESSIONAL SERVICES



Of the 20 Provider Survey respondents who provided Professional Services, most did not identify any strong barriers to telehealth implementation. Five respondents classified **lack of technical support for participants** as a strong barrier and one respondent classified **lack of technical support for organizations** as a strong barrier.

Staff Recruitment and Retention

When provider respondents offering Professional Services were asked "What would help recruit and retain staff?", over half indicated that a strong factor would be **more competitive wages** and more than a third (35%) indicated that **more service delivery via telehealth** and **more remote work opportunities** for staff would help.

Provider responses were aggregated across all services and the following regional trends stood out among the factors that would help recruit and retain staff:

- All regions had a high average proportion of respondents indicating that **more competitive wages** would be a strong factor.
- The northwest region had a higher average proportion of respondents indicating that **bonuses** would be a strong factor (>50%) and a low proportion of respondents indicating that **more service delivery via telehealth** would be a strong factor (<10%).
- The southeast region had a low proportion of respondents indicating that **more affordable housing options** would be a strong factor (<10%).
- The southwest region had a high proportion of respondents indicating that **wages** (>70%), **benefits** (>60%), **bonuses** (>60%), **more service delivery via telehealth** (>60%), and **more remote work** (>50%) would be strong contributing factors. The southwest also had a low average proportion of respondents indicating that **more affordable housing** would be a strong factor (<10%).

COMMUNITY SUPPORTS AND EMPLOYMENT (COMMUNITY INTEGRATED EMPLOYMENT JOB MAINTENANCE, CUSTOMIZED COMMUNITY SUPPORTS, COMMUNITY DIRECT SUPPORT)

Summary

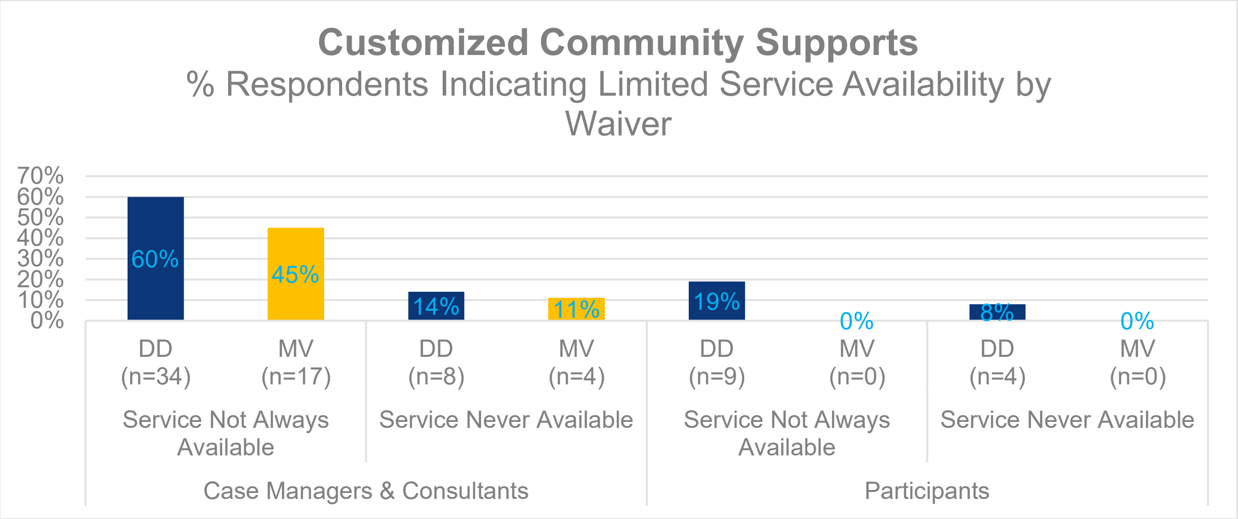
Case Manager and Consultant Survey respondents and Provider Survey respondents indicated a key barrier to access for the Customized Community Supports service is limited provider availability, particularly because **of lack of providers and staffing for participants' complex needs**. Provider respondents of these services and providers in the metro region report that in the past, **increased rates** helped them expand. Providers also believe that **increased wages** would also help in the future. In addition, provider respondents indicate that **more paid training to address participants' needs,** and other supports like **affordable dependent care and housing** would support recruitment and retention. However, Case Manager and Consultant and Provider Survey responses indicate that telehealth may not be a viable option for expanding access to Customized Community Supports.

DDSD Provider Data supports the survey findings that limited provider availability is an issue for Customized Community Supports services.

Service Availability

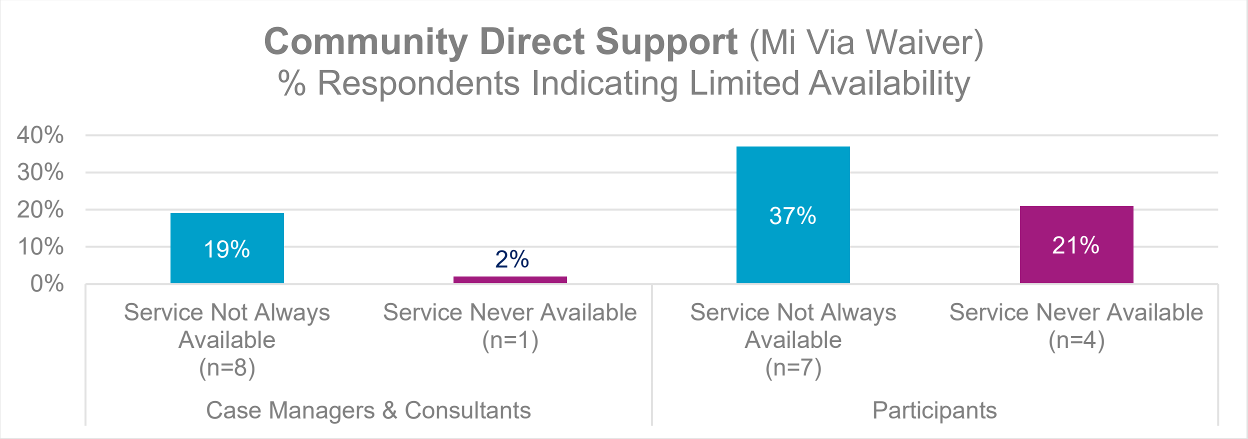
In terms of the proportion of Participant and Case Manager and Consultant Survey respondents indicating that services were either sometimes or always unavailable, Customized Community Supports had the most acute rating of all services in the scope of the study. **Figure 10** below outlines the proportion of respondents, by Waiver, who identified the Customized Community Supports service as not always available and never available to participants for whom it is authorized.

Figure 11: Proportion of Case Managers/Consultants and Participants Identifying Customized Community Supports as Not Always and Never Available



The Community Direct Support service for the Mi Via Waiver was identified as having the greatest degree of unavailability, both on ratings of Not Always Available and Never Available, for participant respondents. Some unavailability, to a lower extent, was also reported by case manager and consultant respondents. **Figure 11** details the proportion of respondents, by Waiver, who identified the Community Direct Support service as not always or never being available to authorized participants.

Figure 12: Proportion of Case Managers/Consultants and Participants Identifying Community Direct Support as Not Always and Never Available



No participant respondents identified any limited availability for Community Integrated Employment Job Maintenance Developmental Disabilities Waiver services, yet nearly a fifth of respondents (19%) to the Case Managers and Consultants Survey noted it was at least sometimes unavailable to authorized participants whom they support. Two case manager and consultant respondents (4%) indicated that the

Community Integrated Employment Job Maintenance service was never available to authorized participants whom they support.

In the Provider Survey, most respondents indicated that they experienced limited capacity for each of these four services in the past year, as shown in **Table 18** below. Provider respondents indicated that they turned away referrals for each of these services.

TABLE 18: PROVIDERS' LIMITED CAPACITY TO PERFORM COMMUNITY SUPPORTS AND EMPLOYMENT SERVICES

Service	Count of Respondents Who Limited Service	Count of Respondents Who Provided Service	Proportion who Indicated Limited Capacity to Perform Service	Total Referrals Turned Away Per Month	Count of Agencies Turning Away Referrals
Community Direct Support	10	17	59%	87	6
Community Integrated Employment Job Maintenance	15	27	56%	55	10
Customized Community Supports	24	43	56%	232	19

The remainder of this section focuses only on Customized Community Supports, given its high proportion of respondents from the Participant and Case Manager and Consultant Surveys identifying capacity issues for the service and the large sample size for the service.

Geographic Assessment

For Customized Community Supports, PCG mapped where participant respondents indicated the service was not always or never available to the respondents' county to determine if there were geographic areas experiencing access issues. However, not all counties were represented in Participant Survey responses. As noted in the Limitations and Considerations, the Northeast, Northwest, and Southeast had too few Participant Survey responses to find meaningful takeaways about those regions overall, and respondents utilizing these specific services were even more limited. There could be access issues in counties beyond those noted here and the degree of the issue seen in the Northeast, Northwest, and Southeast may not be accurately reflected by these results.

Participant respondents in the Developmental Disabilities Waiver who indicated Customized Community Supports services were not always available lived in the regions and counties shown in the table below. No Mi Via Waiver participants listed this service as unavailable, but the low response rate from that Waiver made that finding not generalizable. No participant respondents indicated the service was never available.

TABLE 19: PARTICIPANTS WITH CUSTOMIZED COMMUNITY SUPPORTS NOT ALWAYS AVAILABLE BY COUNTY

Region	County	Not Always Available	Never Available	Total DD Waiver Respondents from County (All Services)
Metro	Bernalillo	6	3	44
Metro	Sandoval	3	1	9

In the Provider Survey, 43 respondents reported providing the Customized Community Supports service. Of those, only 24 also provide services in Bernalillo or Sandoval County. The 12 providers who provided services in Sandoval County also provided services in Bernalillo.

TABLE 20: PROVIDER RESPONDENTS OF CUSTOMIZED COMMUNITY SUPPORTS BY COUNTY

Region	County	Providers of Customized Community Supports	Responses from County (All Services)
Metro	Bernalillo	24	55
Metro	Sandoval	12	29

*includes statewide responses

Comparison to Departmental Data

DDSD PROVIDER DATA

For Customized Community Supports, there are providers who offer individual services and providers that offer group services. While the surveys did not distinguish between these two types of Customized Community Supports, the DDSD provider data does.

The DDSD Provider Data summarized in **Table 21** indicates that there are only 3 counties with no openings for individual services and 6 counties without availability for group services. The data also show there is a high proportion of providers for Customized Community Supports on self-imposed moratorium for both service settings, with roughly half the providers on moratorium.

Given there appear to be service openings, the issues reported in survey responses may be due to concerns other than availability. For example, survey respondents' may be noting provider inability to travel to the participant or that the services were otherwise not available in "the amount [the participant was] authorized to receive and/or at the quality level [they] would like."

TABLE 21: DDSD PROVIDER DATA FOR CUSTOMIZED COMMUNITY SUPPORTS

Service	Count of Counties with Zero Slots as of September 2023	Count of Fully Open Providers as of September 2023	Count of Providers on Self Moratorium as of September 2023
Customized Community Supports Individual	3	48	45
Customized Community Supports Group	6	37	39

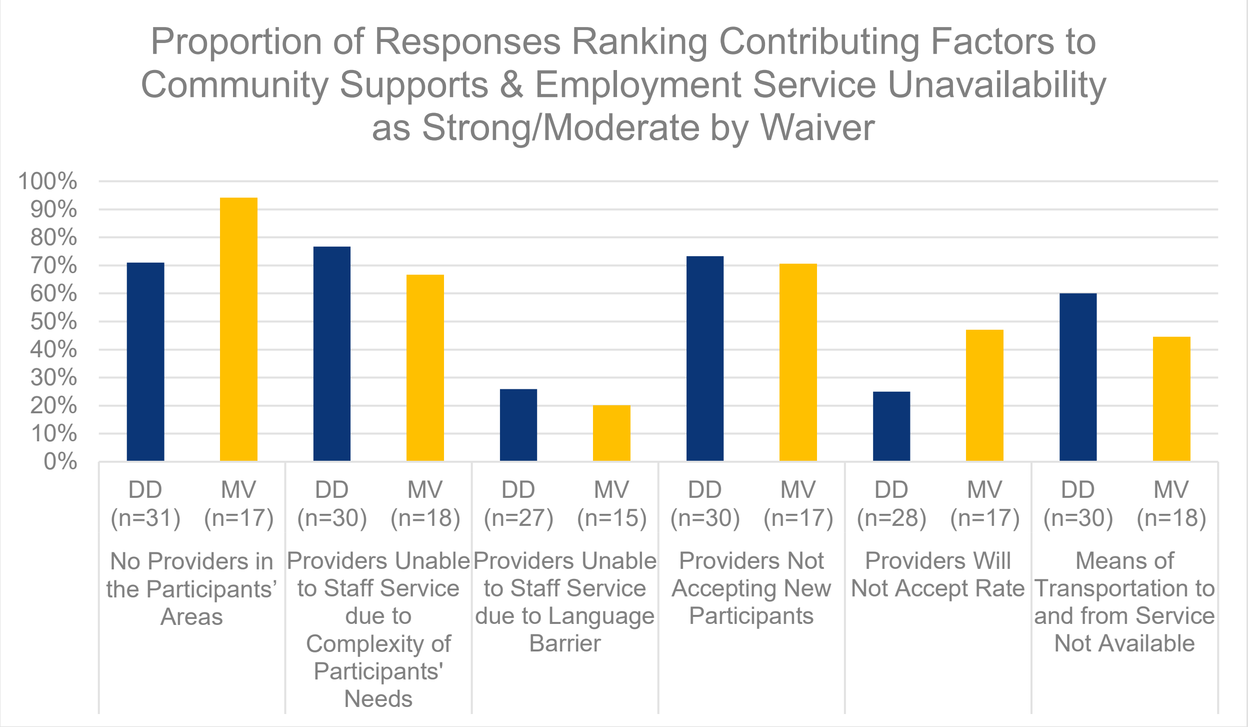
REGIONAL OFFICE REQUEST FOR ASSISTANCE DATA

Of the 1,305 Developmental Disabilities Waiver RORAs, there were 58 for Community Inclusion which includes but is not limited to Customized Community Supports. In addition, of the 73 Mi Via Waiver RORAs, there were four related to Community Inclusion. While not all these RORAs were about service availability, this aligns with both the DDSD Provider Data and survey data suggesting that these services may not always be available "at the amount [participants] are authorized to receive and/or at the quality level [they] would like."

Barriers to Service Availability

Case manager and consultant respondents indicated that the strongest barriers to service availability for Community Supports & Employment services, including Customized Community Supports, were **providers not accepting new participants**, **no providers in participants' areas**, and providers unable to staff service due to **complexity of participants' needs.**

FIGURE 13: CONTRIBUTING FACTORS TO COMMUNITY SUPPORTS AND EMPLOYMENT SERVICE UNAVAILABILITY



Provider respondents were asked "What were contributing factors to your organization having limited capacity over the past year?" They ranked the factors below as strong, moderate, weak, or not applicable:

- Staff leaving the agency
- Staff leaving the workforce
- Lack of applicants/staff trained for participants' complex needs
- Lack of applicants/staff for certain geographic areas
- Lack of applicants/staff for specific languages
- Lack of applicants/staff for specific days/hours

Of the 24 Provider Survey respondents who provided the Customized Community Supports service and provided services in Bernalillo or Sandoval counties, 16 experienced limited capacity for the service. Many of these same respondents reported turning away referrals for other services, as well, including Supported Living and Customized In-home Supports. Of these providers:

- >70% reported **a lack of applicants/staff for participants' complex needs** as a strong limiting factor.
- 63% indicated **a lack of staff for specific day(s) or hour(s)** as a strong limiting factor.
- 67% indicated **staff leaving the agency** as a strong limiting factor.

Provider responses were aggregated across all services for the metro region, which was the only region identified as problematic by participant respondents. All regions had an average (across counties) of 10-

50 percent of provider respondents ranking each factor as strong, and **the metro region counties** had a lower average proportion of respondents indicating that (<10%) lack of applicants/staff for specific languages was a strong factor than any other region.

Expanding Access

This section explores avenues to expand access for Customized Community Supports, including (1) what has worked for provider respondents in the past, (2) telehealth, and (3) staff recruitment and retention.

Providers' Past Experiences

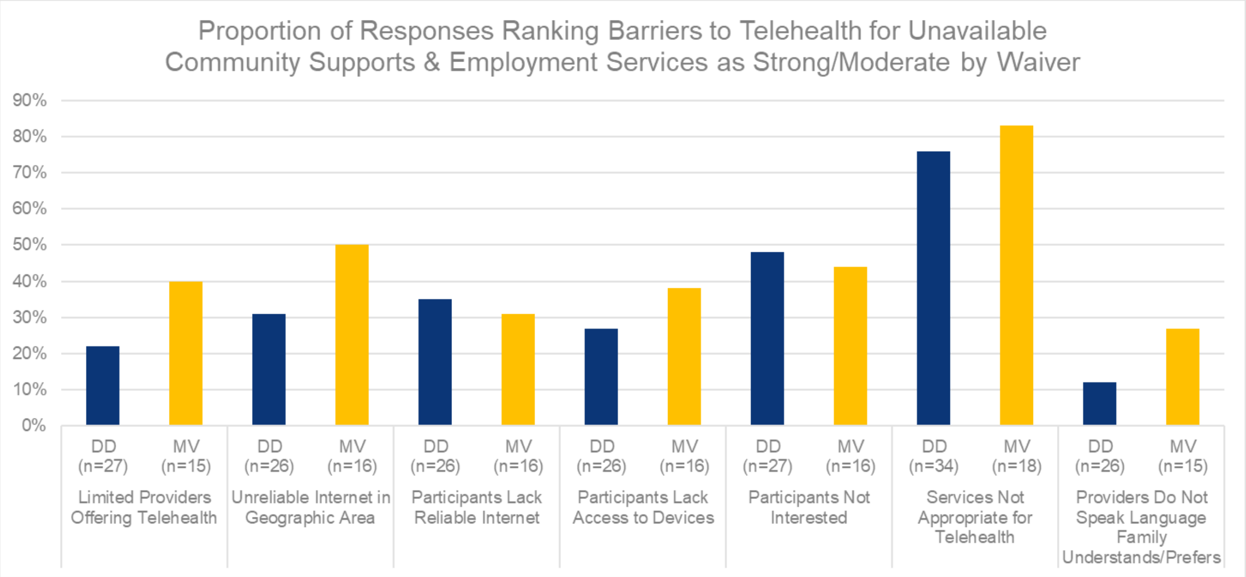
Of the 24 provider respondents that provided the Customized Community Supports service and provided services in Bernalillo or Sandoval, eight reported expanding capacity for the Customized Community Supports service in the past year. **Increased rates and wages** was identified as a strong contributing factor to past expansion by the highest proportion of respondents.

Supporting these results, the aggregated Provider Survey responses for all services in the metro region found that a high proportion of provider respondents (>60%) in **the metro region counties** ranked **increased rates** as a strong contributing factor to past expansion. The metro region counties also had a lower proportion of respondents indicating that **recruitment and marketing efforts** were a strong contributing factor to past expansion (<10%) than any other region.

Telehealth Appropriateness and Barriers

As shown in **Figure 13** below, Case Manager and Consultant Survey respondents indicated that the key barrier to telehealth use for services within the Community Supports and Employment category (which includes Customized Community Supports) is that the services are **not appropriate for telehealth.**

FIGURE 14: BARRIERS TO TELEHEALTH FOR UNAVAILABLE COMMUNITY SUPPORTS & EMPLOYMENT SERVICES



Provider Survey respondents seemed to agree, as a low proportion indicated that they had experienced successful telehealth use for the Customized Community Supports service in the last year. These results are summarized in **Table 22**.

TABLE 22: PROVIDER RESPONDENTS ON SUCCESSFUL USE OF TELEHEALTH BY SERVICE

Service	Count Responding Telehealth Worked	Count of Survey Responses for Service	Proportion Indicating Telehealth Worked
Customized Community Supports	4	43	9%

Staff Recruitment and Retention

The 24 Provider Survey respondents that provided the Customized Community Supports service in Bernalillo or Sandoval counties were asked “What would help recruit and retain staff?” More than 80 percent indicated that **more competitive wages** would be a strong contributing factor. Other factors rated as strong contributing factors by more than 25 percent of respondents include:

- **bonuses** (63%)
- **benefits** (42%)
- **more affordable dependent care** (42%)
- **more affordable housing** (38%)
- **paid training to address participants needs** (29%)

In aggregate across all provider respondents, the metro region counties had greater than 50 percent of respondents on average indicate **competitive wages** would be a strong contributing factor to improved staff recruitment and retention.

LIVING CARE ARRANGEMENT (CUSTOMIZED IN-HOME SUPPORTS, FAMILY LIVING, HOMEMAKER/DIRECT SUPPORTS, IN-HOME LIVING SUPPORTS, RESPITE, SUPPORTED LIVING)

Summary

Participant and Case Manager and Consultant Survey respondents indicated that Respite and Supported Living services were not available in “the amount [the participant was] authorized to receive and/or at the quality level [they] would like.” DDSD Provider Data suggests that for Respite services, there are providers with openings in most of the state, but for Supported Living services there were not any provider openings. Similarly, there were few RORAs for Respite services and many RORAs for Supported Living services.

Case Manager and Consultant Survey respondents identified **limited providers** and **providers not accepting new participants** as strong barriers to Living Care Arrangement service availability. Many respondents also cited inability to staff due to the **complexity of participants’ needs** as a strong contributing factor. For Mi Via Waiver participants, **providers not accepting rates** was another factor rated strong or moderate by more than 50 percent of respondents.

Provider respondents, in turn, identified key barriers as **supporting participants with complex needs** and on **certain days/times.** Providers of these services report that in the past, **increased rates and wages** helped them expand and that they believe that would also help in the future. However, survey respondents indicate that telehealth may not be a viable option for expanding access.

Service Availability

In terms of the proportion of Participant and Case Manager and Consultant Survey respondents indicating that services were either sometimes or always unavailable, Respite and Supported Living services were both identified as having limited access. **Figure 15** details the proportion of respondents, by Waiver, who identified Respite services as *not always* and *never available* to participants for whom it was authorized.

FIGURE 15: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING RESPITE AS NOT ALWAYS AND NEVER AVAILABLE

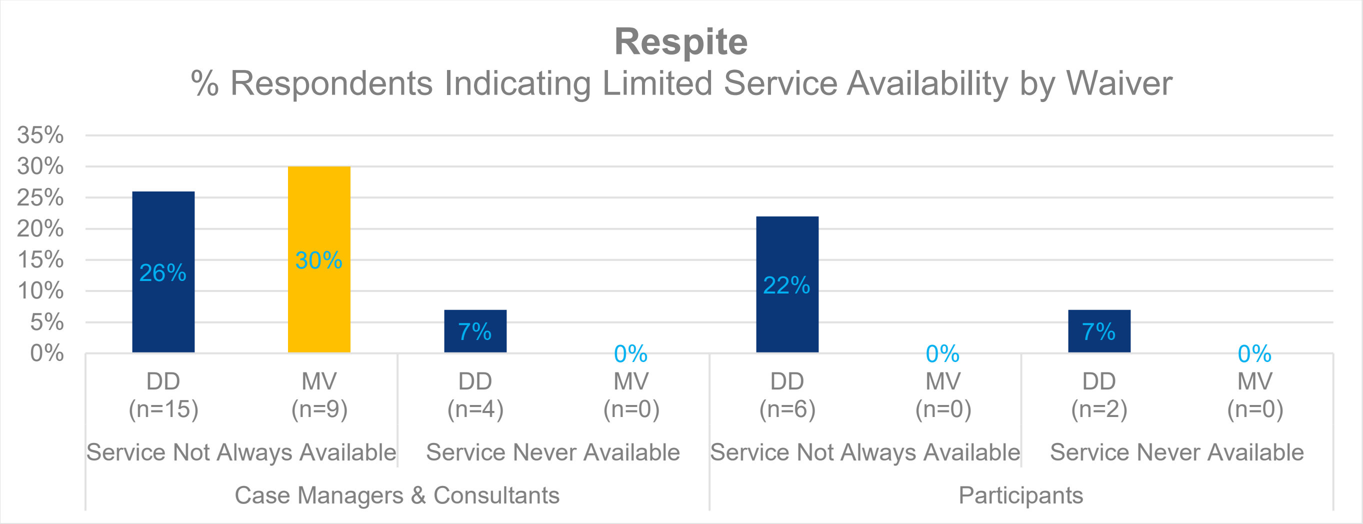
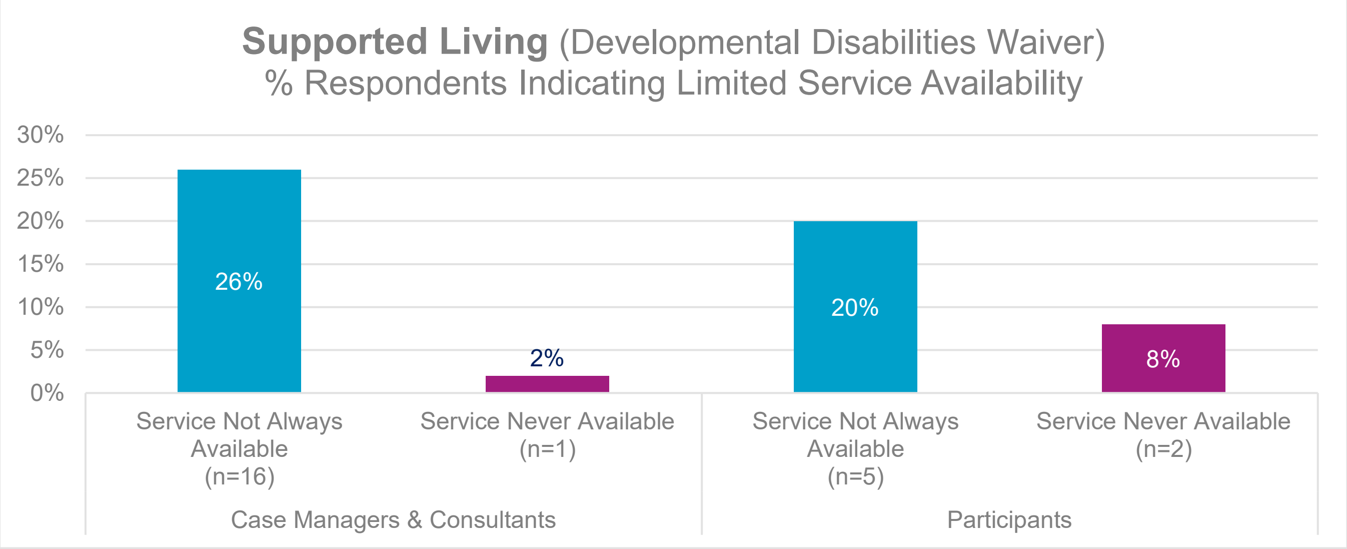


Figure 16 outlines the proportion of respondents who identified the Supported Living service as not always and never available to authorized participants.

FIGURE 16: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING SUPPORTED LIVING AS NOT ALWAYS AND NEVER AVAILABLE



In the Provider Survey, Respite and Supported Living services also stood out as Living Care Arrangement services with the highest proportion of respondents reporting limited capacity in the past year. Respondents also indicated turning away referrals for these services, with the highest number of turned away referrals reported for the Supported Living service. In addition, more than a third of provider respondents for each service indicated expanding the service in some way over the past year.

TABLE 23. PROVIDERS' LIMITED CAPACITY TO PERFORM LIVING CARE ARRANGEMENT SERVICES

Service	Count of Respondents Who Limited Service	Count of Respondents Who Provided Service	Proportion who Indicated Limited Capacity to Perform Service	Total Referrals Turned Away Per Month	Count of Agencies Turning Away Referrals
Customized In-Home Supports	11	28	39%	70	9
Family Living	5	28	18%	9	4
Home Maker/Direct Support	2	5	40%	3	2
In Home Living Supports	1	14	7%	3	1
Respite	9	21	43%	38	5
Supported Living	23	32	72%	167	17

*Family Living referral count was rounded up as respondents reported 0.5

Geographic Assessment

PCG mapped Supported Living and Respite service availability responses to the respondents' county, to determine if there were geographic areas experiencing access issues. However, not all counties were represented in Participant Survey responses. As noted in the Limitations and Considerations, the Northeast, Northwest, and Southeast had too few Participant Survey responses to find meaningful takeaways about those regions overall, and respondents utilizing these specific services were even more limited. There could be access issues in counties beyond those noted here and the degree of the issue seen in the Northeast, Northwest, and Southeast may not be accurately reflected by these results.

Participant respondents from the Developmental Disabilities Waiver who classified these services as not always available lived in the regions and counties shown in **Table 24**. No Mi Via Waiver participants listed Respite as unavailable and Supported Living is not offered in the Mi Via Waiver. However, there was a low response rate from the Mi Via Waiver, so this does not necessarily mean there are no access issues with Mi Via Waiver services. Only one service in this group, Homemaker/Direct Support services, was identified by participant respondents in the Mi Via Waiver as having an access issue. There was one participant respondent that indicated this service was never available.

TABLE 24: PARTICIPANTS WITH RESPITE AND SUPPORTED LIVING NOT ALWAYS AVAILABLE BY COUNTY

Region	County	Respite	Supported Living	County Total Indicating Not Always Available	Total DD Waiver Respondents from County (All Services)
Metro	Bernalillo	3	1	4	44
Metro	Valencia	1		1	5
Northeast	Santa Fe		1	1	3
Northwest	San Juan	1		1	5

Region	County	Respite	Supported Living	County Total Indicating Not Always Available	Total DD Waiver Respondents from County (All Services)
Southeast	Lincoln		1	1	2
Southwest	Doña Ana		1	1	29
Southwest	Otero	1		1	8
	Total or Service Indicating Not Always Available (All Counties)	6	4	10	

Participants indicating the services were never available were a subset of the above table, as shown in **Table 25**.

TABLE 25: PARTICIPANTS' RESPITE AND SUPPORTED LIVING SERVICES NOT ALWAYS AVAILABLE BY COUNTY

Region	County	Respite	Supported Living
Metro	Bernalillo County	1	1
Northeast	Santa Fe County		1
Southwest	Otero County	1	

In terms of provider respondents, 41 offered Supported Living or Respite services, and 28 also provided services in one of the counties where the Participant Survey identified them as sometimes unavailable. Of note, the metro area had a large provider response rate for both services yet is still experiencing limited capacity.

TABLE 26: PROVIDER RESPONDENTS OF RESPITE AND SUPPORTED LIVING BY COUNTY

Region	County	Respite	Supported Living	Responses from County (All Services)*
Metro	Bernalillo County	11	17	55
Metro	Valencia County	7	6	24
Northeast	Santa Fe County	2	3	13
Northwest	San Juan County	2	3	9
Southeast	Lincoln County	2	1	7
Southeast	Lea County	2	0	7
Southwest	Doña Ana County	5	5	15
Southwest	Otero County	4	2	10

*includes statewide responses

Comparison to Departmental Data

DDSD PROVIDER DATA

Table 24 above lists the four counties that were identified in survey as having availability gaps for Respite services. DDSD Provider Data showed service availability in those four counties for Respite, but also showed that there were three different counties across the state with no openings. In addition, the data included a smaller portion of Respite providers on self-imposed moratorium. This suggests that the issue conveyed in survey responses is something other than availability for most of the counties. For example, it may be that the providers were unable to travel to the participant, or that the services were otherwise not available in "the amount [the participant was] authorized to receive and/or at the quality level [they] would like."

For Supported Living, the DDSD Provider Data showed 15 counties with no availability as well as a high proportion of providers on self-imposed moratorium. This suggests that limited availability contributed to the survey finding that this service was a concern for respondents.

The DDSD Provider Data is summarized in **Table 27** below.

TABLE 27: DDSD PROVIDER DATA FOR RESPITE AND SUPPORTED LIVING

Service	Count of Counties with Zero Slots as of August 2023	Count of Fully Open Providers as of September 2023	Count of Providers on Self Moratorium as of September 2023
Respite	3	44	19
Supported Living	15	23	36

REGIONAL OFFICE REQUEST FOR ASSISTANCE DATA

As shown in **Table 28**, the large majority of the total 1,305 Developmental Disabilities Waiver RORAs, were for Supported Living services. Supported Living has the highest number of RORAs across all services. Of the 73 Mi Via Waiver RORAs, there were none for Respite services. While not all these RORAs were about service availability, this does align that the DDSD Provider Data and survey data, suggesting that these services may not always be available "at the amount [participants] are authorized to receive and/or at the quality level [they] would like."

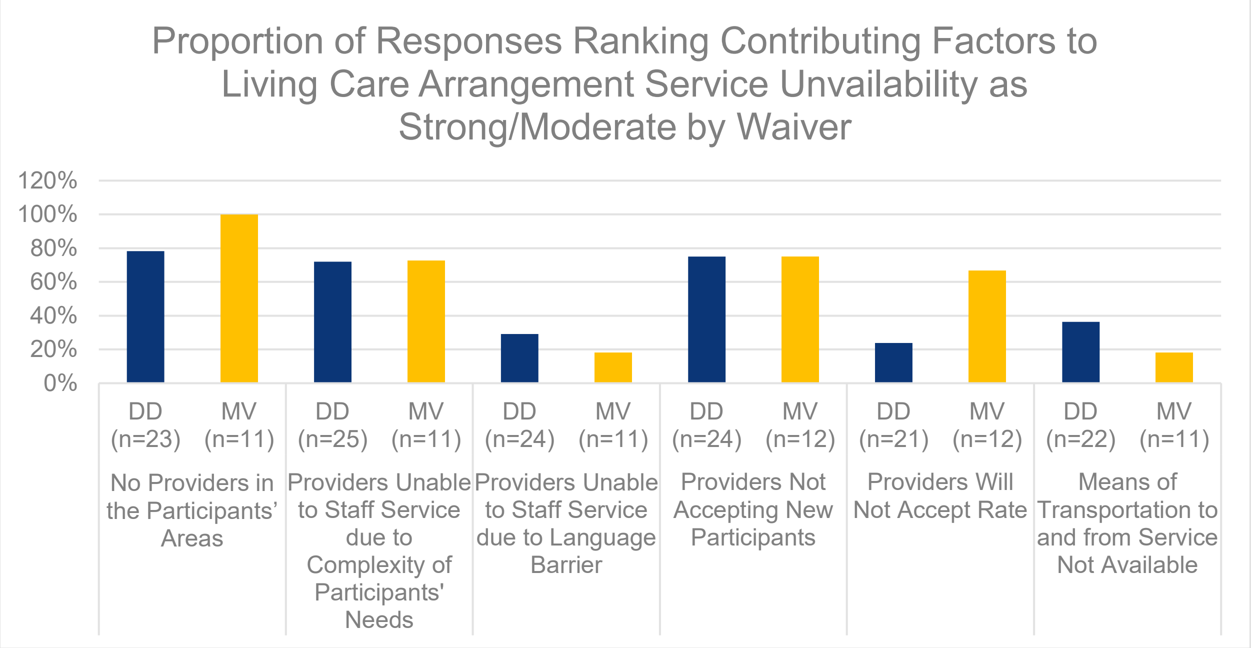
TABLE 28: COUNT OF RORAS SUBMITTED FOR SUPPORTED LIVING AND RESPITE

Provider Role in RORA Data	RORA Count
Developmental Disabilities Waiver, All Services	**1305**
Supported Living	590
Respite	5

Barriers to Service Availability

Case Manager and Consultant Survey respondents indicated **limited providers** and **providers not accepting new participants** as the strongest barriers to Living Care Arrangement service availability. The next strongest-rated barrier across both Waivers was inability to staff due to the **complexity of participants' needs**. For Mi Via Waiver participants, **providers not accepting rates** was another major factor (>50%) ranked strong or moderate by case managers and consultant respondents. **Figure 16** below shows the proportion of case manager and consultant respondents ranking each contributing factor as strong or moderate, by Waiver.

FIGURE 17: CONTRIBUTING FACTORS TO LIVING CARE ARRANGEMENT SERVICE UNAVAILABILITY



Provider respondents were asked “What were contributing factors to your organization having limited capacity over the past year?” They ranked the factors below as strong, moderate, weak, or not applicable:

- Staff leaving the agency
- Staff leaving the workforce
- Lack of applicants/staff trained for participants’ complex needs
- Lack of applicants/staff for certain geographic areas
- Lack of applicants/staff for specific languages
- Lack of applicants/staff for specific days/hours

There were 28 provider respondents who experienced limited capacity for Supported Living or Respite services over the past year. Over 70 percent indicated **a lack of staff for participants’ complex needs, staff leaving the agency** and **lack of staff for specific days or hours** as strong factors.

Provider responses were aggregated across all services for the regions identified as problematic by respondents. When looking at the aggregated provider responses, all regions had an average (across counties) of between 10-50 percent of respondents ranking each factor as strong, except:

- The **metro region counties** had a lower average proportion of respondents (<10%) identifying **lack of applicants/staff for specific languages** as a strong factor than any other region.
- The **northeast region counties** also had a low average proportion of respondents (<10%) identifying **lack of applicants/staff for specific languages** as a strong factor.
- The **northwest region counties** also had a low average proportion of respondents (<10%) identifying **lack of applicants/staff for specific languages** as a strong factor. This region also had a high average proportion of respondents (>60%) identify **lack of applicants/staff for participants with complex needs** and **lack of applicants for certain geographic areas** as a strong factor.
- The **southeast and southwest region counties** also had a high average proportion of respondents (>60%) identify **lack of applicants for certain geographic areas** as a strong factor.

Expanding Access

This section explores avenues to expanding access for Supported Living and Respite services including (1) what has worked for provider respondents in the past, (2) telehealth, and (3) staff recruitment and retention.

Providers' Past Experiences

Of the 41 respondents providing Supported Living or Respite services, 24 expanded capacity over the past year for one of the services they provide. Over 40 percent of these respondents indicated that **increased rates and wages** were a strong contributing factor to past expansion**.**

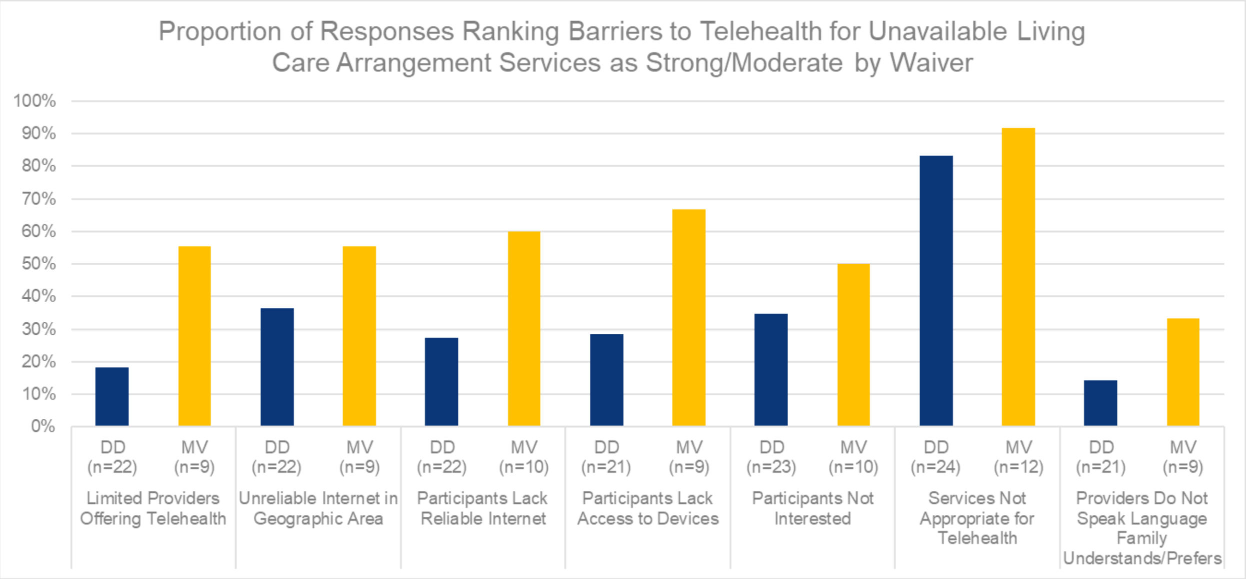
Examining provider responses in total, the survey found all regions had an average (across counties) of 10-50 percent of respondents ranking each factor as strong, except:

- The **metro region counties** had a higher proportion of respondents ranking **increased rates** as a strong contributing factor (>60%) than all other regions. The metro region counties also had a lower proportion of respondents (<10%) identify **recruitment and marketing efforts** as strong factors than any other region.
- The **northeast region counties** had a high proportion of respondents (>50%) ranking **increased rates** as a strong factor and low proportion of respondents (<10%) identify **recruitment and retention bonuses** as strong factors.
- The **southeast region counties** had higher proportion of respondents than all other regions (>80%) identify **increased wages** as a strong contributing factor.

Telehealth Appropriateness and Barriers

As shown in the figure below, Case Manager and Consultant Survey respondents indicated that the key barrier to telehealth use for services within the Living Care Arrangement category (e.g., Supported Living and Respite) is that the services are not appropriate for telehealth. **Figure 17** outlines the proportion of case manager and consultant respondents ranking each potential barrier to telehealth as strong or moderate, by Waiver.

Figure 18: Barriers to Telehealth for Unavailable Living Care Arrangement Services



Similarly, as shown in **Table 29**, a low proportion of Provider Survey respondents indicated that they had experienced successful use of the Customized Community Supports service within the last year.

TABLE 29: PROVIDER RESPONDENTS ON SUCCESSFUL USE OF TELEHEALTH BY SERVICE

Service	Count Responding Telehealth Worked	Count of Survey Responses for Service	Proportion Indicating Telehealth Worked
Customized In-Home Supports	3	28	11%
Family Living	2	28	7%
Home Maker/Direct Support	0	5	0%
In Home Living Supports	0	14	0%
Respite	1	21	5%
Supported Living	3	32	9%

Staff Recruitment and Retention

When asked “What would help recruit and retain staff,” more than three-quarters of Provider Survey respondents who provided Supported Living or Respite services indicated that a strong factor in recruitment and retention would be more **competitive wages.**

In aggregate across all provider respondents, all regions had an average (across counties) of 10-50 percent of respondents ranking each factor as a strong factor in supporting recruitment and retention, except:

- All regions had a higher average proportion of respondents indicating that **more competitive wages** would be a strong factor.
- The **northeast region counties** had a low proportion of respondents (<10%) indicating that **more affordable dependent care** would be a strong factor.
- The **northwest region counties** had a higher average proportion of respondents (>50%) indicating that bonuses would be a strong factor and a low proportion of respondents (<10%) indicating that more service delivery via telehealth would be a strong factor.
- The **southeast region counties** had a low proportion of respondents (<10%) indicating that **more affordable housing options** would be a strong factor.
- The **southwest region counties** had a high proportion of respondents indicating that **wages** (>70%), **benefits** (>60%), **bonuses** (>60%), **more service delivery via telehealth** (>60%), and **more remote work** (>50%) would be strong contributing factors. The southwest region also had low average proportion of respondents (<10%) indicating that **more affordable housing** would be a strong factor.

OTHER WAIVER SERVICES (ADULT NURSING, ASSISTIVE TECHNOLOGY PURCHASING AGENT, PRIVATE DUTY NURSING, SOCIALIZATION AND SEXUALITY EDUCATION, TECHNOLOGY FOR SAFETY AND INDEPENDENCE PURCHASING AGENT)

Summary

The Case Manager and Consultant Survey responses suggest there could be an access issue with Private Duty Nursing; however, there were no responses for this service from participants and providers to explore this further. In addition, the DDSD Provider Data does not include this service or other Mi Via Waiver services. There were no RORAs for Private Duty Nursing.

To explore whether there is an access issue for Private Duty Nursing from the point of view of participants and providers, DDSD can pursue additional responses to the survey from those known to provide and from those authorized to receive the service. Case managers and consultant respondents indicated that **Mi Via Waiver providers not accepting the rate** was a strong barrier.

Service Availability

Amongst Other Waiver Services, those involving nursing were rated as having the greatest limitations in availability. Nearly a third of Case Manager and Consultant Survey respondents (30%) indicated that the Private Duty Nursing Mi Via Waiver service was sometimes unavailable, with 10 percent of case managers/consultants reporting the service is always unavailable. No Participant Survey respondents reported being authorized to receive Private Duty Nursing as a Mi Via Waiver service, so data regarding the availability of that Other Waiver Service is not reflected in the findings from the Participant Survey.

Private Duty Nursing also had no provider responses as shown in the table below. Providers' low response rate may support the idea that there is an access issue.

The Adult Nursing Development Disabilities Waiver service had a moderate proportion of case manager and consultant respondents (17%) and one Participant respondent classify the service as not always available; however, this service did not pass the threshold for inclusion in the cross-survey analysis.

TABLE 30: PROVIDERS' LIMITED CAPACITY TO PERFORM OTHER WAIVER SERVICES

Service	Count of Respondents Who Limited Service	Count of Respondents Who Provided Service	Proportion who Indicated Limited Capacity to Perform Service	Total Referrals Turned Away Per Month	Count of Agencies Turning Away Referrals
Adult Nursing	13	32	41%	71	8
Assistive Technology Purchasing Agent	0	1	0%	0	0
Private Duty Nursing	0	0	N/A	0	0
Socialization and Sexuality Education	0	1	0%	0	0
Technology for Safety and Independence	0	0	N/A	0	0

Comparison to Departmental Data

DDSD PROVIDER DATA

Adult Nursing is the only service in the Other Waiver Services category with limited availability in the DDSD Provider Data. There are seven counties with no available slots. This was not one of the services identified by a high proportion of case manager and consultant or participant respondents in the Capacity Assessment surveys as having limited availability. Private Duty Nursing, which was identified as a service with limited availability in the surveys, is a service in the Mi Via Waiver. As summarized in **Table 31**, the DDSD Provider Data does not include Mi Via Waiver, so we cannot determine if Private Duty Nursing has an access issue.

TABLE 31: DDSD PROVIDER DATA ON OTHER WAIVER SERVICES

Service	Count of Counties with Zero Slots As of August 2023	Count of Fully Open Providers as of August 2023	Count of Providers on Self Moratorium as of August 2023
Adult Nursing	7	43	13
Private Duty Nursing	Not available – Mi Via Waiver service		

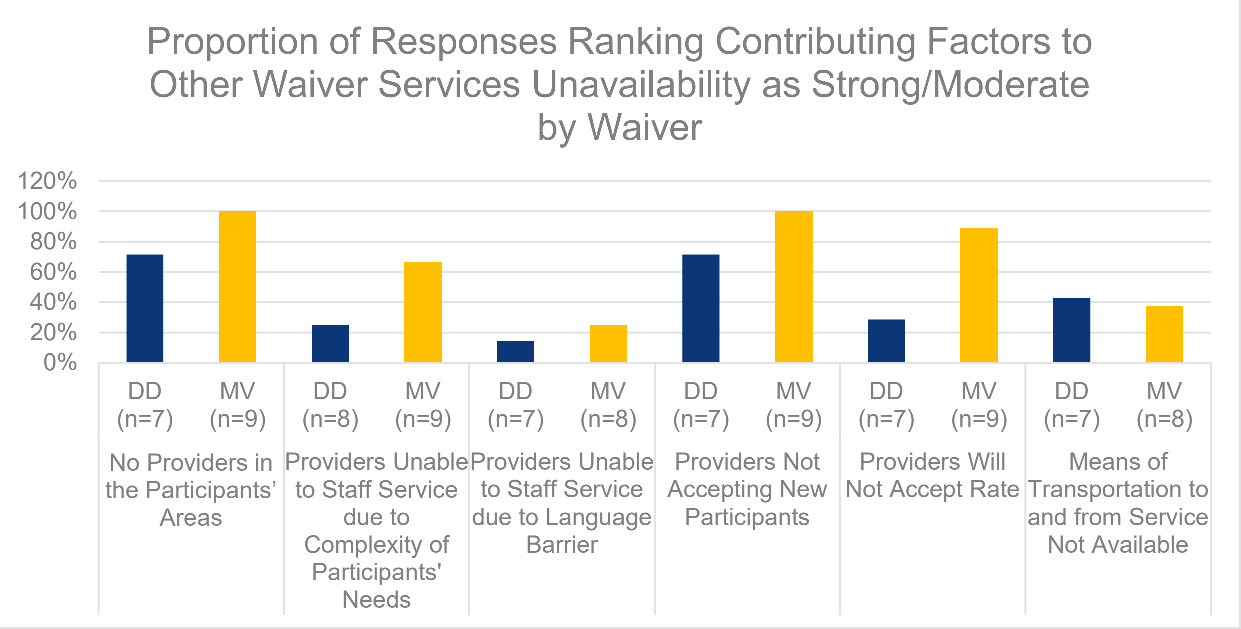
REGIONAL OFFICE REQUEST FOR ASSISTANCE DATA

Of the 73 RORAs submitted for Mi Via Waiver services, none were for Private Duty Nursing.

Barriers to Service Availability

Given the variety of services in this category, the responses from case managers and consultants by service category may not be generalizable. In the figure below, only the yellow Mi Via Waiver columns are relevant to Private Duty Nursing. As demonstrated in the figure, Case Manager and Consultant Survey respondents identified **limited providers** and **providers not accepting new participants** as the strongest barriers to availability for this group of services. The next highest-rated factor diminishing availability for these services was **providers not accepting rates**. **Figure 18** delineates the proportion of case manager and consultant respondents ranking each contributing factor as strong or moderate, by Waiver.

FIGURE 19: CONTRIBUTING FACTORS TO OTHER WAIVER SERVICES UNAVAILABILITY



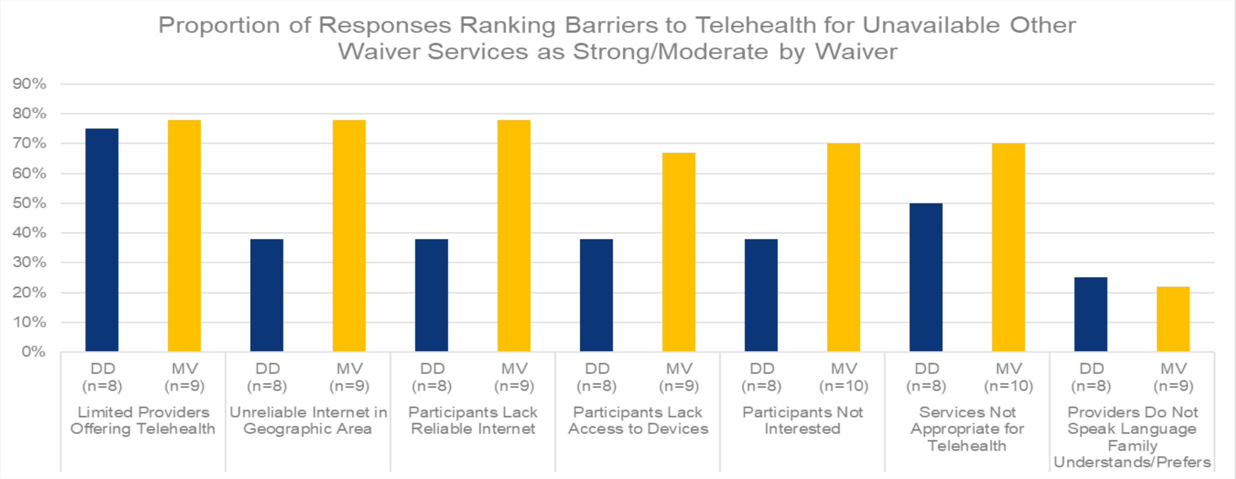
Expanding Access

Given the lack of provider respondents who provide Private Duty Nursing, there is limited data available to explore obstacles and opportunities for expansion of this service. From the Case Manager and Consultant Survey, the one relevant area to explore is telehealth.

Telehealth Appropriateness and Barriers

Case Manager and Consultant Survey respondents indicated that Mi Via Waiver services in this service category, including Private Duty Nursing, may not be appropriate for telehealth. In addition, there appear to be many other barriers to telehealth utilization, rated in the figure below, for this group of services. **Figure 19** details the proportion of case manager and consultant respondents ranking each potential barrier to telehealth as strong or moderate, by Waiver.

FIGURE 20: BARRIERS TO TELEHEALTH FOR UNAVAILABLE OTHER WAIVER SERVICES



CASE MANAGEMENT AND CONSULTANT SERVICES

Summary

Few case manager and consultant and participant respondents indicated an issue accessing these services in the amount or quality participants would like. While there are high proportion of RORAs submitted to DDSD about case management and consultant services, they are not necessairly related to concerns for access to the services.

Service Availability

73 Case Manager and Consultant Survey respondents reported supporting Developmental Disabilities Waiver participants authorized for the Case Manager service and 48 respondents reported supporting Mi Via Waiver participants authorized for the Consultant service. **Figures 20 and 21** below outline the proportion of Case Manager and Consultant Survey respondents and Participant Survey respondents who identified the Case Managers and Consultant services as not always or never available for authorized participants.

FIGURE 21: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING CASE MANAGER AS NOT ALWAYS AND NEVER AVAILABLE

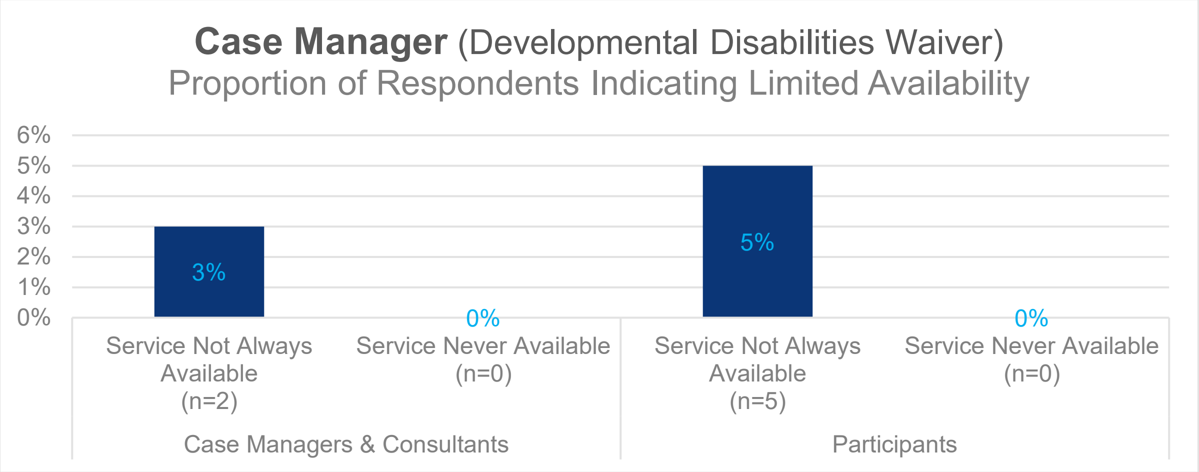
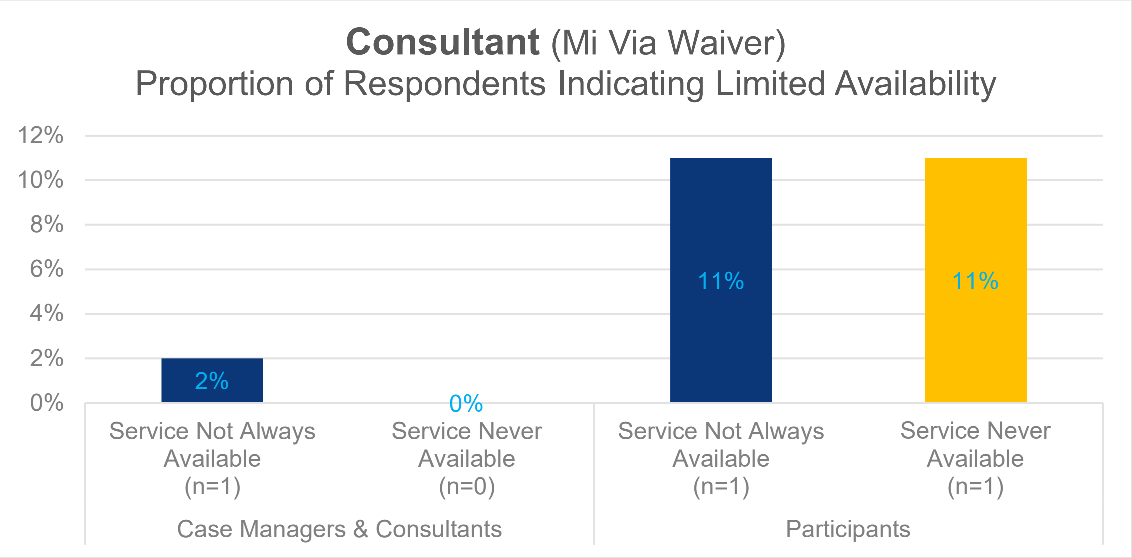


FIGURE 22: PROPORTION OF CASE MANAGERS/CONSULTANTS AND PARTICIPANTS IDENTIFYING CONSULTANT AS NOT ALWAYS AND NEVER AVAILABLE



A small proportion of case manager and consultant respondents indicated that Case Manager and Consultant Services are not always available to participants (3% and 2%, respectively). A low number of participant respondents also said these services were not available in “the amount [the participant was] authorized to receive and/or at the quality level [they] would like.” Specifically, five percent of Developmental Disabilities Waiver and 11% of Mi Via Waiver Participant Survey respondents indicated this. However, this 11% represented only one report of deficiency among nine total respondents; therefore, this may not be indicative of a lack of access.

Of note, there were a low number of Mi Via Waiver Participant Survey respondents across all services. This can be explained in part by the lower number of Mi Via Waiver participants than Developmental Disabilities Waiver participants overall. It may also indicate that consultants were unable to support participants in the completion of the Participant Survey. Of the 30 Mi Via Waiver participants completing surveys, 28 reported their case manager or consultant supported them in responding.

Comparison to Departmental Data

REGIONAL OFFICE REQUEST FOR ASSISTANCE DATA

Of the 1,305 Developmental Disabilities Waiver RORAs, there were 133 for Case Management. In addition, 41 of the 73 RORAs for Mi Via Waiver services were related to Consultant Services. However, not all these RORAs were necessarily about service availability.

V. RECOMMENDATIONS

PCG puts forth the following recommendations based on the entirety of data collected and analyzed for the DDSD Provider Capacity Assessment. The State of New Mexico may accept all, some, or none of these recommendations.

REMOVING BARRIERS TO EXPANSION

The recommendations below are categorized into different options that can be implemented to remove barriers to provider expansion.

Recruitment and Retention Strategies

More than half of case managers and consultant respondents indicated that strong barriers to participant access were:

- No provider for service in the participants' areas,
- Providers not accepting new participants, and
- Providers unable to staff for the complexity of participants' needs.

Similarly, more than half of provider respondents indicated that a **lack of staffing trained for participants' complex needs** was a key factor in their limited capacity in the last year.

Note that although the survey language did not ask about moratorium status, DDSD policy states that providers must be on moratorium if they are unable to accept new participants. In the section titled **Recommendations: Additional Research on Specific Areas**, PCG recommends that DDSD explore whether providers are implementing admission criteria that excludes participants, as this practice is prohibited by DDSD.

Recommendation 1: Providers Enhance Recruitment and Retention Efforts

Recruiting and retaining direct support personnel (DSPs) is crucial for organizations that provide support and care to individuals with disabilities. There are several strategies that DSP providers can implement to increase recruitment and retention according to the ANCOR *2023 DSP Survey Report*[1] that analyzed the feedback from 763 DSPs across the nation and in the Administration for Community Living September 2021 *Promising Recruitment and Retention* Strategies[2]:

1. **Competitive Compensation:** Offer competitive wages and benefits to attract quality candidates. Adequate pay reflects the value of the work DSPs do.
2. **Referral Programs:** Encourage current DSPs to refer potential candidates by offering incentives or bonuses for successful referrals.
3. **Recognition and Rewards:** Implement recognition programs to acknowledge and reward DSPs for their hard work and dedication. This can include awards, bonuses, or special events.
4. **Educational Opportunities**: Partner with local schools, colleges, and vocational programs to recruit students interested in careers in healthcare or disability support.

---

[1] ANCOR. "2023 DSP Survey Report". https://www.ancor.org/resources/2023-dsp-survey-report/. Accessed July 2023.

[2] Administration for Community Living. "Promising Recruitment and Retention Strategies". https://ncapps.acl.gov/docs/Resources/DSP%20Promising%20Recruitment%20and%20Retention%20Strategies.pdf. Accessed July 2023.

5. **Professional Development:** Provide opportunities for professional growth and skill development. Offer training, workshops, and certifications to help DSPs enhance their skills and advance their careers.
6. **Career Advancement:** Establish clear pathways for career advancement within the organization. Provide opportunities for DSPs to take on leadership roles or specialized positions.

In terms of educational opportunities, professional development, and career advancement, providers can utilize approaches implemented in other states. Details on approaches used in other states are summarized in **Appendix H: Career Advancement.** Two viable options include:

- **Providers partner with local educational institutions to create career pipelines for DSP careers.** For example, The Arc Lexington in New York, a service provider, collaborated with their local school district on an intern initiative where high school students completed activities for participants under the supervision of fully-qualified DSP staff. Interns received pay, school credit, and an introduction to the rewards of a DSP career. When interns turned 18, they become valuable, highly-trained candidates for fully-qualified DSP employment.

- **Providers offer opportunities to earn additional credits and/or certificates beyond standard training.** For example, Southern New Hampshire University (SNHU), a non-profit university with nationwide virtual offerings, and CareAcademy, an online DSP training platform, partnered to launch the CAREer Path Initiative. DSPs who complete DSP training on this platform earn college credit. SNHU also considers any of the DSP's work experience, regardless of where and how it was completed, for additional college credit.

By implementing these strategies, DSP providers can create a more attractive work environment, improve job satisfaction, and ultimately increase recruitment and retention rates, which are vital for delivering high-quality care and support to individuals with disabilities.

Recommendation 2: DDSD Support Recruitment and Retention by Leveraging the Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families

DDSD can assist providers in the above recruitment and retention efforts and incentivize new providers provision of these services by implementing strategies used in other states. To support DDSD in this effort, PCG researched other states and identified some innovative practices that are summarized in detail in **Appendix H: Environmental Scan Findings.**

New Mexico can leverage the Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families (ACQ) committee to formulate recommendations for DSPs recruitment and retention strategies

Potential recommendations for the committee to consider include:

- Funding scholarships for education and training in a course of study that is expected to lead to career advancement with an HCBS provider or in the HCBS field.
    - This was implemented in Minnesota in 2017, when the Department of Health established the HCBS Employee Scholarship and Loan Forgiveness Program.
- Completing a public marketing campaign to increase public interest in and to promote entry into the HCBS workforce.
    - This was done in Wisconsin in 2018.

Recommendation 3: Collaborate with Department of Workforce Solutions

Furthermore, PCG recommends that DDSD collaborate with New Mexico's Department of Workforce Solutions (NMDWS) to establish targeted workforce development initiatives. These initiatives should focus on recruiting, training, and retaining DSP, and may encompass financial support for staff training, certification, and exploration of avenues for career progression. The partnership between DDSD and the NNDWS can extend to collaborative data collection and analysis, to better comprehend the current demand for DSP services and forecast future requirements. Additionally, DDSD can explore avenues to streamline administrative processes and reduce paperwork for both providers and DSPs in conjunction with the NMDWS. Lastly, a joint effort should be undertaken to enhance public awareness regarding the significance of DSPs and the various career prospects available in the field, with the goal of inspiring more individuals to consider careers in this sector.

Rates and Wages

For **Professional Services (Behavior Support Consultation and the Therapies), Customized Community Supports, Respite, and Supported Living**, most provider respondents that expanded in the last year indicated **increased rates** were a strong contributing factor. In addition, most provider respondents indicated that they believed that **competitive wages** would be pivotal in future recruitment and retention efforts.

Recommendation 4: Implement Wage Pass Throughs

While providers and vendors set their own wages, DDSD can consider implementing wage pass throughs. Wage pass throughs have a sole focus on compensation for the DSP workforce. As stated in the Rate Study released in June 2023, PCG recommends that DDSD study the feasibility of implementing wage pass throughs and can consider targeting the specific services highlighted in this report. DDSD should also develop reporting mechanisms to monitor and track how providers are spending the increased funding. In addition, DDSD should monitor the Centers for Medicare and Medicaid Services Notice of Proposed Rule Making to see what the final rule language will require as it relates to percentage of payments that must go to DSPs. While the rule is not final, it is likely that some version of this will become final. DDSD can be prepared for this by developing its reporting measures in advance.

Recommendation 5: Implement Rate Modifiers to Target Wage Pass Throughs

In addition, DDSD can consider conducting a study to identify appropriate rate modifiers targeted to specific areas of staffing concerns identified in this capacity assessment, summarized in the table below. These are similar to payment differentials. For example, DDSD already uses incentive rates for Professional Services to reimburse providers more for providing these specific services in certain counties. DDSD can also consider reimbursing providers more when serving participants with specific needs, or when working on nights or weekends. This could be accompanied by a wage pass-through requirement. For example, **Rhode Island** has rate “modifiers” where the state reimburses more when providers indicate the service is for nights or weekends. Rhode Island will also increase a provider’s rates for certain services when the provider has a percentage of staff trained for complex needs, such as behavior health training.

TABLE 32. MAJORITY OF PROVIDER RESPONDENTS INDICATED THESE STAFFING NEEDS

	Certain Geographic Areas	Participants’ Complex Needs	Certain Days/Hours
Professional Services	x	x	
Customized Community Supports		x	x
Respite and Supported Living		x	x

Telehealth

For **Professional Services (Behavior Support Consultation and the Therapies)**, most provider respondents agreed that a key barrier to access was lack of **staff for certain geographic areas.** Respondents also seemed to agree that, in addition to recruitment and retention efforts, telehealth could be used to address this barrier. Most of the case managers, consultants, and provider respondents indicated they thought telehealth was appropriate or had seen telehealth used successfully for Professional Services.

Research into telehealth practices shows that many states implemented telehealth policies for their HCBS providers, especially in response to the COVID-19 pandemic, as summarized in **Appendix H: Telehealth**. As we transition out of the Public Health Emergency, state's telehealth policies are changing, so it is important to check with the specific state's Health and Human Services Department for up-to-date information.

Ultimately, the suitability and cost-effectiveness of telehealth depends on several critical factors. These factors include:

- Access to reliable connectivity
- Providers' preparedness to implement technology
- Support for participants in using technology
- States' regulations and policies governing delivery
- Providers' reimbursement
- State oversight

To establish the cost-effectiveness of telehealth, it is essential to conduct a long-term study assessing each of the above.

Recommendation 6: Establish Telehealth Oversight Framework

Effective telehealth relies on a strong framework and should be integrated in combination with other strategies that address rural workforce shortages. Incentives for providers to offer telehealth services in underserved areas, with appropriate policies, can be beneficial. Therefore, PCG recommends that if DDSD reintroduces telehealth, they develop telehealth policies that include protective measures for participants, which should encompass:

1. **Informed Consent:** Participants should be fully informed about the nature of telehealth services, how they will be delivered, the potential risks and benefits, and their rights to accept or decline such services.

2. **Privacy and Security:** Telehealth platforms and communication channels must adhere to strict privacy and security standards to protect participants' personal and medical information. This may include encryption of data, secure video conferencing tools, and compliant storage of electronic health records.

3. **Technology Access and Training:** Participants should have the necessary technology (such as a computer, smartphone, or tablet) and training to effectively participate in telehealth sessions.

4. **Clinical Guidelines:** Telehealth services should adhere to established clinical guidelines and standards to ensure the quality and safety of care provided.

5. **Emergency Protocols:** Clear procedures should be in place for handling emergencies or situations where participants' health is at risk during a telehealth session.

6. **Cultural Sensitivity:** Telehealth providers should be culturally sensitive and responsive to participants' diverse backgrounds and needs.

7. **Continuity of Care:** There should be mechanisms in place to ensure that participants' care is coordinated and continuous, even when utilizing telehealth services.

8. **Licensing and Credentialing:** Telehealth providers must be appropriately licensed and credentialed to provide services.

9. **Quality Assurance and Monitoring:** Regular monitoring and evaluation of telehealth services should be conducted to ensure compliance with regulations and the delivery of high-quality care.

10. **Complaint Mechanism**: Participants should have a way to address complaints or concerns related to telehealth services.

Monitoring telehealth providers effectively requires a multifaceted approach that encompasses legal, technical, clinical, and administrative aspects of their practice.

Recommendation 7: Develop a Telehealth Quality Assurance and Monitoring Process

Quality assurance and monitoring should be an ongoing process to ensure the consistent delivery of high-quality telehealth services. Therefore, it is advisable for New Mexico to introduce a three-phase approach to their telehealth credentialing:

1. The first phase of credentialing must confirm that the provider possesses sufficient training and resources and has proven their **capability to comply** with all aspects of the telehealth framework before they are granted permission to offer telehealth services.
2. The second phase should **implement rigorous oversight**, involving both the provider and DDSD, to ensure the framework's proper execution.
3. The third phase, with less frequent oversight, should be reserved for providers who have consistently demonstrated their ability to adhere to all elements of the framework. If any complaints or concerns arise, the policy should require providers to revert to a previous phase for additional monitoring and support.

GATHERING ADDITIONAL DATA AND FURTHER ASSESSING CAPACITY

Additional Research on Specific Areas

Survey respondents indicated that Respite, Customized Community Supports, and Private Duty Nursing were not always available; but DDSD data, to the contrary, indicated that Respite and Customized Community Supports were available. For Behavior Support Consultation, Therapies, and Supported Living, survey respondents also indicated the service was unavailable in some regions of the state, but this was not seen in the DDSD data. Recommendation 10 on Mi Via Waiver outreach is necessary to get additional insight on Private Duty Nursing. For the other services, DDSD can move forward with an additional in-depth analysis.

Recommendation 8: Additional Study of Service Availability

To better understand why respondents reported that services are not available when DDSD data indicates otherwise, DDSD can consider further evaluation of service availability. Such analysis should include concentrated outreach (i.e., focus groups and/or targeted surveys) to participants, providers, and vendors for these specific services. The questions should focus on comparing participants' needs and preferences to provider and vendor availability and aptitude. Such an assessment should explore why participants did not receive services as desired in the regions in which Provider Enrollment Unit data showed services as available.

Recommendation 9: Explore Cause and Impact of Providers' Inability to Staff Services for Participants with Complex Needs

To clarify the survey finding that many respondents indicated that services are unavailable due to the complexity of participants' needs, DDSD should consider assessing whether providers are implementing admission criteria that excludes participants, as this practice is prohibited by DDSD.

Providers who are unable to serve all participants should be on a self-imposed moratorium. If they are not on self-imposed moratorium, providers should seek an exception from DDSD to not serve an individual with complex needs based on extraordinary circumstances.

Mi Via Participant Engagement

Among the 3,247 current Mi Via Waiver participants, less than one percent of participants (30 individuals), participated in the Participant Survey. In contrast, out of the 4,780 Developmental Disabilities Waiver participants, nearly four percent of participants (187 individuals) responded to the Participant Survey. The low response rate from Mi Via Waiver participants may suggest satisfaction with their services, but it could also imply that these participants may not have received adequate contact or support to effectively complete the survey.

Some survey findings suggest that Mi Via participants may be experiencing obstacles. For example, case manager and consultant responses suggested:

- Private Duty Nursing in the Mi Via Waiver may not be available in the amount or quality participants want, but there were not any participant or provider responses to explore this further.
- Behavior Support Consultation, Occupational Therapy, Physical Therapy, Speech Therapy, Respite, and Supported Living rates for Mi Via Waiver participants were too low, as most respondents indicated that providers would not accept the Mi Via Waiver rate. While DDSD does not directly set rates between Mi Via Waiver participants and Mi Via Waiver vendors or employees, DDSD does set a rate range. PCG's 2022 Rate Study included a revised rate methodology which set the maximum for Mi Via Waiver rate ranges at an amount equal to the rate for the comparable Developmental Disabilities Waiver service. This may address concerns about the rates identified during the capacity assessment.

Additional outreach to Mi Via Waiver participants could clarify these findings, and give DDSD actionable information.

Recommendation 10: Additional Survey or Targeted Focus Group of Mi Via Waiver Participants

DDSD should consider soliciting more input from Mi Via Waiver participants directly to assess whether their needs are being met and whether there are any policy or business process-related barriers to access. This can be done through a survey with a longer window for responses and/or a focus group. The RORA process could solicit this input from Mi Via Waiver participants, if outreach is done to ensure participants are aware of and using the process.

Recommendation 11: Implement a Participant Data Management System to Enhance Participant Communication and Engagement

To enhance communication and engagement with Mi Via Waiver participants, PCG recommends that DDSD develop and implement a Participant Data Management System (PDMS). Given that DDSD does not currently have a direct and efficient communication channel with Mi Via Waiver participants, this PDMS can operate as a centralized repository, streamlining participant interactions and communication while providing DDSD direct access to participant feedback.

Key features that the PDMS should encompass include:

1. **Centralized Data Storage:** The PDMS should provide a secure, centralized platform for housing participant data, encompassing contact details, program enrollment specifics, and communication records.
2. **Customized Communication:** With comprehensive participant profiles, DDSD can tailor communication to individual needs and preferences, ensuring that participants receive information relevant to their circumstances.
3. **Engagement Tracking:** The system should be equipped to effectively facilitate the tracking of participant communication and engagement over time.
4. **Data Analytics:** The PDMS should possess the capability to generate reports and analytics, enabling the evaluation of participant engagement patterns, the identification of areas necessitating enhancement, and data-driven decision-making capabilities.
5. **Compliance and Security:** Robust security protocols should be integrated into the system to safeguard sensitive participant data and guarantee compliance with data privacy regulations.
6. **User Training and Support:** Adequate training and continuous support must be extended to DDSD personnel to ensure the proficient utilization of the PDMS.
7. **Scalability:** The system's design should be adaptable to accommodate future growth and evolving requirements, ensuring its enduring relevance.

PCG recommends initiating a comprehensive project plan to develop, test, and deploy a PDMS, ensuring that it aligns with DDSD's strategic goals and mission to provide high-quality support and services to individuals with developmental disabilities.

Regional Office Request for Assistance Process

The comparison of the survey results to the Regional Office Request for Assistant (RORA) data from the same period indicates that survey respondents were reporting issues that may not have been captured in the RORA data. For example, while Professional Services (Behavior Support Consultation and the Therapies) and Supported Living had a high number of RORAs submitted potentially indicating access issues, other services that stood out in the surveys (e.g., Respite and Private Duty Nursing) had very few or no RORAs submitted. In addition, Mi Via Waiver services that stood out as having access issues from Case Manager and Consultant Survey respondents did not appear in RORA data; and in general it appears that Mi Via Waiver services are underrepresented in the RORA data. For example, none of the 73 Mi Via Waiver RORAs were related to Professional Services even though a high proportion of consultant respondents indicated those services were problematic. As the RORA process is relatively new for the Mi Via Waiver, increased use is expected.

Recommendation 12: Outreach to Encourage the Use of and Feedback on the RORA Process

Given the discrepancies, DDSD should consider an outreach effort to encourage providers, participants or their representatives, and case managers and consultants to use the RORA process to be sure DDSD is made aware of any access issues in real-time. This outreach can include clarifications about the potential uses of the RORA process, including providers reporting delays in the budget approval process, as well as encouraging stakeholders to provide feedback on potential improvements to the RORA process. Of note, in State Fiscal Year 2024, DDSD is adding a category to its form to specifically highlight services that are unavailable for participants authorized to receive them.

VI. ACKNOWLEDGEMENTS

Public Consulting Group LLC (PCG) would like to thank the many individuals and agencies that contributed to this report. PCG appreciates the time and effort that Leadership and staff from the New Mexico Department of Health, Developmental Disabilities Supports Division and the Human Services Department, Medical Assistance Division, invested towards this project. Also, thanks to the Advisory Council on Quality Supports for Individuals with Developmental Disabilities and Their Families and all the Home and Community Based Services provider agencies that submitted data. The input provided by these groups was invaluable.

APPENDIX A: NM CAPACITY – PARTICIPANT SURVEY

NM Capacity - Participant Survey

Start of Block: Survey Introduction

Q1 HOME and COMMUNITY BASED SERVICES (HCBS) PROVIDER CAPACITY ASSESSMENT | Participant Survey

Public Consulting Group LLC (PCG), on behalf of the New Mexico Department of Health, Developmental Disabilities Supports Division (DDSD), is conducting a provider Capacity Assessment of select HCBS Developmental Disabilities and Mi Via waiver services. This assessment will help identify potential issues with current provider capacity to meet individuals' needs. PCG is asking you to answer some questions about difficulties you have in finding providers or employees to deliver the services and supports identified in your person-centered plans. For this assessment, please respond only for the services and supports listed in your Individualized Service Plan (ISP) or Service and Support Plan (SSP).

Your participation in the survey is essential for a comprehensive state-wide assessment and to support the development of a stronger provider network. This is your opportunity to weigh in on your experience and make suggestions.

This survey should take you less than **seven minutes to complete**.

Confidentiality: We are not collecting your name or information that could identify you. Access to the survey responses is password protected and secure. We will not share your IP address or any information that could be used to personally identify you. Any data will be shown as totals or as general themes from information gathered among all survey participants.

Please understand that your participation in this survey is voluntary. You may decline to answer any and all questions. You may also allow a trusted family member, friend, advocate, case manager or consultant, direct service provider or other trusted person to fill-out this survey on your behalf.

Clicking next indicates that you consent to participating.
Contact Information: If you should have any questions about the survey, please contact PCG at nmhcbsratestudy@pcgus.com.

Thank you for your participation!

End of Block: Survey Introduction

Start of Block: Respondent Information

(Relationship) Please identify your relationship to the DD or MV waiver participant.

- ○ Participant/Self (4)
- ○ Family Member (5)

- ○ Friend (7)
- ○ Advocate (8)
- ○ Case Manager/Consultant (9)
- ○ Direct Service Provider (10)
- ○ Other (6)

Page Break

(County) Which county do you live in?

- ○ Bernalillo County (10)
- ○ Catron County (11)
- ○ Chaves County (12)
- ○ Cibola County (13)
- ○ Colfax County (14)
- ○ Curry County (15)
- ○ De Baca County (16)
- ○ Doña Ana County (17)
- ○ Eddy County (18)
- ○ Grant County (19)
- ○ Guadalupe County (20)
- ○ Harding County (21)
- ○ Hidalgo County (22)
- ○ Lea County (23)
- ○ Lincoln County (24)
- ○ Los Alamos County (25)
- ○ Luna County (26)
- ○ McKinley County (27)
- ○ Mora County (28)
- ○ Otero County (29)
- ○ Quay County (30)
- ○ Rio Arriba County (31)
- ○ Roosevelt County (32)
- ○ San Juan County (33)
- ○ San Miguel County (34)
- ○ Sandoval County (35)
- ○ Santa Fe County (36)
- ○ Sierra County (37)
- ○ Socorro County (38)
- ○ Taos County (39)
- ○ Torrance County (40)
- ○ Union County (41)
- ○ Valencia County (42)

Page Break

(Waiver) Which waiver do you participate in? Select one.

- ○ Developmental Disabilities Waiver (1)
- ○ Mi Via Waiver (2)
- ○ Neither of these (4)

Page Break

Display This Question:
If Which waiver do you participate in? Select one. = Developmental Disabilities Waiver

X→

(DD Waiver Services) What service(s) are currently in your DD Individualized Service Plan (ISP)? Select all that apply.

- Adult Nursing (1)
- Assistive Technology Purchasing Agent (2)
- Behavior Support Consultation (3)
- Case Management (4)
- Community Integrated Employment Job Maintenance (6)
- Customized Community Support (8)
- Customized In Home Supports (9)
- Family Living (10)
- Occupational Therapy (13)
- Physical Therapy (14)
- Respite (16)
- Socialization and Sexuality Education (17)
- Speech Therapy (18)
- Supported Living (19)
- ⊗None of these (99)

Display This Question:
If Which waiver do you participate in? Select one. = Mi Via Waiver

X→

(MV Waiver Services) What service(s) are currently in your MV Service and Support Plan (SSP)? Select all that apply.

- Behavior Support Consultation (3)
- Community Direct Support (5)
- Consultant (7)
- Customized Community Supports (8)
- Homemaker/Direct Supports (11)
- In Home Living Supports (12)
- Occupational Therapy (13)
- Physical Therapy (14)
- Private Duty Nursing (15)
- Respite (16)
- Speech Therapy (18)
- Technology for Safety and Independence (20)

- ☒ None of these (99)

End of Block: Respondent Information

Start of Block: Early Close

Display This Question:
If Which waiver do you participate in? Select one. = Neither of these
Or What service(s) are currently in your DD Individualized Service Plan (ISP)? Select all that apply. = None of these
Or What service(s) are currently in your MV Service and Support Plan (SSP)? Select all that apply. = None of these

(Early Close Blurb) Thank you for your time! This survey is intended for individuals authorized to receive select services within the Developmental Disabilities and Mi Via Waivers.

There are also Capacity Assessment surveys currently open to gather feedback from case managers, consultants and providers of certain services. If you believe you are eligible for one of those surveys and are interested in completing one, please contact us at NMHCBSRateStudy@pcgus.com.

End of Block: Early Close

Start of Block: Service Availability and Access

(Agree Disagree) Please indicate if you agree or disagree with each of the sentences listed below about your current service(s).

Input 1 for "I agree"
Input 2 for "I am neutral"
Input 3 for "I disagree"
Input 0 for "I don't know"

	Input number here: (11)
My services meet my needs (4)	
My services are being provided in a manner that respects my dignity and privacy (2)	
I have multiple service providers to choose from for the service(s) on my ISP or SSP (1)	
My services are being delivered in an individualized and person-centered way (5)	
My services are provided in my language and/or in a culturally competent manner (3)	

Page Break

Display This Question:
If Which waiver do you participate in? Select one. = Developmental Disabilities Waiver

Carry Forward Selected Choices from "What service(s) are currently in your DD Individualized Service Plan (ISP)? Select all that apply."

X→

(DD Srv Not Always) Over the past year, were any of these DD waiver service(s) **not always available** to you at the amount you are authorized to receive and/or at the quality level you would like? Select all that apply.

- ⊗I can always access all of services in my ISP at the amount and quality level I prefer (1)
- Adult Nursing (2)
- Assistive Technology Purchasing Agent (3)
- Behavior Support Consultation (4)
- Case Management (5)
- Community Integrated Employment Job Maintenance (6)
- Customized Community Support (7)
- Customized In Home Supports (8)
- Family Living (9)
- Occupational Therapy (10)
- Physical Therapy (11)
- Respite (12)
- Socialization and Sexuality Education (13)
- Speech Therapy (14)
- Supported Living (15)
- ⊗None of these (16)

Display This Question:
If Which waiver do you participate in? Select one. = Developmental Disabilities Waiver
And Over the past year, were any of these DD waiver service(s) not always available to you at the amo... != I can always access all of services in my ISP at the amount and quality level I prefer

Carry Forward Selected Choices from "Over the past year, were any of these DD waiver service(s) not always available to you at the amount you are authorized to receive and/or at the quality level you would like? Select all that apply."

X→

(DD Srv Never) Over the past year, were any of these DD waiver service(s) **never available** to you at the amount you are authorized to receive and/or at the quality level you would like? Select all that apply.

- ⊗I can at least sometimes access all of the services listed below. (1)
- ⊗I can always access all of services in my ISP at the amount and quality level I prefer (2)
- Adult Nursing (3)
- Assistive Technology Purchasing Agent (4)
- Behavior Support Consultation (5)
- Case Management (6)
- Community Integrated Employment Job Maintenance (7)
- Customized Community Support (8)

- Customized In Home Supports (9)
- Family Living (10)
- Occupational Therapy (11)
- Physical Therapy (12)
- Respite (13)
- Socialization and Sexuality Education (14)
- Speech Therapy (15)
- Supported Living (16)
- ⊗None of these (17)

Page Break

Display This Question:
If Which waiver do you participate in? Select one. = Mi Via Waiver
Carry Forward Selected Choices from "What service(s) are currently in your MV Service and Support Plan (SSP)? Select all that apply."

X→

(MV Srv Not Always) Over the past year, were any of these MV service(s) **not always available** to you at the amount you are authorized to receive and/or at the quality level you would like to receive? Select all that apply.

- ⊗I can always access all of services in my SSP at the amount and quality level I prefer (1)
- Behavior Support Consultation (2)
- Community Direct Support (3)
- Consultant (4)
- Customized Community Supports (5)
- Homemaker/Direct Supports (6)
- In Home Living Supports (7)
- Occupational Therapy (8)
- Physical Therapy (9)
- Private Duty Nursing (10)
- Respite (11)
- Speech Therapy (12)
- Technology for Safety and Independence (13)
- ⊗None of these (14)

Page Break

Display This Question:
If Which waiver do you participate in? Select one. = Mi Via Waiver
And Over the past year, were any of these MV service(s) not always available to you at the amount you... != I can always access all of services in my SSP at the amount and quality level I prefer
Carry Forward Selected Choices from "Over the past year, were any of these MV service(s) not always available to you at the amount you are authorized to receive and/or at the quality level you would like to receive? Select all that apply."

(MV Never) Over the past year, were any of these service(s) **never available** to you at the amount you are authorized to receive and/or at the quality level you would like to receive? Select all that apply.

- I can at least sometimes access all of the services listed below. (1)
- ⊗I can always access all of services in my SSP at the amount and quality level I prefer (2)
- Behavior Support Consultation (3)
- Community Direct Support (4)
- Consultant (5)
- Customized Community Supports (6)
- Homemaker/Direct Supports (7)
- In Home Living Supports (8)
- Occupational Therapy (9)
- Physical Therapy (10)
- Private Duty Nursing (11)
- Respite (12)
- Speech Therapy (13)
- Technology for Safety and Independence (14)
- ⊗None of these (15)

End of Block: Service Availability and Access

Start of Block: Block 6

(Action Taken?) If your service needs and/or quality expectations were not always met in the past year, did you take any of the steps below? Select all that apply.

- I contacted my provider (1)
- I contacted my case manager or consultant (2)
- I contacted DDSD or someone else at the state (3)
- ⊗My needs and/or expectations were not met, but I did not do any of the above (4)
- ⊗My services needs and quality expectations were met. (5)

Page Break

Display This Question:
If your service needs and/or quality expectations were not always met in the past year, did you t... = I contacted my provider
Or If your service needs and/or quality expectations were not always met in the past year, did you t... = I contacted my case manager or consultant
Or If your service needs and/or quality expectations were not always met in the past year, did you t... = I contacted DDSD or someone else at the state

(Resolved?) Did this action resolve the issue?

○ Yes (1)
○ No (2)
○ I don't know (3)

Page Break

Display This Question:
If If your service needs and/or quality expectations were not always met in the past year, did you t... != My services needs and quality expectations were met.

(Not Avail- Why?) If one or more of your services was **not always available** at the amount you are authorized to receive and/or at the quality level you would like, select all that apply.

- Providers in my area did not meet my quality expectations and/or needs (4)
- There were no providers for the service(s) in my area (2)
- Providers in my area were not accepting new participants (3)
- In person is my preferred service delivery choice, and service was not available in person (8)
- Telehealth is my preferred service delivery choice, and service was not available via telehealth (6)
- Transportation for service delivery, either for me or my caregiver, was not available (1)
- ⊗ None of the above apply. (5)

Page Break

Display This Question:
If If one or more of your services was not always available at the amount you are authorized to rece... = Providers in my area did not meet my quality expectations and/or needs

(Quality/Need- Why?) You indicated that one or more **service(s) did not meet your quality expectations and/or needs** in the past year. Select all of the reasons that apply.

- Services not provided or available at the time I want (4)
- Services not provided or available as frequently as I want (6)
- Services not provided or available in my language and/or in culturally competent way (5)
- Services not provided or available via telehealth (7)
- Services not provided or available in a manner that I want (3)
- ⊗ None of the above apply (2)

End of Block: Block 6

Start of Block: Closing

(Comments) Do you have anything else that you would like to share with us about your ability to access services?

____

____

____

____

____

(Thank you)
Thank you for your time in completing this survey. We appreciate your participation!

End of Block: Closing

APPENDIX B: NM CAPACITY – CASE MANAGER AND CONSULTANTS SURVEY

Below is an export of the survey from Qualtrics survey platform. Some notations included below were not seen by respondents.

NM Capacity - Case Managers and Consultants

Start of Block: Survey Introduction

(Intro) HOME and COMMUNITY BASED SERVICES (HCBS) PROVIDER CAPACITY ASSESSMENT | Case Managers and Consultant's Survey

Public Consulting Group LLC (PCG), on behalf of the Developmental Disabilities Supports Division (DDSD), is conducting a provider Capacity Assessment of select HCBS Developmental Disabilities and Mi Via Waiver services to identify opportunities and barriers that providers face in their current ability to support service delivery.

PCG is asking individual case managers and consultants to answer some questions about difficulties the participants you serve may experience in finding providers or employees to deliver the services and supports they need as identified in their person-centered plan. For this assessment, please respond only for the services and supports listed in your participants' Individualized Service Plan (ISP) or Service and Support Plan (SSP).

This survey is intended only for case managers or consultants. If you are a HCBS provider or participant in one of these waivers, please reach out to us for a link for a survey designed for you.

This survey should take **approximately 10-minutes to complete.**

Contact Information: If you should have any questions about the survey, please contact PCG at nmhcbsratestudy@pcgus.com.

Clicking **next** shows your consent to participate in the survey. Thank you for your participation!

Page Break

(Waiver) I am a Case Manager or Consultant that supports participants enrolled in the....... Select all that apply.

- Development Disabilities (DD) Waiver (1)
- Mi Via (MV) Waiver (2)
- ⊗Neither of the above (3)

Display This Question:
If I am a Case Manager or Consultant that supports participants enrolled in the....... Select all th... = Development Disabilities (DD) Waiver

X→

(DD Waiver Services) Which services in the list below are your current DD waiver participants authorized to receive? Select all that apply.

- ⊗ All of the services below (98)
- Adult Nursing (1)
- Assistive Technology Purchasing Agent (2)
- Behavior Support Consultation (3)
- Case Management (4)
- Community Integrated Employment Job Maintenance (6)
- Customized Community Support (8)
- Customized In-Home Supports (9)
- Family Living (10)
- Occupational Therapy (13)
- Physical Therapy (14)
- Respite (16)
- Socialization and Sexuality Education (17)
- Speech Therapy (18)
- Supported Living (1)
- ⊗ The participants I support are not authorized for any of these services. (99)

Page Break

Display This Question:
If I am a Case Manager or Consultant that supports participants enrolled in the....... Select all th... = Mi Via (MV) Waiver

X→

(MV Waiver Services) Which services in the list below are your current Mi Via waiver participants authorized to receive? Select all that apply.

- ⊗ All of the services below. (98)
- Behavior Support Consultation (3)
- Community Direct Support (5)
- Consultant (7)
- Customized Community Support (8)
- Homemaker/Direct Supports (11)
- In Home Living Supports (12)
- Occupational Therapy (13)
- Physical Therapy (14)
- Private Duty Nursing (15)

- Respite (16)
- Speech Therapy (18)
- Technology for Safety and Independence (20)
- ⊗The participants I support are not authorized for any of these services. (99)

End of Block: Survey Introduction

Start of Block: Early Close

(Early Close Blurb) Thank you for your time! This survey is intended for Case Managers and Consultants supporting participants with certain services within the HCBS Developmental Disabilities and Mi Via waivers.

There is a Capacity Assessment survey currently open to gather feedback from providers in the HCBS Developmental Disabilities and Mi Via waivers. There is also a survey for participants of those waivers. If you believe you are eligible for one of those surveys and are interested in completing one, please contact us at NMHCBSRateStudy@pcgus.com.

End of Block: Early Close

Start of Block: Respondent Information

(Org Name) What is the name of the organization you work for?

____

(County) What counties do you serve? Select all that apply.

- ⊗Statewide (90)
- Bernalillo County (10)
- Catron County (11)
- Chaves County (12)
- Cibola County (13)
- Colfax County (14)
- Curry County (15)
- De Baca County (16)
- Doña Ana County (17)
- Eddy County (18)
- Grant County (19)
- Guadalupe County (20)
- Harding County (21)
- Hidalgo County (22)
- Lea County (23)
- Lincoln County (24)
- Los Alamos County (25)
- Luna County (26)

- McKinley County (27)
- Mora County (28)
- Otero County (29)
- Quay County (30)
- Rio Arriba County (31)
- Roosevelt County (32)
- San Juan County (33)
- San Miguel County (34)
- Sandoval County (35)
- Santa Fe County (36)
- Sierra County (37)
- Socorro County (38)
- Taos County (39)
- Torrance County (40)
- Union County (41)
- Valencia County (42)

End of Block: Respondent Information

Start of Block: Sizing

Display This Question:
If I am a Case Manager or Consultant that supports participants enrolled in the....... Select all th... = Development Disabilities (DD) Waiver

X→

(DD #) How many Development Disabilities (DD) Waiver participants do you currently support? Select one.

○ I do not support any. (10)
○ 10 or less (11)
○ 11 - 50 (12)
○ More than 50 (14)

Display This Question:
If How many Development Disabilities (DD) Waiver participants do you currently support? Select one. = 10 or less
Or How many Development Disabilities (DD) Waiver participants do you currently support? Select one. = 11 - 50
Or How many Development Disabilities (DD) Waiver participants do you currently support? Select one. = More than 50

X→

(DD %) Of your current DD participants, what percentage cannot access one or more service(s) that their service plan indicates they need? Select one.

○ Every DD participant can access all services within their plan. (10)
○ 1 to 20% (11)
○ 21 to 40% (12)
○ 41 to 60% (13)
○ 61 to 80% (14)
○ 81 to 100% (15)

Page Break

Display This Question:
If I am a Case Manager or Consultant that supports participants enrolled in the....... Select all th... = Mi Via (MV) Waiver

(MV #) How many Mi Via (MV) Waiver participants do you currently support? Select one.

○ I do not support any. (10)
○ 10 or less (11)
○ 11 - 50 (12)
○ More than 50 (14)

Display This Question:
If How many Mi Via (MV) Waiver participants do you currently support? Select one. = 10 or less
Or How many Mi Via (MV) Waiver participants do you currently support? Select one. = 11 - 50
Or How many Mi Via (MV) Waiver participants do you currently support? Select one. = More than 50

(MV %) Of your current MV participants, what percentage cannot access one or more service(s) that their service plan indicates they need? Select one.

○ Every MV participant can access all services within their plan. (10)
○ 1 to 20% cannot access services (11)
○ 21 to 40% (12)
○ 41 to 60% (13)
○ 61 to 80% (14)
○ 81 to 100% (15)

End of Block: Sizing

Start of Block: Service Availability and Access

Display This Question:
If Which services in the list below are your current DD waiver participants authorized to receive? S... != The participants I support are not authorized for any of these services.

(Srv Not Always) Please select the service(s) from the list below that are **NOT always available** to any participant who is authorized to access them? Select all that apply.

- ⊗All of the services below are always available at the authorized amount (100)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Adult Nursing
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Adult Nursing (1)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Assistive Technology Purchasing Agent
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Assistive Technology Purchasing Agent (2)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Behavior Support Consultation
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Behavior Support Consultation
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Behavior Support Consultation (3)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Case Management
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Case Management (4)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Community Direct Support
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Community Direct Support (5)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Community Integrated Employment Job Maintenance
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Community Integrated Employment Job Maintenance (6)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Consultant
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Consultant (7)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Customized Community Support
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Customized Community Support
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Customized Community Support (8)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Customized In-Home Supports
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Customized In-Home Supports (9)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Family Living
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Family Living (10)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Homemaker/Direct Supports
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Homemaker/Direct Supports (11)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = In Home Living Supports
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- In Home Living Supports (12)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Occupational Therapy
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Occupational Therapy
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Occupational Therapy (13)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Physical Therapy
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Physical Therapy
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Physical Therapy (14)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Private Duty Nursing
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Private Duty Nursing (15)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Respite
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Respite
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Respite (16)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Socialization and Sexuality Education
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Socialization and Sexuality Education (17)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Speech Therapy
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Speech Therapy
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Speech Therapy (18)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Supported Living
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Supported Living (19)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Technology for Safety and Independence
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Technology for Safety and Independence (20)

Carry Forward Selected Choices from "Please select the service(s) from the list below that are NOT always available to any participant who is authorized to access them? Select all that apply."

(Srv Never) Please select the service(s) from the list below that are **NEVER** available to any participant who is authorized to access them? Select all that apply.

- All services below are at least sometimes available (1)
- ⊗All of the services below are always available at the authorized amount (31)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Adult Nursing
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Adult Nursing (15)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Assistive Technology Purchasing Agent
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Assistive Technology Purchasing Agent (5)

Display This Choice:

If Which services in the list below are your current DD waiver participants authorized to receive? S... = Behavior Support Consultation
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Behavior Support Consultation
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Behavior Support Consultation (6)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Case Management
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Case Management (7)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Community Direct Support
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Community Direct Support (8)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Community Integrated Employment Job Maintenance
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Community Integrated Employment Job Maintenance (10)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Consultant
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Consultant (26)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Customized Community Support
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Customized Community Support
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Customized Community Support (11)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Customized In-Home Supports
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Customized In-Home Supports (12)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Family Living
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Family Living (13)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Homemaker/Direct Supports
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Homemaker/Direct Supports (17)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = In Home Living Supports
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- In Home Living Supports (30)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Occupational Therapy
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Occupational Therapy
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Occupational Therapy (16)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Physical Therapy
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Physical Therapy
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Physical Therapy (18)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Private Duty Nursing
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Private Duty Nursing (27)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Respite
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Respite
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Respite (19)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Socialization and Sexuality Education
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Socialization and Sexuality Education (20)

Display This Choice:

If Which services in the list below are your current DD waiver participants authorized to receive? S... = Speech Therapy
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Speech Therapy
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Speech Therapy (21)

Display This Choice:
If Which services in the list below are your current DD waiver participants authorized to receive? S... = Supported Living
Or Which services in the list below are your current DD waiver participants authorized to receive? S... = All of the services below

- Supported Living (22)

Display This Choice:
If Which services in the list below are your current Mi Via waiver participants authorized to receiv... = Technology for Safety and Independence
Or Which services in the list below are your current Mi Via waiver participants authorized to receiv... = All of the services below.

- Technology for Safety and Independence (24)

End of Block: Service Availability and Access

Start of Block: Living Care Arrangements

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Customized In-Home Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = Family Living
Or Please select the service(s) from the list below that are NOT always available to any participant... = Homemaker/Direct Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = In Home Living Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = Respite
Or Please select the service(s) from the list below that are NOT always available to any participant... = Supported Living

(LC Contr Factors) You indicated one or more **Living Care Arrangement (Customized In Home Supports, Family Living, Homemaker/Direct Supports, In Home Living Supports, Respite, and Supported Living)** service is currently unavailable to participants some or all of the time. Which of the following contributed to make these services unavailable?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"
Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

_______ There are no providers in the participants’ areas (1)
_______ Providers are not accepting new participants (4)
_______ Providers are unable to staff service due to complexity of participants' needs (2)
_______ Providers are unable to staff service due to language barrier (3)

_______ Providers will not accept rate (5)
_______ Means of transportation to and from service not available (6)

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Customized In-Home Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = Family Living
Or Please select the service(s) from the list below that are NOT always available to any participant... = Homemaker/Direct Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = In Home Living Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = Respite
Or Please select the service(s) from the list below that are NOT always available to any participant... = Supported Living

(LC Telehealth?) Could any unavailable **Living Care Arrangement (Customized In Home Supports, Family Living, Homemaker/Direct Supports, In Home Living Supports, Respite, and Supported Living)** service be successfully provided via telehealth? Select one.

- ○ Yes (1)
- ○ No (2)
- ○ I don't know (4)

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Customized In-Home Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = Family Living
Or Please select the service(s) from the list below that are NOT always available to any participant... = Homemaker/Direct Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = In Home Living Supports
Or Please select the service(s) from the list below that are NOT always available to any participant... = Respite
Or Please select the service(s) from the list below that are NOT always available to any participant... = Supported Living

(LT TH Barriers) Which of the following barriers prevents providers from delivering unavailable **Living Care Arrangement (Customized In Home Supports, Family Living, Homemaker/Direct Supports, In Home Living Supports, Respite, and Supported Living)** services by telehealth?

Input 1 for "Strong barrier"
Input 2 for "Moderate barrier"
Input 3 for "Weak barrier"
Input 0 for "Barrier does not apply"

_______ There are limited providers offering telehealth (1)
_______ There is unreliable internet in geographic area (2)
_______ Participants lack reliable internet (3)

_______ Participants lack access to devices (4)
_______ Participants are not interested (5)
_______ These services are not appropriate for telehealth (6)
_______ The providers do not speak the language the family understands/prefers (8)

End of Block: Living Care Arrangements

Start of Block: Community Supports and Employment

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Community Integrated Employment Job Maintenance
Or Please select the service(s) from the list below that are NOT always available to any participant... = Customized Community Support
Or Please select the service(s) from the list below that are NOT always available to any participant... = Community Direct Support

(CS Contr Factors) You indicated one or more **Community Supports and Employment (Community Integrated Employment Job Maintenance, Customized Community Support, and Community Direct Support)** service is currently unavailable to participants some or all of the time. Which of the following contributed to make these services unavailable?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"
Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

_______ There are no providers in the participants' areas (1)
_______ Providers are not accepting new participants (4)
_______ Providers are unable to staff service due to complexity of participants' needs (2)
_______ Providers are unable to staff service due to language barrier (3)
_______ Providers will not accept rate (5)
_______ Means of transportation to and from service not available (6)

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Community Integrated Employment Job Maintenance
Or Please select the service(s) from the list below that are NOT always available to any participant... = Customized Community Support
Or Please select the service(s) from the list below that are NOT always available to any participant... = Community Direct Support

(CS Telehealth?) Could any unavailable **Community Supports and Employment (Community Integrated Employment Job Maintenance, Customized Community Support, and Community Direct Support)** service be successfully provided via telehealth? Select one.

○ Yes (1)
○ No (2)
○ I don't know (4)

Display This Question:

If Please select the service(s) from the list below that are NOT always available to any participant... = Community Integrated Employment Job Maintenance
Or Please select the service(s) from the list below that are NOT always available to any participant... = Customized Community Support
Or Please select the service(s) from the list below that are NOT always available to any participant... = Community Direct Support

(CS TH Barriers) Which of the following barriers prevents providers from delivering unavailable **Community Supports and Employment (Community Integrated Employment Job Maintenance, Customized Community Support, and Community Direct Support)** services by telehealth?

Input 1 for "Strong barrier"
Input 2 for "Moderate barrier"
Input 3 for "Weak barrier"
Input 0 for "Barrier does not apply"

_______ There are limited providers offering telehealth (1)
_______ There is unreliable internet in geographic area (2)
_______ Participants lack reliable internet (3)
_______ Participants lack access to devices (4)
_______ Participants are not interested (5)
_______ These services are not appropriate for telehealth (6)
_______ The providers do not speak the language the family understands/prefers (8)

End of Block: Community Supports and Employment

Start of Block: Professional Services

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Behavior Support Consultation
Or Please select the service(s) from the list below that are NOT always available to any participant... = Physical Therapy
Or Please select the service(s) from the list below that are NOT always available to any participant... = Speech Therapy
Or Please select the service(s) from the list below that are NOT always available to any participant... = Occupational Therapy

(PS Contr Factors) You indicated one or more **Professional Services (Behavior Support Consultation, Occupational Therapy, Physical Therapy, and Speech Therapy)** service is currently unavailable to participants some or all of the time. Which of the following contributed to make these services unavailable?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"
Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

_______ There are no providers in the participants’ areas (1)
_______ Providers are not accepting new participants (4)
_______ Providers are unable to staff service due to complexity of participants' needs (2)

_______ Providers are unable to staff service due to language barrier (3)
_______ Providers will not accept rate (5)
_______ Means of transportation to and from service not available (6)

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Behavior Support Consultation
Or Please select the service(s) from the list below that are NOT always available to any participant... = Occupational Therapy
Or Please select the service(s) from the list below that are NOT always available to any participant... = Physical Therapy
Or Please select the service(s) from the list below that are NOT always available to any participant... = Speech Therapy

(PS Telehealth?) Could any unavailable **Professional Services (Behavior Support Consultation, Occupational Therapy, Physical Therapy, and Speech Therapy)** service be successfully provided via telehealth? Select one.

○ Yes (1)
○ No (2)
○ I don't know (4)

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Behavior Support Consultation
Or Please select the service(s) from the list below that are NOT always available to any participant... = Occupational Therapy
Or Please select the service(s) from the list below that are NOT always available to any participant... = Physical Therapy
Or Please select the service(s) from the list below that are NOT always available to any participant... = Speech Therapy

(PS TH Barriers) Which of the following barriers prevents providers from delivering unavailable **Professional Services (Behavior Support Consultation, Occupational Therapy, Physical Therapy, and Speech Therapy)** by telehealth?

Input 1 for "Strong barrier"
Input 2 for "Moderate barrier"
Input 3 for "Weak barrier"
Input 0 for "Barrier does not apply"

_______ There are limited providers offering telehealth (1)
_______ There is unreliable internet in geographic area (2)
_______ Participants lack reliable internet (3)
_______ Participants lack access to devices (4)
_______ Participants are not interested (5)
_______ These services are not appropriate for telehealth (6)
_______ The providers do not speak the language the family understands/prefers (8)

End of Block: Professional Services

Start of Block: Other Waiver Services

Display This Question:

If Please select the service(s) from the list below that are NOT always available to any participant... = Adult Nursing

Or Please select the service(s) from the list below that are NOT always available to any participant... = Private Duty Nursing

Or Please select the service(s) from the list below that are NOT always available to any participant... = Assistive Technology Purchasing Agent

Or Please select the service(s) from the list below that are NOT always available to any participant... = Technology for Safety and Independence

Or Please select the service(s) from the list below that are NOT always available to any participant... = Socialization and Sexuality Education

(OWS Contr Factors) You indicated one or more **Other Waiver Services (Adult Nursing, Assistive Technology Purchasing Agent, Private Duty Nursing, Socialization and Sexuality Education, and Technology for Safety and Independence)** service is currently unavailable to participants some or all of the time. Which of the following contributed to make these services unavailable?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"
Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

_______ There are no providers in the participants' areas (1)
_______ Providers are not accepting new participants (4)
_______ Providers are unable to staff service due to complexity of participants' needs (2)
_______ Providers are unable to staff service due to language barrier (3)
_______ Providers will not accept rate (5)
_______ Means of transportation to and from service not available (6)

Display This Question:

If Please select the service(s) from the list below that are NOT always available to any participant... = Adult Nursing

Or Please select the service(s) from the list below that are NOT always available to any participant... = Assistive Technology Purchasing Agent

Or Please select the service(s) from the list below that are NOT always available to any participant... = Technology for Safety and Independence

Or Please select the service(s) from the list below that are NOT always available to any participant... = Socialization and Sexuality Education

Or Please select the service(s) from the list below that are NOT always available to any participant... = Private Duty Nursing

(OWS Telehealth?) Could any unavailable **Other Waiver Services (Adult Nursing, Assistive Technology Purchasing Agent, Private Duty Nursing, Socialization and Sexuality Education, and Technology for Safety and Independence)** service be successfully provided via telehealth? Select one.

- ○ Yes (1)
- ○ No (2)
- ○ I don't know (4)

Display This Question:
If Please select the service(s) from the list below that are NOT always available to any participant... = Adult Nursing
Or Please select the service(s) from the list below that are NOT always available to any participant... = Assistive Technology Purchasing Agent
Or Please select the service(s) from the list below that are NOT always available to any participant... = Technology for Safety and Independence
Or Please select the service(s) from the list below that are NOT always available to any participant... = Socialization and Sexuality Education
Or Please select the service(s) from the list below that are NOT always available to any participant... = Private Duty Nursing

(OWS TH Barriers) Which of the following barriers prevents providers from delivering unavailable **Other Waiver Services (Adult Nursing, Assistive Technology Purchasing Agent, Private Duty Nursing, Socialization and Sexuality Education, and Technology for Safety and Independence)** service by telehealth?

Input 1 for "Strong barrier"
Input 2 for "Moderate barrier"
Input 3 for "Weak barrier"
Input 0 for "Barrier does not apply"

_______ There are limited providers offering telehealth (1)
_______ There is unreliable internet in geographic area (2)
_______ Participants lack reliable internet (3)
_______ Participants lack access to devices (4)
_______ Participants are not interested (5)
_______ These services are not appropriate for telehealth (6)
_______ The providers do not speak the language the family understands/prefers (8)

End of Block: Other Waiver Services

Start of Block: Closing

(Comments) Do you have any other comments regarding provider capacity that you would like to share?

____
____
____
____
____

(Contract Info) We may contact individuals to provide more information. If you would like to be considered for further outreach, please leave your contact information below.

- ○ Name: (1) ____
- ○ Email: (2) ____
- ○ Phone Number (3) ____

Page Break

(Thank you) Thank you for completing this survey. If you have questions or comments about PCG and DDSD's rate study, please contact us at NMHCBSRateStudy@pcgus.com.

End of Block: Closing

APPENDIX C: NM CAPACITY – PROVIDER SURVEY

NM Capacity - Provider Survey

Start of Block: Survey Introduction

(Intro) HOME and COMMUNITY BASED SERVICES (HCBS) PROVIDER CAPACITY ASSESSMENT | Provider Survey

Public Consulting Group LLC (PCG), on behalf of the Developmental Disabilities Supports Division (DDSD), is conducting a provider Capacity Assessment of select HCBS Developmental Disabilities and Mi Via waiver services to identify opportunities and barriers that providers face in their current ability to support participant service delivery.

This survey is intended **only** for those who provide services for these two waivers. **We ask that only one individual per organization complete this survey.**

This survey should take you less than **10 minutes to complete**.

Contact Information: If you should have any questions about the survey, please contact PCG at nmhcbsratestudy@pcgus.com. If you are a case manager, consultant, or participant in one of these waivers, please reach out to us for a link to a survey designed for you.

Clicking **next** indicates that your organization's director has authorized you to complete this survey. Thank you for your participation!

End of Block: Survey Introduction

Start of Block: Respondent Information

(Org Name) What is the name of your organization?

____

(County) What counties do you serve? Select all that apply.

- ⊗ Statewide (90)
- Bernalillo County (10)
- Catron County (11)
- Chaves County (12)
- Cibola County (13)
- Colfax County (14)
- Curry County (15)
- De Baca County (16)
- Doña Ana County (17)

- Eddy County (18)
- Grant County (19)
- Guadalupe County (20)
- Harding County (21)
- Hidalgo County (22)
- Lea County (23)
- Lincoln County (24)
- Los Alamos County (25)
- Luna County (26)
- McKinley County (27)
- Mora County (28)
- Otero County (29)
- Quay County (30)
- Rio Arriba County (31)
- Roosevelt County (32)
- San Juan County (33)
- San Miguel County (34)
- Sandoval County (35)
- Santa Fe County (36)
- Sierra County (37)
- Socorro County (38)
- Taos County (39)
- Torrance County (40)
- Union County (41)
- Valencia County (42)

Page Break

(Waiver) Select all waiver(s) your organization serves.

- Developmental Disabilities (DD) waiver (1)
- Mi Via (MV) waiver (4)
- ⊗ None of these (5)

X→

(Waiver Services) Over the last year, what service(s) has your organization provided? Select all that apply.

- Adult Nursing (1)
- Assistive Technology Purchasing Agent (2)
- Behavior Support Consultation (3)
- Case Management (4)
- Community Direct Support (5)
- Community Integrated Employment Job Maintenance (6)
- Consultant (7)
- Customized Community Support (8)
- Customized In-Home Supports (9)

- Family Living (10)
- Home Maker/Direct Support (11)
- In Home Living Supports (12)
- Occupational Therapy (13)
- Physical Therapy (14)
- Private Duty Nursing (15)
- Respite (16)
- Socialization and Sexuality Education (17)
- Speech Therapy (18)
- Supported Living (19)
- Technology for Safety and Independence (20)
- ⊗ None of these (99)

End of Block: Respondent Information

Start of Block: Early close

Display This Question:
If Select all waiver(s) your organization serves. = None of these
Or Over the last year, what service(s) has your organization provided? Select all that apply. = None of these

(Early Close Blurb) Thank you for your time! This survey is intended for providers of certain services within the Developmental Disabilities and Mi Via Waivers.

There are also Capacity Assessment surveys currently open to gather feedback from case managers, consultants and participants. If you believe you are eligible for one of those surveys and are interested in completing one, please contact us at NMHCBSRateStudy@pcgus.com.

End of Block: Early close

Start of Block: Therapies - caseload

Display This Question:
If Over the last year, what service(s) has your organization provided? Select all that apply. = Behavior Support Consultation
Or Over the last year, what service(s) has your organization provided? Select all that apply. = Speech Therapy
Or Over the last year, what service(s) has your organization provided? Select all that apply. = Occupational Therapy
Or Over the last year, what service(s) has your organization provided? Select all that apply. = Physical Therapy

(Therapies #) You indicated that your organization provides therapy services. Provide an estimate of the **average number of participants served by therapist per month** over the past year below.

	Average number of participants served by therapist per month (1)
Occupational Therapy (OT) (1)	
Physical Therapy (PT) (2)	
Speech-Language Therapy (ST) (3)	
Behavior Support Consultations (BSC) (4)	

End of Block: Therapies - caseload

Start of Block: Expanded or Excess Capacity

X→

(Excess Capacity ?) Over the past year, did your organization do any of the following to **expand capacity** for DD or MV waiver participants? Select all that apply.

- We increased the total number of participants we serve (1)
- We began serving additional population group(s) (2)
- We began offering services in new geographic area(s) (3)
- We began offering new in-person service(s) we were not previously offering in-person (4)
- We began offering service(s) via telehealth we were previously offering only in-person (5)
- We began offering new services we were not previously offering at all (6)
- ⊗ We did none of the above (9)

Display This Question:
If Over the past year, did your organization do any of the following to expand capacity for DD or MV... != We did none of the above
Carry Forward Selected Choices from "Over the last year, what service(s) has your organization provided? Select all that apply."

X→

(Excess Cap. Srvs) What service(s) did your organization expand over the past year? Select all that apply.

- Adult Nursing (1)
- Assistive Technology Purchasing Agent (2)
- Behavior Support Consultation (3)
- Case Management (4)
- Community Direct Support (5)
- Community Integrated Employment Job Maintenance (6)
- Consultant (7)
- Customized Community Support (8)
- Customized In-Home Supports (9)
- Family Living (10)
- Home Maker/Direct Support (11)
- In Home Living Supports (12)
- Occupational Therapy (13)
- Physical Therapy (14)
- Private Duty Nursing (15)
- Respite (16)
- Socialization and Sexuality Education (17)
- Speech Therapy (19)
- Supported Living (19)
- Technology for Safety and Independence (20)

- ⊗ None of these (99)

Page Break

Display This Question:
If Over the past year, did your organization do any of the following to expand capacity for DD or MV... != We did none of the above

(Excess Cap Factors) What were contributing factors to your organization expanding over the past year?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"
Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

	Ranking of Each Factor (1)
Ability to provide service(s) via telehealth (1)	
Recruitment & retention bonuses (2)	
Marketing and recruitment efforts (3)	
Increased Rates (4)	
Increased Wages (5)	

End of Block: Expanded or Excess Capacity

Start of Block: Limited Capacity

(Limited Capacity?) Did your organization have **limited capacity** to provide one or more service(s) over the past year?
- ○ Yes (1)
- ○ No (2)
- ○ I don't know (3)

Display This Question:
If Did your organization have limited capacity to provide one or more service(s) over the past year? = Yes
Or Did your organization have limited capacity to provide one or more service(s) over the past year? = I don't know

X→

(Limited Cap. How?) Which sentence(s) below best describes your experience with limited capacity? Select all that apply.
- We had to turn away referrals. (1)

- We reduced the number of services offered. (3)
- We struggled to meet the needs of specific populations. (4)
- We struggled to provide services in certain geographic area(s). (5)
- We struggled to offer service(s) once telehealth was no longer an option. (6)
- ⊗ None of the above. (9)

Page Break

Display This Question:
If Which sentence(s) below best describes your experience with limited capacity? Select all that apply. != None of the above.
Carry Forward Selected Choices from "Over the last year, what service(s) has your organization provided? Select all that apply."

X→

(Limited Cap. Srvs) For which service(s) did your organization have limited capacity to perform over the past year, if any? Select all that apply.

- Adult Nursing (1)
- Assistive Technology Purchasing Agent (2)
- Behavior Support Consultation (3)
- Case Management (4)
- Community Direct Support (5)
- Community Integrated Employment Job Maintenance (22)
- Consultant (6)
- Customized Community Support (7)
- Customized In-Home Supports (8)
- Family Living (9)
- Home Maker/Direct Support (23)
- In Home Living Supports (25)
- Occupational Therapy (11)
- Physical Therapy (13)
- Private Duty Nursing (24)
- Respite (14)
- Socialization and Sexuality Education (15)
- Speech Therapy (16)
- Supported Living (17)
- Technology for Safety and Independence (18)
- ⊗ None of these (21)

Page Break

Display This Question:
If Which sentence(s) below best describes your experience with limited capacity? Select all that apply. = We had to turn away referrals.
Carry Forward Selected Choices from "For which service(s) did your organization have limited capacity to perform over the past year, if any? Select all that apply."

(Limit Cap. Srv #) Please input an estimate of the average number of referrals you had to turn away **per month** over the last year.

	Response (1)
Adult Nursing (xx1)	
Assistive Technology Purchasing Agent (xx2)	
Behavior Support Consultation (xx3)	
Case Management (xx4)	
Community Direct Support (xx5)	
Community Integrated Employment Job Maintenance (xx22)	
Consultant (xx6)	
Customized Community Support (xx7)	
Customized In-Home Supports (xx8)	
Family Living (xx9)	
Home Maker/Direct Support (xx23)	
In Home Living Supports (xx25)	
Occupational Therapy (xx11)	
Physical Therapy (xx13)	
Private Duty Nursing (xx24)	
Respite (xx14)	
Socialization and Sexuality Education (xx15)	
Speech Therapy (xx16)	
Supported Living (xx17)	
Technology for Safety and Independence (xx18)	
⊗ None of these (xx21)	

Page Break

Display This Question:
If Which sentence(s) below best describes your experience with limited capacity? Select all that apply. != None of the above.

(Ltd Cap. Factors) What were contributing factors to your organization having limited capacity over the past year?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"
Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

	Response (1)
Staff leaving agency (1)	
Staff leaving the workforce (e.g., retirement, caring for dependents full time, education) (2)	
Lack of applicants/staff trained for participants' complex needs (3)	
Lack of applicants/staff for specific language(s) (4)	
Lack of applicants/staff for certain geographic areas (5)	
Lack of applicants/staff for specific day(s) or hour(s) (6)	

Display This Question:
If Which sentence(s) below best describes your experience with limited capacity? Select all that apply. != None of the above.

(Ltd Cap Population) Are there specific populations impacted by your organization's limited capacity?

○ No (1)
○ I don't know (2)
○ Yes (please explain) (3) ____

End of Block: Limited Capacity

Start of Block: Telehealth

Carry Forward Selected Choices from "Over the last year, what service(s) has your organization provided? Select all that apply."

(TH Exp?) Based on your experience, which of the services that you provided over the last year can be successfully delivered via telehealth with the right supports? Select all that apply.

- Adult Nursing (1)
- Assistive Technology Purchasing Agent (2)
- Behavior Support Consultation (3)
- Case Management (4)
- Community Direct Support (5)
- Community Integrated Employment Job Maintenance (6)
- Consultant (7)
- Customized Community Support (8)
- Customized In-Home Supports (9)
- Family Living (10)
- Home Maker/Direct Support (11)
- In Home Living Supports (12)
- Occupational Therapy (13)
- Physical Therapy (14)
- Private Duty Nursing (15)

- Respite (16)
- Socialization and Sexuality Education (17)
- Speech Therapy (18)
- Supported Living (19)
- Technology for Safety and Independence (20)
- ⊗ None of these (21)

Page Break

(TH Barriers) What factors are potential barriers to your organization successfully providing services via telehealth?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"
Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

	Ranking of Each Barrier (1)
Implementation costs (1)	
Ongoing maintenance costs (2)	
Lack of technical support for organization (3)	
Lack of technical support for participants (4)	
Lack of participants asking for services via technology (5)	

End of Block: Telehealth

Start of Block: Program and Service Expansion

(Org Expansion?) How is your organization considering expanding over the next year? Please select all that apply.

- Expansion of service(s) to additional participants (1)
- Expansion of service(s) to a new geographic area (2)
- Offering new service(s) (3)
- Leveraging technology and telehealth (4)
- My agency is not interested in expanding any service(s) in the future (5)

Page Break

(Recruit & Retain) What factors would help your agency recruit and retain staff in your area?

Input 1 for "Strong contributing factor"
Input 2 for "Moderate contributing factor"

Input 3 for "Weak contributing factor"
Input 0 for "Factor does not apply"

	Ranking of Each Contributing Factor (1)
More competitive wages (1)	
More benefits (e.g., health insurance, paid time off) (2)	
Bonuses (e.g., sign on or retention) (3)	
More paid staff trainings to address/meet participants' needs (4)	
More service delivery via telehealth (5)	
More remote work opportunities (e.g., the ability to work from home) (6)	
More affordable dependent care options (7)	
More affordable housing options (8)	

End of Block: Program and Service Expansion

Start of Block: Closure

(Comments) Is there anything else you would like to share regarding provider capacity?

____

(Contact Info) We may contact individuals to provide more information on provider capacity. If you would like to be considered for further outreach, please leave your contact information below.

- ○ Name (1) ____
- ○ Email (2) ____
- ○ Phone Number (3) ____

(Thank you) Thank you for completing this survey. If you have questions or comments, please contact us at NMHCBSRateStudy@pcgus.com.

End of Block: Closure

APPENDIX D: PARTICIPANT SURVEY ANALYSIS

PARTICIPANT SURVEY ASSESSMENT OF BIAS

Unlike the Provider/Vendor and Case Manager/Consultant Surveys, someone may have completed the Participant Survey other than the participant; for example, the participant may have required the support of a proxy for reading and/or answering the questions. When a proxy is involved in survey completion, there is a potential that responses may reflect some degree of the proxies' opinions and not provide a full account of the participants' opinions. To test for proxy-imposed bias, a subset of proxy-supported availability of services responses was compared to overall survey response ratings for the same questions. No bias was identified.

RESPONDENTS

Participation by Waiver Type

217 individuals responded to this survey. Of those 217 respondents, 172 identified as recipients of either Developmental Disabilities Waiver or the Mi Via Waiver services. The following analysis uses this subsample of 172 respondents. Of this subsample, 142 respondents identified as Developmental Disabilities Waiver participants and 30 identified as Mi Via Waiver participants.

Respondents who identified as Mi Via Waiver participants represented 17 percent of the total respondents included in this analysis. Therefore, the following Mi Via Waiver findings are shown with the caveat that there are too few respondents to generalize any of the survey responses to the greater Mi Via Waiver population.

Respondents identifying as Developmental Disabilities Waiver participants represent 83 percent of the total respondents included in this analysis. Therefore, the following Developmental Disabilities Waiver findings have been generalized for all survey questions with at least 35 survey responses by DD participants. Survey responses with fewer than 35 Developmental Disabilities Waiver respondents did not meet the threshold for PCG to generalize the results.

Waiver Services Represented in the Sample

All 14 Developmental Disabilities Waiver services and 10 of the 12 Mi Via Waiver services included within the scope of the Capacity Assessment are represented in the survey results. The Private Duty Nursing and Respite services under the Mi Via Waiver were not represented in the survey results. Representation within the survey means the waiver participant requires the service or services as part of their Individualized Service Plan (ISP) or Service and Support Plan (SSP).

The most common Developmental Disabilities Waiver service to be selected by respondents was Case Management. Three-quarters (75%) of Developmental Disabilities Waiver respondents had Case Management services included in their service plan. The most common Mi Via Waiver service to be selected was Community Direct Support; nearly two-thirds (63%) of respondents had Community Direct Support services included in their service plan.

Since most waiver participants require more than one service, the following table identifies the most selected services by waiver participants.

TABLE 33: SURVEY REPRESENTATION OF SERVICES BY WAIVER TYPE

Developmental Disabilities Waiver Service	Response Count	Response %	Mi Via Waiver Service	Response Count	Response %
Behavior Support Consultation	47	33%	Community Direct Support	19	63%
Case Management	106	75%	Consultant	9	30%
Customized Community Supports	48	34%	In Home Living Supports	14	47%
Family Living	70	49%	Homemaker/Direct Supports	6	20%

SERVICE AVAILABILITY

Quality of Care

Participants were asked to rate their agreement with five statements regarding their overall satisfaction with Developmental Disabilities Waiver and Mi Via Waiver service delivery in relation to the service's ability to meet varying needs. The level of participation was high for each quality-of-care question, with between 108 and 116 respondents answering each. The broadest question simply asked participants if their services, as currently provided, meet their needs. The remaining four questions gauged services' ability to meet participants' need for choice, dignity and privacy, cultural sensitivity, and individualized attention. As shown in the table below, 75 percent to 92 percent of participants rated their services as meeting their needs and preferences. Public Consulting Group (PCG) has removed responses indicating the respondent did not know if the question applied to the respondent from the analysis in this table, which includes the proportion of participants rating each statement as Agree, Neutral, or Disagree.

TABLE 34: PARTICIPANTS' QUALITY OF CARE RATINGS

Quality of Care Statement	Total Responses	Agree	Neutral	Disagree
My services meet my needs	116	75%	14%	11%
My services are being provided in a manner that respects my dignity and privacy	116	91%	4%	5%
I have multiple service providers to choose from for the service(s) on my ISP or SSP	108	66%	17%	18%
My services are being delivered in an individualized and person-centered way	112	86%	8%	6%
My services are provided in my language and/or in a culturally competent manner	116	92%	7%	1%

Most respondents agreed with each of the statements regarding quality of care, to varying degrees for each element; three-quarters (75%) of respondents agree that their service(s) meet their needs (87 of

116 waiver participants). Only a small percentage of respondents reported disagreement with the statements concerning quality of care, the most notable of which involved having multiple service providers to choose from for the service(s) on their ISP or SSP.

Seventeen respondents (10% of total suvey respondents) provided feedback regarding the reason for rating their services as low quality. These results indicate that availability of service is the primary concern. No respondents indicated an issue with services being provided in their language and/or in a culturally competent way. The table below summarizes participants' responses.

TABLE 35: REASONS FOR RATING SERVICE(S) BELOW LEVEL OF QUALITY EXPECTED

Reason	Response Count
Services not provided or available in a manner that I want	7
Services not provided or available at the time I want	5
Services not provided or available as frequently as I want	4
Services not provided or available via telehealth	1
Services not provided or available in my language and/or in culturally competent way	0
Total	**17**

Participants were asked if they took action if their service needs and/or quality expectations were not always met in the past year, and more than a third (35%) of respondents indicated that their service needs and quality expectations were met, while the remaining roughly two-thirds (65%) identified actions taken to address deficiencies. If an issue with service availability or quality arose, the majority (96%) of respondents contacted their provider, case manager, consultant, DDSD or another State employee for help. When asked if the action taken resolved the issue, 60 percent of respondents (42 of 70 responding participants) indicated that their efforts resolved the problem. PCG did not receive follow-up comments identifying why the actions taken did not resolve the issue for the other 40 percent of respondents nor what additional steps, if any, were taken to achieve resolution.

Developmental Disabilities Waiver

Services

The Participant Survey asked respondents to identify specific Developmental Disabilities Waiver and Mi Via Waiver services that they are authorized to receive that are not always or are never available. Each of the Developmental Disabilities Waiver services within the scope of the Capacity Assessment were identified as having at least limited availability to some participants authorized to receive them except for Community Integrated Employment Job Maintenance. Participants reported that the Community Integrated Employment Job Maintenance service was always available to them.

Each service issue was weighted and ranked by PCG to identify the most acute needs. To determine the weighted ranking (Low, Mid, or High) of service unavailability, a survey response identifying a service as *not always available* was weighted one point and a survey response categorizing a service as *never available* was weighted two points, due to the recognition that a service that is always unavailable is more acute than a service which is sometimes unavailable. The weighted ranking for each service was calculated as the sum of all *not always available* and *never available* ratings by respondents divided by the total number of participants authorized for the service through their ISP/SSP. That proportion (the resultant percentage) was used to classify the ranking as Low, Mid, or High based on a consistent scale applied across all services and surveys. A rating of Low means service unavailability occurred less than 25 percent of the time. A rating of Mid means service unavailability occurred between 25 to 49 percent of the time. A rating of High means service unavailability occurred 50 percent of the time or more. An example is illustrated in **Table 36** below using the Assistive Technology Purchasing Agent service:

TABLE 36: WEIGHTED RANKING EXAMPLE: ASSISTIVE TECHNOLOGY PURCHASING AGENT

Step	Description	Calculation Details	Resulting Factor
1	Each response of "Service Not Always Available" weighted as 1 point each.	2 responses * 1 point each	2 weighted points
2	Each response of "Service Never Available" weighted as 2 points each.	1 response * 2 points each	2 weighted points
3	Determine total weighted unavailability score.	2 weighted points + 2 weighted points	4 weighted points
4	Determine proportion of weighted unavailability score for population of service recipients.	4 weighted points/23 respondents	17%
5	Rank the service's level of unavailability, based on the proportion established in step 4, using this scale (consistently applied across all services and surveys).	0-24%= Low 25-49%= Mid 50%+= High	Low

The table below outlines the number of participants authorized to receive each Developmental Disabilities Waiver services within the scope of the Capacity Assessment and the proportion of respondents who identified specific services as *not always* and *never* available, as well as the weighted ranking for each service.

TABLE 37: AVAILABILITY OF DEVELOPMENTAL DISABILITIES WAIVER SERVICES

Service	Total Resp. Supporting Participants Authorized for Service	Service Not Always Available		Service Never Available		Weighted Ranking
		#	%	#	%	
Adult Nursing	37	1	3%	0	0%	Low
Assistive Technology Purchasing Agent	23	2	9%	1	4%	Low
Behavior Support Consultation	47	6	13%	0	0%	Low
Case Management	106	5	5%	0	0%	Low
Community Integrated Employment Job Maintenance	9	0	0%	0	0%	*N/A*
Customized Community Supports	48	9	19%	4	8%	Mid
Customized In-Home Supports	22	4	18%	0	0%	Low
Family Living	70	3	4%	1	1%	Low
Occupational Therapy	38	6	16%	3	8%	Mid
Physical Therapy	39	3	8%	2	5%	Low
Respite	27	6	22%	2	7%	Mid
Socialization and Sexuality Education	5	1	20%	0	0%	Low
Speech Therapy	41	3	7%	1	2%	Low
Supported Living	25	5	20%	2	8%	Mid

More than half (54%) of respondents reported they could always access all services in their ISP/SSP at the level and quality preferred (meaning no capacity deficiencies were reported). Of the 46 percent of Developmental Disabilities Waiver participants (54 of 118 respondents) who reported difficulty accessing services at least once in the past year, the services identified with the greatest limitations in availability include Respite, Supported Living, Customized Community Supports, and Occupational Therapy services.

Geography

PCG cross-referenced the top five services by lack of availability and counties where respondents live to identify geographic areas of concern. The most acutely unavailable or inaccessible services were represented by the largest span of counties of residency, with a focus on urban clusters within the state. Bernalillo County has the largest population of residents and the highest number of respondents with less availability or access to required services than the rest of the state. Each of the counties of residency for respondents participating in each of the most acutely deficient services are summarized in the table below.

TABLE 38: LACK OF DEVELOPMENTAL DISABILITIES WAIVER SERVICE AVAILABILITY BY COUNTY

Developmental Disabilities Waiver Service	County of Residency for Participants Reporting a Deficiency
Respite	Bernalillo, Otero, San Juan, and Valencia
Supported Living	Bernalillo, Doña Ana, Lincoln, and Sante Fe
Customized Community Supports	Bernalillo and Sandoval
Occupational Therapy	Bernalillo, Doña Ana, and San Juan
Socialization and Sexuality Education	Bernalillo

Mi Via Waiver

Services

Roughly half (53%) of respondents enrolled in the Mi Via Waiver reported difficulty accessing at least one service in the past year (9 of 17 respondents), with the remaining respondents reporting they can always access all services within their SSPs at the level and quality they prefer. Of the 17 respondents, nine indicated quality of care issues. The top two quality of care issues indicated were, first, **no providers in their service area** and, second, **providers not accepting new participants**. In other words, these results indicate that provider availability and accessibility are an area of concern.

Moreover, of the 12 services the survey included, nine had no availability issues indicated by respondents. The three Mi Via Waiver services with reported lack of availability were Community Direct Support, Homemaker/Direct Support, and Consultant services. The table below details the number of participants authorized to receive the Mi Via Waiver services within scope and the proportion of respondents who identified specific services as *not always* and *never* available, as well as the weighted ranking for each service.

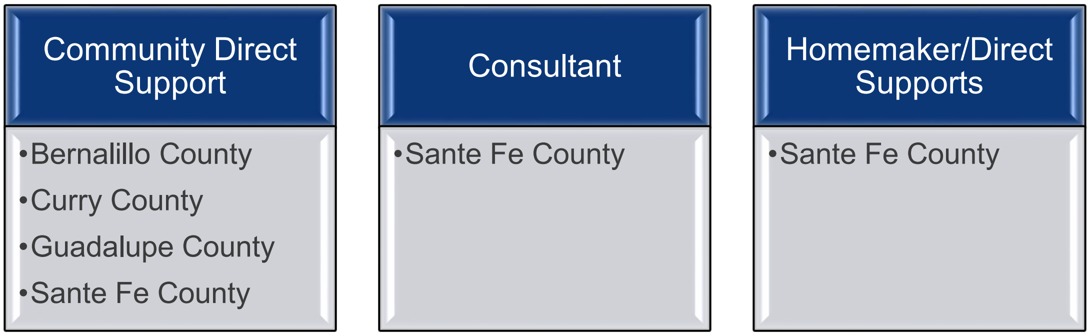
TABLE 39: AVAILABILITY OF MI VIA WAIVER SERVICES

Service	Total Resp. Supporting Participants Authorized for Service	Service **Not Always** Available		Service **Never** Available		Weighted Ranking
		#	%	#	%	
Behavior Support Consultation	2	0	0%	0	0%	*N/A*
Community Direct Support	19	7	37%	4	21%	High
Consultant	9	1	11%	1	11%	Mid
Customized Community Supports	2	0	0%	0	0%	*N/A*
Homemaker/Direct Supports	6	1	17%	1	17%	High
In-Home Living Supports	14	0	0%	0	0%	*N/A*
Occupational Therapy	0	0	0%	0	0%	*N/A*
Physical Therapy	1	0	0%	0	0%	*N/A*
Private Duty Nursing	1	0	0%	0	0%	*N/A*
Respite	1	0	0%	0	0%	*N/A*
Speech Therapy	0	0	0%	0	0%	*N/A*
Technology for Safety and Independence	1	0	0%	0	0%	*N/A*

Geography

The nine respondents who identified at least some unavailability of a Mi Via Waiver service over the past year resided in four of the state's counties (Bernalillo, Curry, Guadalupe, and Sante Fe) and identified three Mi Via Waiver services as deficient: Community Direct Support, Consultant, and Homemaker/Direct Supports services. The six respondents who identified a complete unavailability of any Mi Via Waiver service(s) over the past year resided in the same four counties and identified the same three Mi Via Waiver services. The breakdown of deficient services by the county in which participants reside is summarized in the figure below.

FIGURE 23: MI VIA WAIVER SERVICE UNAVAILABILITY BY COUNTY


Community Direct Support
•Bernalillo County
•Curry County
•Guadalupe County
•Sante Fe County
Consultant
•Sante Fe County
Homemaker/Direct Supports
•Sante Fe County

BARRIERS TO SERVICE AVAILABILITY

Participants who reported that a service was not always available were asked to identify any barrier(s) they experienced. 94 responses were provided regarding experienced barrier(s). Among the 63 responses which identified a specific reason (i.e., not "none of the above"), the top concern was **lack of providers in the service area**, followed by **providers not accepting new participants**. These top two concerns regarding service provider availability were cited as barriers by nearly two-thirds (62%) of respondents (39 of 63). The table below outlines the service barriers identified by participants.

TABLE 40: MI VIA WAIVER SERVICE BARRIERS

Reason	Response Count
There were no providers for the service(s) in my area	26
Providers in my area were not accepting new participants	13
Providers in my area did not meet my quality expectations and/or needs	11
In person is my preferred service delivery choice, and service was not available in person	5
Transportation for service delivery, either for me or my caregiver, was not available	4
Telehealth is my preferred service delivery choice, and service was not available via telehealth	4
None of the above	31
Total	**94**

Respondents were provided the opportunity to provide qualitative comments regarding their waiver service delivery experiences. Similar barriers to service delivery were reported across descriptive comments, with lack of service availability in different geographical areas being reported recurrently. Only two comments, shown in the figure below, provided specific information regarding service unavailability in specific geographic areas.

FIGURE 24: COMMENTS REGARDING LACK OF SERVICE(S) IN IDENTIFIED CITIES OR COUNTIES

> "I live in Hobbs. DDSD service are not provided in my area."

> "OT and PT are services that are lacking in Dona Ana County."

QUALITATIVE RESPONSES

A qualitative response section was included in the survey to provide respondents the opportunity to share any chosen personal narrative regarding their waiver service experience. Seven descriptive comments either reported an inability to provide feedback, due to recent commencement of service delivery, or provided feedback unrelated to the scope of this survey. An additional 61 comments included relevant feedback regarding participants respondents' experiences with waiver service delivery. 31 comments (51%) affirmed no concerns or barriers to service delivery, with 15 reporting no issues and 16 providing descriptive praise regarding service delivery. In total, nearly half (49%) of the descriptive comments identified an experienced barrier to service delivery. Of the 30 comments that identified an experienced barrier to service delivery, comments fell under the four umbrellas of:

1. General concerns for the waiver programs, across multiple levels, including administrative concerns (7 responses),
2. Limited or no delivery of a service in the geographical area (12 responses),
3. Limited or no telehealth services (4 responses), and
4. Staffing limitation concerns (7 responses).

APPENDIX E: CASE MANAGERS AND CONSULTANTS SURVEY ANALYSIS

RESPONDENTS

Case Managers and Consultants Survey respondents served participants in every county in the state, with a majority serving participants in Bernalillo, Valencia, Doña Ana, and Sandoval Counties. A quarter of all respondents reported serving clients statewide.

Waivers Supported by Respondents

Of 139 total respondents, 80 case managers/consultants (58%) reported supporting Developmental Disabilities Waiver participants, while 59 respondents (42%) reported supporting Mi Via Waiver participants. Nine of these respondents indicated they support participants from both Waivers.

Caseloads

Of the 75 respondents who reported the number of Developmental Disabilities Waiver participants they currently support on their caseload, the majority (87%) reported having caseloads of 11 to 50 Developmental Disabilities Waiver participants. Eight of the respondents (11%) reported serving ten or fewer Developmental Disabilities Waiver participants, while one person reported a caseload of more than 50 Developmental Disabilities Waiver participants and one respondent reported that they currently do not serve any Developmental Disabilities Waiver participants.

Fifty-four respondents reported the number of Mi Via Waiver participants they currently support on their caseload, with most (85%) reporting caseloads comprised of 11 to 50 Mi Via Waiver participants. Seven of the respondents (13%) reported that they currently support ten or fewer Mi Via Waiver participants, while one respondent reported that they do not currently serve any Mi Via Waiver participants. None of the respondents reported having a caseload of more than 50 Mi Via Waiver participants.

SERVICE AVAILABILITY

The Case Manager and Consultant Survey asked respondents to identify the specific services that the waiver participants they support are authorized to receive, and all Developmental Disabilities and Mi Via waiver services within the scope of the Capacity Assessment are represented in the results.

Development Disabilities Waiver

Among the 73 case manager and consultant respondents asked about the percentage of Developmental Disabilities Waiver participants that cannot access one or more services that their service plan indicates they need, only 10 respondents (14%) reported that all the Developmental Disabilities Waiver participants they support can access all the services within their plans. The remaining 63 respondents (86%) indicated that a percentage of the Developmental Disabilities Waiver participants they support cannot access one or more needed services. The following table delineates the proportions of current Developmental Disabilities Waiver participants which case managers/consultants identified as not being able to access one or more services that their service plans indicate they need.

TABLE 41: PROPORTION OF CURRENT DEVELOPMENTAL DISABILITIES WAIVER PARTICIPANTS WHO CANNOT ACCESS ONE OR MORE SERVICES

Participants Unable to Access Services	%
Developmental Disabilities Waiver participants can access all services	14%
1 to 20%	42%

Participants Unable to Access Services	%
21 to 40%	25%
41 to 60%	4%
61 to 80%	7%
81 to 100%	8%
Total	**100%**

The Case Manager and Consultant Survey asked respondents to identify specific Developmental Disabilities Waiver and Mi Via Waiver services that participants they support are authorized to receive which are *not always* or are *never* available. Each of the Developmental Disabilities Waiver services within the scope of the Capacity Assessment were identified as having at least limited availability to some participants authorized to receive them, except for Assistive Technology Purchasing Agent. Respondents reported that the Assistive Technology Purchasing Agent service is always available to participants authorized to receive it.

Each service issue was weighted and ranked by Public Consulting Group LLC (PCG) to identify the most acute needs. The weighted ranking (Low, Mid, or High) of service unavailability was established using the same methodology described in Appendix D (an example of which is illustrated in **Table 36**) and was utilized across all services and surveys. The ranking calculates the sum of all weighted *not always available* and *never available* ratings by respondents and divides it by the total number of participants authorized for the service and then uses the resultant percentage to classify the ranking as Low, Mid, or High based on a consistent scale applied across all services and surveys. The ranges of calculated proportions of service unavailability used for establishing the weighted rankings are as follows:

Low = 0-24%

Mid = 25-49%

High = 50-100%

The following table details the number of respondents supporting participants authorized to receive Developmental Disabilities Waiver services within the scope of the Capacity Assessment and the proportion of case managers and consultants who identified specific services as *not always* and *never* available to participants on their caseload, as well as the weighted ranking for each service.

TABLE 42: PROPORTION OF RESPONDENTS IDENTIFYING SPECIFIC DEVELOPMENTAL DISABILITIES SERVICES AS NOT ALWAYS AND NEVER AVAILABLE

Service	Total Resp. Supporting Participants Authorized for Service	Service **Not Always** Available		Service **Never** Available		Weighted Ranking
		#	%	#	%	
Adult Nursing	48	8	17%	0	0%	Low
Assistive Technology Purchasing Agent	56	0	0%	0	0%	Low
Behavior Support Consultation	60	17	28%	4	7%	Mid
Case Management	73	2	3%	0	0%	Low
Community Integrated Employment Job Maintenance	54	10	19%	2	4%	Mid
Customized Community Supports	57	34	60%	8	14%	High
Customized In-Home Supports	57	11	19%	2	4%	Mid

Service	Total Resp. Supporting Participants Authorized for Service	Service **Not Always** Available		Service **Never** Available		Weighted Ranking
		#	**%**	**#**	**%**	
Family Living	59	9	15%	2	3%	Low
Occupational Therapy	61	30	49%	7	11%	High
Physical Therapy	60	33	55%	9	15%	High
Respite	57	15	26%	4	7%	Mid
Socialization and Sexuality Education	53	1	2%	1	2%	Low
Speech Therapy	57	26	46%	4	7%	High
Supported Living	61	16	26%	1	2%	Mid

Other Developmental Disabilities Waiver services within scope for which case manager and consultant respondents did not identify significant limitations with availability include Case Management and Socialization and Sexuality Education services.

Based on the weighted ratings summarized above, the Developmental Disabilities Waiver services identified with the greatest limitations in availability include Customized Community Supports, Physical Therapy, Occupational Therapy, Speech Therapy, Behavior Support Consultation, Respite, and Supported Living.

Mi Via Waiver

Of the 53 case managers and consultants who reported the percentage of Mi Via Waiver participants who cannot access one or more service(s) identified in their service plans, nearly 40 percent reported that all the Mi Via Waiver participants they support can access all needed services. Conversely, 60 percent of respondents noted that a portion of the Mi Via Waiver participants they support cannot access some of the needed services. The table below outlines the proportions of current Mi Via Waiver participants who case managers and consultants identified as not being able to access one or more service(s) identified in their service plans.

Table 43: Proportion of Current Mi Via Waiver Participants Who Cannot Access One or More Services

Participants Unable to Access Services	%
MV Waiver participants can access all services	40%
1 to 20%	45%
21 to 40%	8%
41 to 60%	2%
61 to 80%	0%
81 to 100%	6%
Total	**100%**

Each of the Mi Via Waiver services within the scope of the Capacity Assessment were identified as having at least limited availability to some participants authorized to receive them. The table below outlines the number of respondents supporting participants authorized to receive the Mi Via Waiver services within the scope of the Capacity Assessment and the proportion of case managers and consultants who identified specific services as *not always* and *never* available to participants on their caseload, as well as the weighted ranking for each service.

TABLE 44: PROPORTION OF RESPONDENTS IDENTIFYING SPECIFIC MI VIA SERVICES AS NOT ALWAYS AND NEVER AVAILABLE

Service	Total Resp. Supporting Participants Authorized for Service	Service **Not Always** Available		Service **Never** Available		Weighted Ranking
		#	%	#	%	
Behavior Support Consultation	33	11	33%	3	9%	High
Community Direct Support	42	8	19%	1	2%	Low
Consultant	48	1	2%	0	0%	Low
Customized Community Supports	38	17	45%	4	11%	High
Homemaker/Direct Supports	40	5	13%	0	0%	Low
In-Home Living Supports	42	1	2%	0	0%	Low
Occupational Therapy	36	11	58%	4	11%	High
Physical Therapy	37	14	38%	3	8%	High
Private Duty Nursing	30	9	30%	3	10%	High
Respite	30	9	30%	0	0%	Mid
Speech Therapy	36	14	39%	3	8%	High
Technology for Safety and Independence	31	5	16%	0	0%	Low

Case manager and consultant respondents did not identify significant limitations in availability for the Consultant and In-Home Living Supports Mi Via Waiver services.

Conversely, the Mi Via Waiver services identified as having the most limited availability include Occupational Therapy, Customized Community Supports, Speech Therapy, Physical Therapy, Behavior Support Consultation, Private Duty Nursing, and Respite.

BARRIERS TO SERVICE AVAILABILITY

The Case Manager and Consultant Survey grouped the services within the scope of the Capacity Assessment by service type when asking respondents about contributing factors to service unavailability and the feasibility of using telehealth for service provision. The following table outlines how the services were categorized.

Category	Services
Living Care Arrangement	Customized In-Home Supports Family Living Homemaker/Direct Supports In-Home Living Supports Respite Supported Living
Community Supports & Employment	Community Integrated Employment Job Maintenance Customized Community Supports

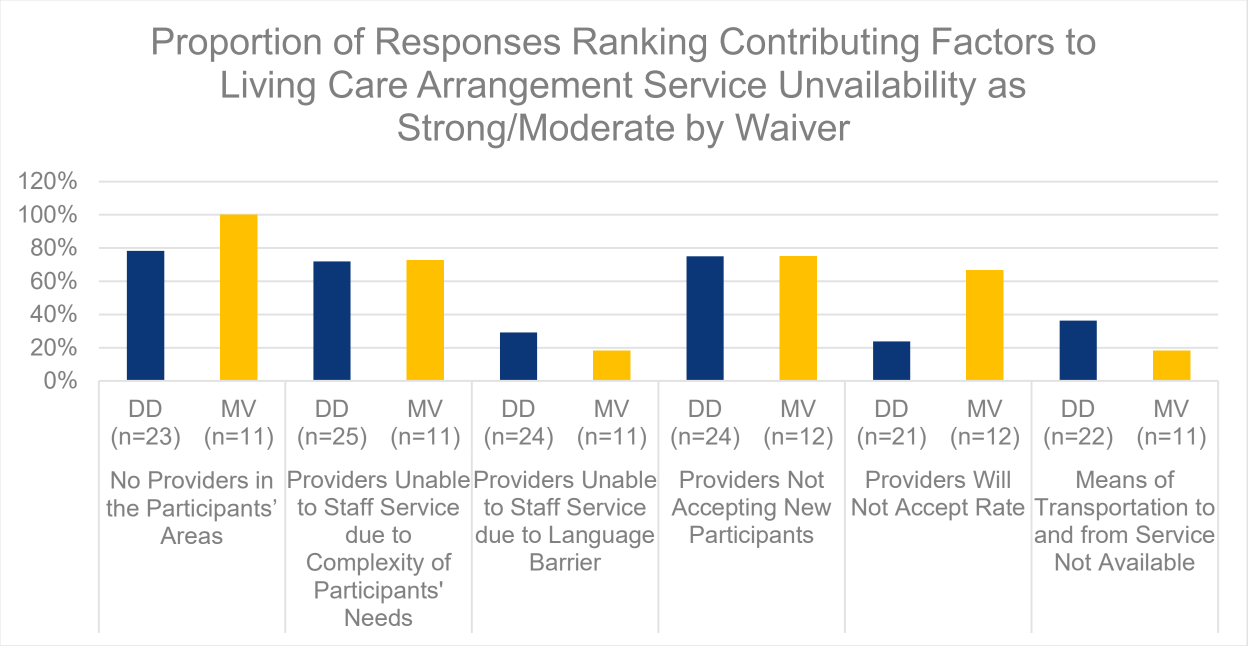
Category	Services
	Community Direct Support
Professional Services	Behavior Support Consultation Occupational Therapy Physical Therapy Speech Therapy
Other Waiver Services	Adult Nursing Assistive Technology Purchasing Agent Private Duty Nursing Socialization and Sexuality Education Technology for Safety and Independence

Respondents who identified one or more services as being unavailable to participants some or all the time were asked to rank the following contributing factors to service unavailability as strong, moderate, weak, or factor does not apply for each of the abovementioned service categories.

- There are no providers in the participants’ area.
- Providers are unable to staff service due to complexity of participants' needs.
- Providers are unable to staff service due to language barrier.
- Providers are not accepting new participants.
- Providers will not accept rate.
- Means of transportation to and from service not available.

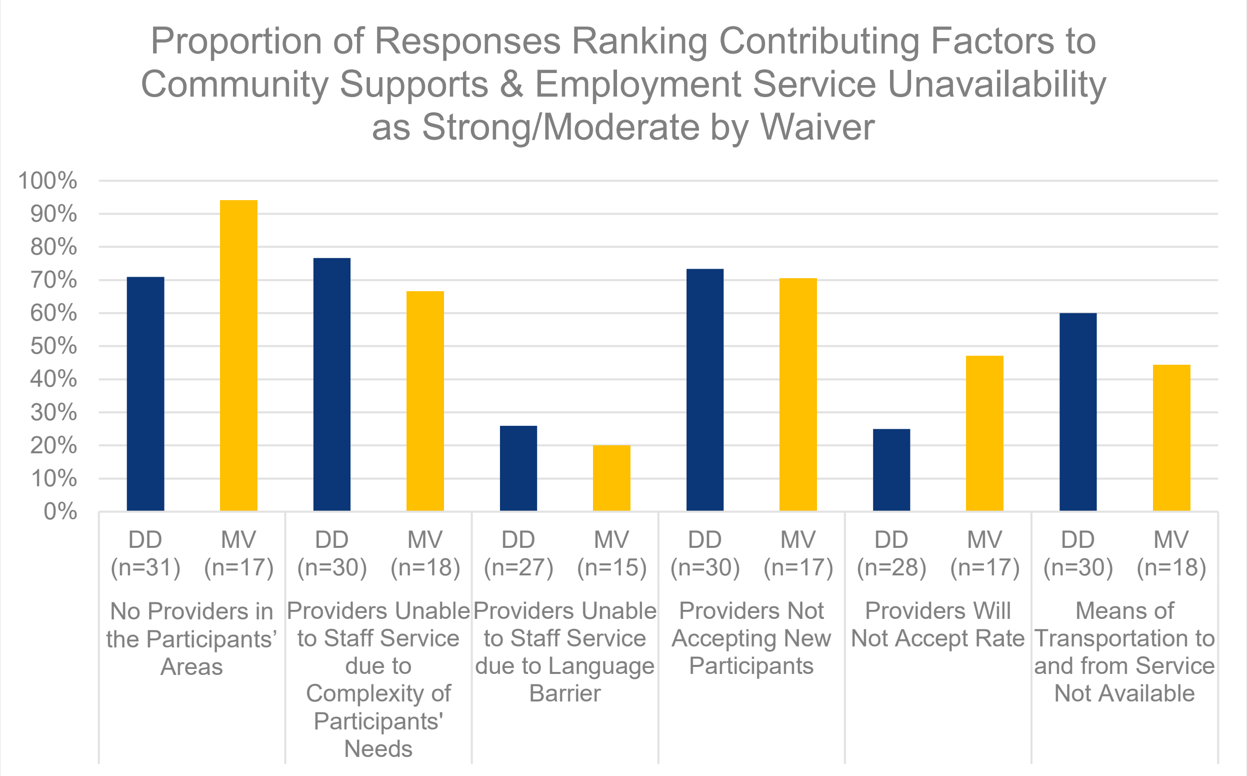
Respondents identified **no providers in the participants' areas** as the most significant contributing factor to service unavailability across both Waivers, followed by **providers not accepting new participants**. Respondents supporting participants receiving Living Care Arrangement and Community Supports and Employment services also identified **providers inability to staff services due to complexity of participants' needs** as a significant contributing factor to service unavailability, with Professional Services and Other Waiver Services also being impacted (to a lesser degree). The findings become more nuanced when looking at results by Waiver for each service category. The following figures delineate the proportion of respondents ranking each potential contributing factor to service unavailability as strong and moderate for each of the service categories for both Waivers.

FIGURE 25: CONTRIBUTING FACTORS TO LIVING CARE ARRANGEMENT SERVICE UNAVAILABILITY



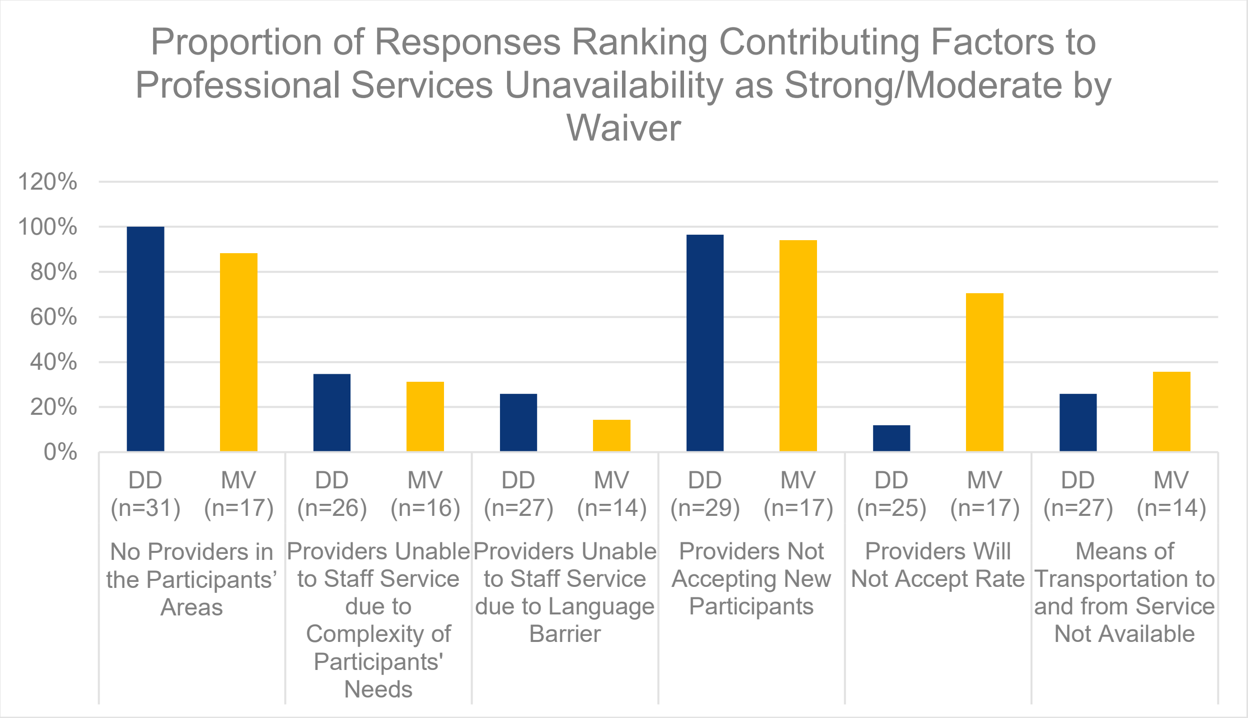
No providers in the participants' areas was the most significant contributing factor to service unavailability reported by case managers and consultants for participants authorized for the services in the Living Care Arrangement category for both the Developmental Disabilities Waiver (78% of respondents ranked as strong or moderate) and the Mi Via Waiver (100% of respondents ranked as strong or moderate). The next strongest contributing factor, "Providers not accepting new participants," was ranked as strong or moderate by three-quarters of respondents supporting participants enrolled in each Waiver. Respondents also reported "providers inability to staff services due to complexity of participants' needs" as being a significant contributing factor to service unavailability for the Living Care Arrangement service category for both Waivers, with 72 percent of respondents supporting participants enrolled in the Developmental Disabilities Waiver and 73 percent of respondents supporting Mi Via Waiver participants ranking the factor as strong or moderate. Two-thirds of case managers and consultants also identified "providers will not accept rate" as a significant contributing factor to Living Care Arrangement service unavailability for participants enrolled in the Mi Via Waiver.

FIGURE 26: CONTRIBUTING FACTORS TO COMMUNITY SUPPORTS AND EMPLOYMENT SERVICE UNAVAILABILITY



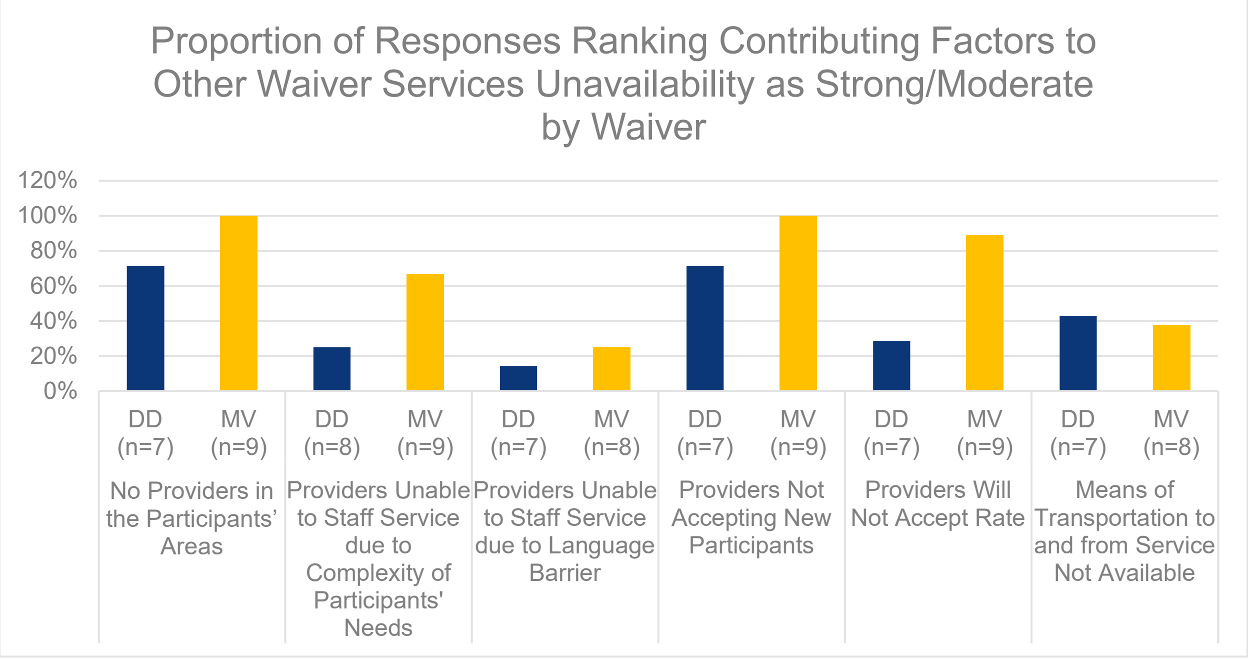
"Providers inability to staff services due to complexity of participants' needs" was identified by respondents as the most significant contributing factor to service unavailability for Developmental Disabilities Waiver participants authorized for services within the Community Supports and Employment service category, with more than three-quarters (77%) of respondents ranking the factor as strong or moderate, followed by "providers not accepting new participants" (73%) and "no providers in the participants' areas" (71%). For participants enrolled in the Mi Via Waiver, most respondents (94%) ranked "no providers in the participants' areas" as the most significant contributing factor to Community Supports and Employment service unavailability, followed by "providers not accepting new participants" (71%) and "providers inability to staff services due to complexity of participants' needs" (67%).

FIGURE 27: CONTRIBUTING FACTORS TO PROFESSIONAL SERVICES UNAVAILABILITY



“No providers in the participants' areas” was the most significant contributing factor to service unavailability identified by respondents for Developmental Disabilities Waiver participants authorized for the services in the Professional Services, with all respondents (100%) ranking the factor as strong or moderate, followed closely by “providers not accepting new participants” (97%). The inverse was true for Mi Via Waiver participants, as “providers not accepting new participants” (94%) was identified as the most significant contributing factor to service unavailability for Professional Services, followed by “no providers in the participants' areas” (88%). More than two-thirds (71%) of respondents also identified “providers will not accept rate” as a significant contributing factor to Professional Services unavailability for participants enrolled in the Mi Via Waiver.

Figure 28: Contributing Factors to Other Waiver Services Unavailability



“No providers in the participants' areas” and “providers not accepting new participants” were identified by respondents as the most significant contributing factors to service unavailability for participants authorized for services within the Other Waiver Services category for both Waivers; almost three-quarters (71%) of respondents ranked each factor as strong or moderate for Developmental Disabilities Waiver participants, while all respondents (100%) ranked each as strong or moderate for participants enrolled in the Mi Via Waiver. Respondents also ranked “providers will not accept rate” (89%) and “providers inability to staff services due to complexity of participants' needs” (67%) as significant contributing factors to Other Waiver Services unavailability for Mi Via Waiver participants.

Telehealth

Appropriateness

Case Manager and Consultant respondents were asked if any unavailable waiver services within scope could be successfully provided via telehealth, and the majority (% total respondents indicating Yes) felt that the services within the Professional Services (72%) and Other Waiver Services (73%) categories were appropriate for telehealth. Conversely, most respondents indicated that the services within the Living Care Arrangement (77%) and Community Supports and Employment (82%) categories could not be successfully provided via telehealth.

Barriers

Respondents who identified one or more services as being unavailable to participants some or all the time were asked to rank the following potential barriers to providers delivering the unavailable services via telehealth as strong, moderate, weak, or barrier does not apply for each of the service categories:

- There are limited providers offering telehealth.
- There is unreliable internet in geographic area.
- Participants lack reliable internet.
- Participants lack access to devices.
- Participants are not interested.

- These services are not appropriate for telehealth.
- The providers do not speak the language the family understands/prefers.

Across both Waivers, case manager and consultant respondents identified **these services are not appropriate for telehealth** as the most significant barrier (% total respondents identifying barrier as strong) to unavailable services being delivered via telehealth for the Living Care Arrangement (76%) and Community Supports and Employment (67%) service categories. Also, a majority of case manager and consultant respondents indicated that **limited providers offering telehealth** was the foremost barrier to potentially providing the unavailable services via telehealth for the Professional Services (51%) and Other Waiver Services (50%) categories, while also impacting Living Care Arrangement and Community Supports and Employment services (to a lesser degree). Access to internet (including **unreliable internet in geographic area** and **participants lack reliable internet** and devices (i.e., **participants lack access to devices**) was also cited as a barrier to utilizing telehealth for some participants across all service categories. The findings became more nuanced when looking at the results by Waiver for each service category. The following figures detail the proportion of respondents' ranking each potential barrier to providing unavailable services via telehealth as strong and moderate for each of the service categories for both the Developmental Disabilities and Mi Via Waivers.

FIGURE 29: BARRIERS TO TELEHEALTH FOR UNAVAILABLE LIVING CARE ARRANGEMENT SERVICES

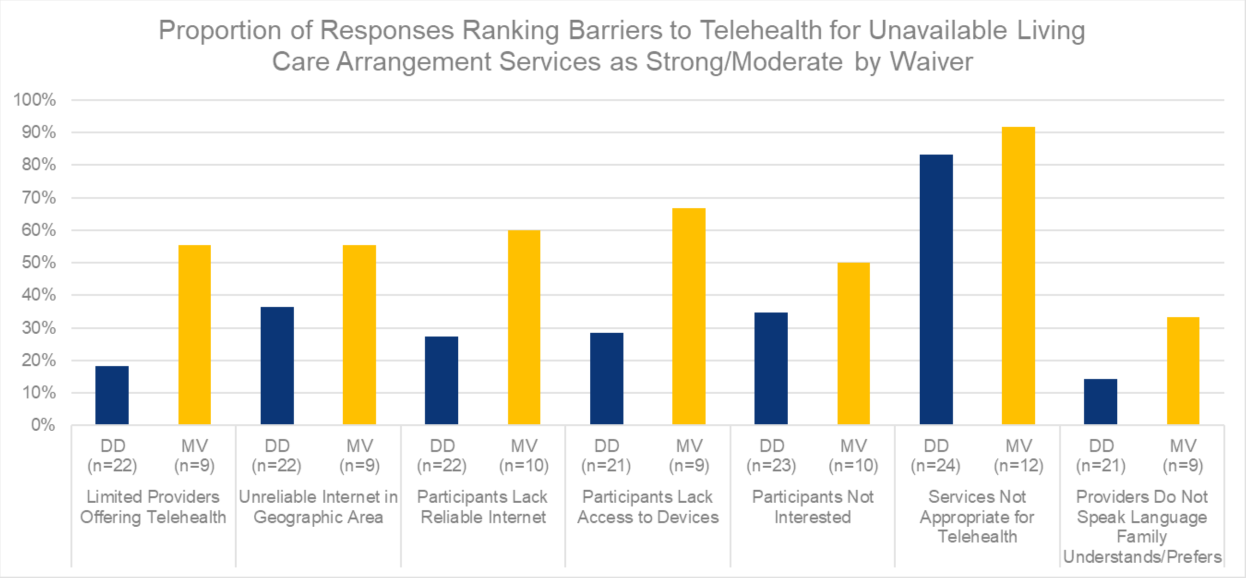


FIGURE 30: BARRIERS TO TELEHEALTH FOR UNAVAILABLE COMMUNITY SUPPORTS & EMPLOYMENT SERVICES

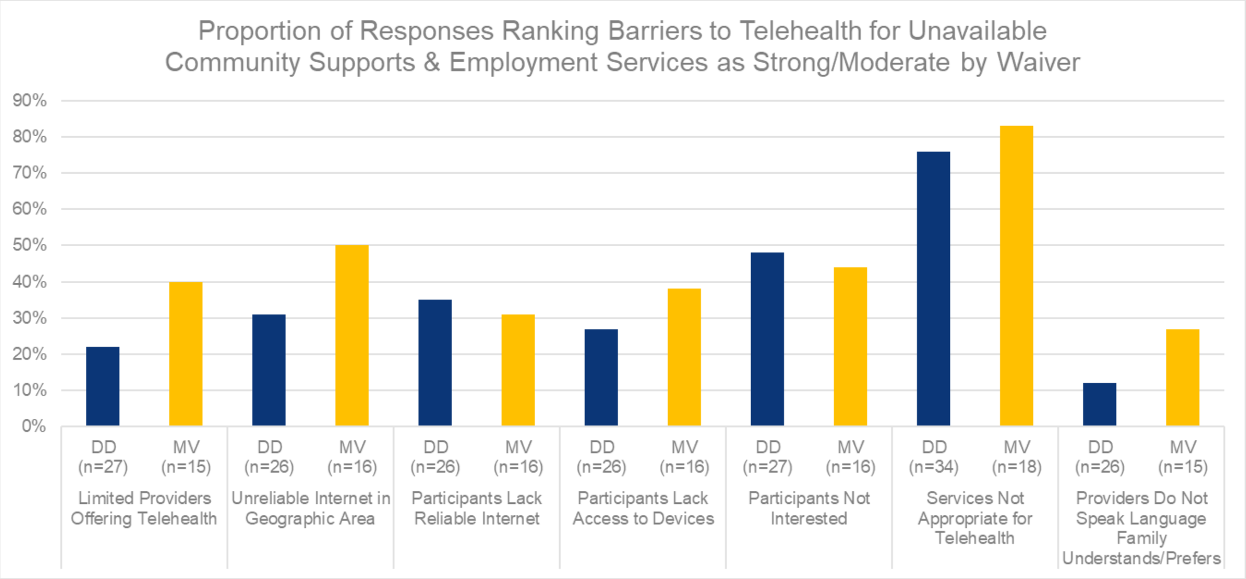


FIGURE 31: BARRIERS TO TELEHEALTH FOR UNAVAILABLE PROFESSIONAL SERVICES

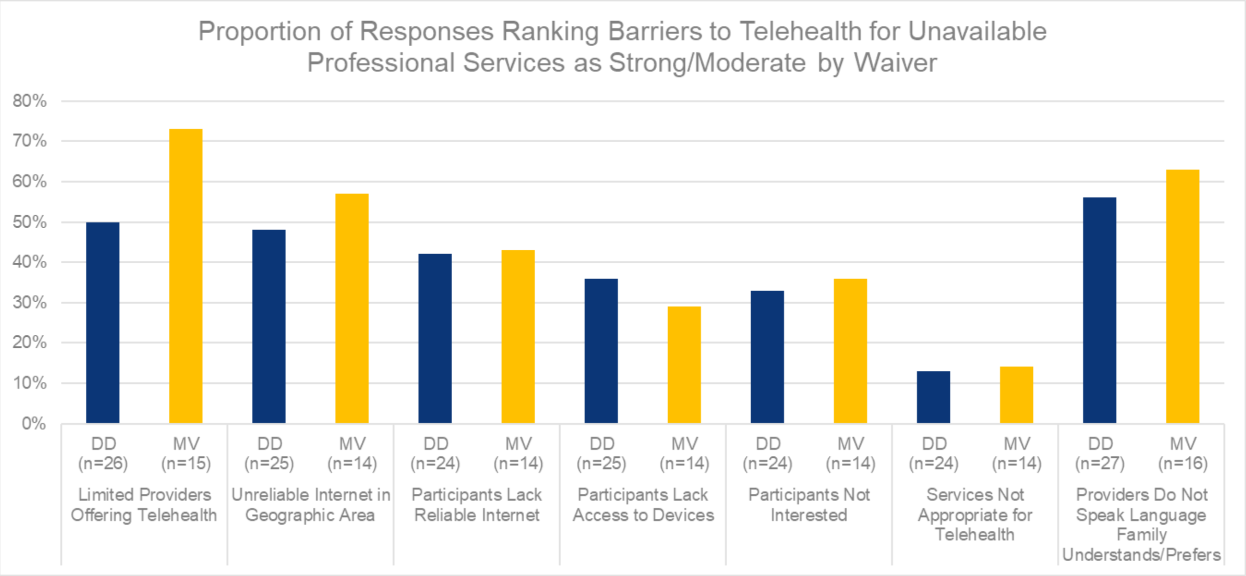
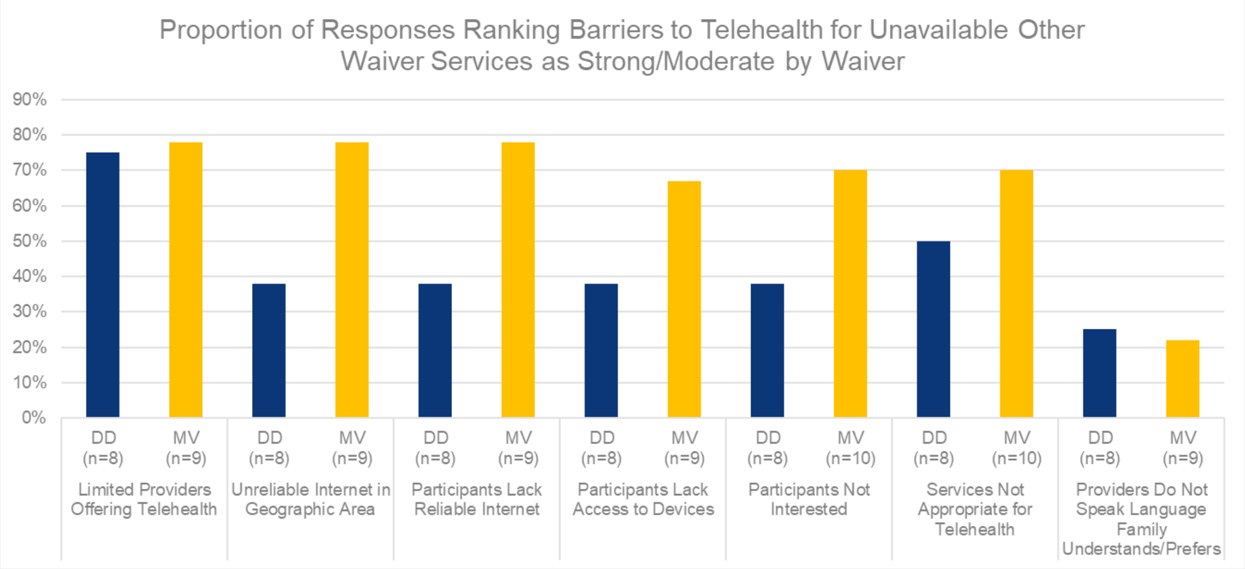


FIGURE 32: BARRIERS TO TELEHEALTH FOR UNAVAILABLE OTHER WAIVER SERVICES



QUALITATIVE RESPONSES

At the end of the Case Manager and Consultant Survey, participants were asked, “Do you have any other comments regarding provider capacity that you would like to share?” 54 case managers and consultants responded to this question, with 13 (24%) replying that they did not have additional comments to share, four (7%) providing immaterial responses, and the remaining 37 (69%) offering qualitative commentary about provider capacity. The most common themes from the comments provided by case managers and consultants centered on limited access to services for participants, insufficient provider agency staffing (including high caseloads) and training (for staff members), and perceptions of the (in)adequacy of reimbursement rates for services.

22 responses (59% of the responses related to provider capacity) addressed limited access to services for participants, overwhelmingly stating that many needed services are currently unavailable, particularly in rural parts of the state, but also increasingly in metropolitan areas. Of the specific services addressed in respondents’ comments, Customized Community Supports (both group and individual, notably the latter), Physical Therapy, Speech Therapy, and Occupational Therapy were the most cited with availability limitations, followed by Behavior Support Consultation and Respite. Although service availability issues were identified for both Waivers, respondents noted that participants enrolled in the Mi Via Waiver experience greater limitations in access to services than participants enrolled in the Developmental Disabilities Waiver.

Many respondents attribute service availability issues to a lack of providers, specifically a staffing shortage amongst provider agencies. 14 respondents addressed provider agency staff turnover and vacancies in their commentary, citing providers’ inability to recruit and retain enough staff to meet participants’ needs. Several respondents mentioned self-imposed moratoriums by provider agencies, precipitated by the staffing shortage.

Several respondents commented that inadequate compensation and limited professional development contributed to turnover/retention. In addition to low pay, some respondents reported that providers do not reimburse staff for mileage and wear-and-tear on their personal vehicles, further exacerbating the financial constraints faced by staff. A few respondents also described feeling as though provider agencies were becoming top-heavy, hiring more managers and administrators while not adequately compensating frontline staff. In regard to training, some stated that agencies are unable to maintain staffing and therefore training for new staff and/or that the training is inadequate to properly prepare staff to competently perform their roles and meet participants' needs.

Beyond compensation for frontline staff, nine respondents also cited reimbursement rates for services as factors contributing to service unavailability, particularly for participants enrolled in the Mia Via Waiver. Case manager and consultant respondents reported that many providers have opted out of providing services to Mi Via Waiver participants because the reimbursements rates are lower than those for the Developmental Disabilities Waiver and the enrollment and reimbursement processes are more complex and less efficient. Specifically, respondents cited the complexity of the vendor enrollment packet and inefficiencies in the payment process as an issue (e.g., having the Vendor Payment Form signed off on by the EOR and agencies' capacity to process payments), with some providers failing to be paid by an EOR in the past. The therapies were the most referenced services in the commentary regarding concerns with the adequacy of reimbursement rates, followed by the Customized Community Supports and Community Direct Support services. Some respondents believe additional incentive rates should be offered to increase the number of providers offering the services, particularly in rural areas. Specifically, two respondents mentioned Torrance County and one respondent listed Sandoval County as experiencing a need for incentive rates for the therapies.

Seven respondents' comments addressed telehealth, saying that telehealth is not currently allowed but could, for some services, help to better meet participants' needs and increase participant choice, particularly in rural areas. Respondents described how telehealth was effectively utilized during the COVID-19 public health emergency and that now some participants have lost access to services, notably therapies, since its discontinuation. In addition to helping participants, some respondents also described how utilizing telehealth would also benefit providers, including retaining staff and reducing the amount of travel (and therefore mileage, travel time, etc.) for case managers, consultants, and other service providers.

APPENDIX F: PROVIDER SURVEY ANALYSIS

RESPONDENTS

Waivers Respondents Provide Services In

Public Consulting Group LLC (PCG) received submissions from 104 respondents. Of these, 64 respondents listed an organization name and 40 left that field blank. PCG did not require the organization name field to encourage responsiveness in case any responses were sensitive or the respondent preferred anonymity.

As shown in the table below, there are only three respondents that provided services only to Mi Via Waiver participants (as opposed to in conjunction with services to Developmental Disabilities Waiver participants). Of the three providers that offered only Mi Via Waiver services, one did not provide any services in scope, one only reported providing Consultant services which was not the focus of this survey, and the third provided only In Home Living Supports in Bernalillo County. Based on these limited responses, we cannot make strong conclusions about providers that only provide Mi Via Waiver services.

Differences in responses between providers of Developmental Disabilities Waiver services only and providers who offer services for both Waivers were reviewed and no meaningful differences were found.

TABLE 45: PROVIDER SURVEY RESPONDENTS BY WAIVER

Which Waivers Does Your Organization Service?	Count of Responses
Developmental Disabilities Waiver	39
Both Developmental Disabilities Waiver and Mi Via Waiver	40
Mi Via Waiver	3
Blank	22
None of these	0
Total	**104**

Services Respondents Provided

Respondents were asked “Over the last year, what service(s) has your organization provided? Select all that apply.” The total responses to this question were higher than number of respondents, as each respondent could select more than one service.

As shown in the Table below, responses covered all services in the scope except for Technology for Safety and Independence and Private Duty Nursing, both within the Mi Via Waiver. Services with low response rates tended to correlate with services with lower utilization in the claims data. However, both low responses and low utilization could indicate either lack of access or low need. Note that there was a separate Case Managers and Consultant Survey, so the low response rate for those services is expected. Respondents who did not provide any services in the scope of this study or who did not serve at least one of the Waivers in the survey scope had their survey end early.

TABLE 46: SERVICES PROVIDED BY SURVEY RESPONDENTS

Service	Count of Responses	Proportion of Responses
Adult Nursing	32	10.49%
Assistive Technology Purchasing Agent	1	0.33%
Behavior Support Consultation	13	4.26%
Case Management	6	1.97%
Community Direct Support	17	5.57%
Community Integrated Employment Job Maintenance	27	8.85%
Consultant	3	0.98%
Customized Community Supports	43	14.10%
Customized In-Home Supports	28	9.18%
Family Living	28	9.18%
Home Maker/Direct Support	5	1.64%
In Home Living Supports	14	4.59%
Occupational Therapy	8	2.62%
Physical Therapy	8	2.62%
Private Duty Nursing	0	0%
Respite	21	6.89%
Socialization and Sexuality Education	1	0.33%
Speech Therapy	16	5.25%
Supported Living	32	10.49%
Technology for Safety and Independence	0	0%
None of these	2	0.66%
Total	**305**	**100.00%**

Therapies

Respondents who indicated they provided therapies were asked to "Provide an estimate of the **average number of participants served by therapist per month** over the past year." See the results summarized below.

TABLE 47: THERAPY CASELOADS OF RESPONDENTS

Service	Count of Responses	Minimum Caseload	Mean	Maximum Caseload
Physical Therapy	8	1	74	225
Occupational Therapy	8	9	83	241
Speech Therapy	15	1	72	535
Behavior Support Consultant	12	1	39	160

PROVIDERS EXPANDING CAPACITY IN THE PAST YEAR

All provider respondents were asked “Over the past year, did your organization do any of the following to **expand capacity** for Developmental Disabilities Waiver or Mi Via Waiver participants? Select all that apply.” 30 did not expand in any of the stated ways in the last year. 50 respondents, some of whom took multiple steps to increase capacity, provided the following 78 responses regarding their efforts.

TABLE 48: TYPE OF EXPANSION EXPERIENCED BY PROVIDERS IN THE PAST YEAR

Answer	Count of Responses	Proportion of Responses
We increased the total number of participants we serve.	41	37.96%
We began offering services in new geographic area(s).	10	9.26%
We began offering service(s) via telehealth we were previously offering only in-person.	9	8.33%
We began serving additional population group(s).	8	7.41%
We began offering new in-person service(s) we were not previously offering in-person.	7	6.48%
We began offering new service(s) we were not previously offering at all.	3	2.78%
We did none of the above.	30	27.78%
Total	**108**	**100.00%**

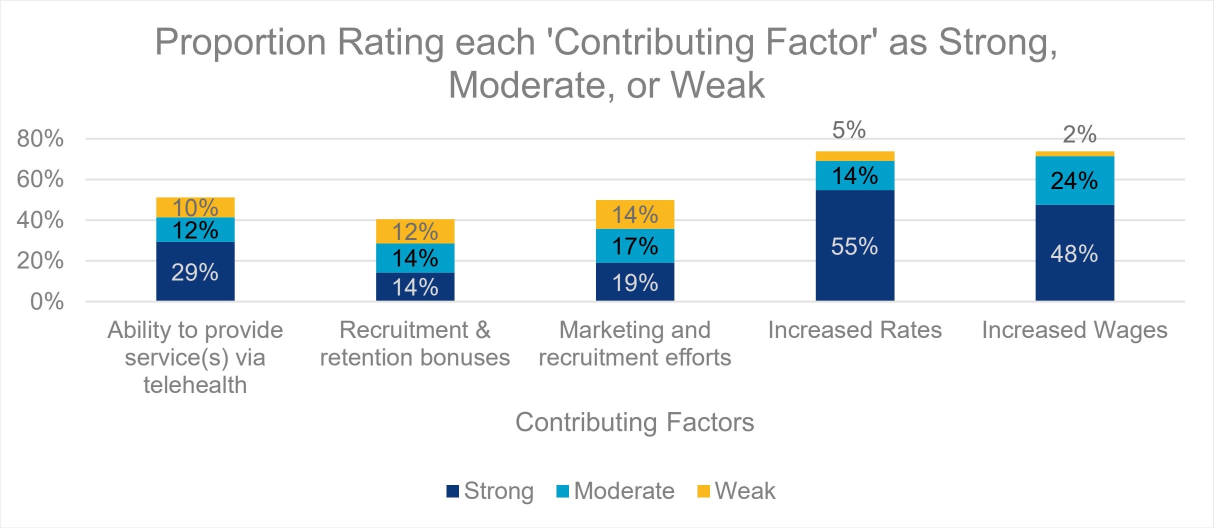
Respondents who reported that they made capacity expansion efforts in the past year, or who left the question blank, were asked to rank several factors based on this question: “What were contributing factors to your organization expanding over the past year?” They could rank the factors as strong, moderate, weak or not applicable. The factors were:

- Ability to provider services via telehealth
- Recruitment and Retention Bonuses
- Marketing and Recruitment Efforts
- Increased Rates
- Increased Wages

We assessed the responses to this question both in terms of the factor with the highest proportion of “strong” ratings, as well as by weighting the count of strong, moderate and weak. The latter approach would allow us to account for factors identified as weak by a large number of respondents. As shown in the figure below, using both approaches:

- The most common factors identified as strong were “Increased Wages” and “Increased Rates”
- These are followed by “Ability to provide services via telehealth”
- “Recruitment and retention bonuses” and “Marketing and recruitment efforts” were identified as strong, but much less frequently

FIGURE 33: CONTRIBUTING FACTORS TO PROVIDER EXPANSION WITHIN THE PAST YEAR



PCG then assessed the geographic distribution of the responses. To do so, the proportion of respondents in each county that ranked each factor as strong was mapped to the region. Note that when one respondent provided services in multiple counties, the factors they ranked were applied to multiple counties. This and subsequent geographic analyses also exclude the two statewide responses.

All regions had an average (across counties) of 10-50% of respondents ranking each factor as strong, except:

- The metro region counties all had a higher proportion of respondents (>60%) ranking increased rates as a strong contributing factor than all other regions. The metro region counties also had a lower proportion of respondents (<10%) indicating that recruitment and marketing efforts were a strong factor than any other region.
- The northeast region counties had high proportion of respondents (>50%) ranking increased rates as a strong factor and low proportion of respondents (<10%) indicating recruitment and retention bonuses were a strong factor.
- The southeast region counties had higher proportion of respondents (>80%) than all other regions indicating that increased wages were a strong contributing factor.

Respondents were asked “What service(s) did your organization expand over the past year? Select all that apply.” There were providers that expanded each service in some way except Speech Therapy. See the table below.

TABLE 49: SERVICES THAT PROVIDERS EXPANDED IN THE PAST YEAR

Service	Count of Respondents Expanding in the Past Year	Count of Respondents Providing Service in the Past Year	Proportion of Those Offering who Expanded
Adult Nursing	9	32	28%
Assistive Technology Purchasing Agent	1	1	100%

Service	Count of Respondents Expanding in the Past Year	Count of Respondents Providing Service in the Past Year	Proportion of Those Offering who Expanded
Behavior Support Consultation	5	13	38%
Case Management	1	6	17%
Community Direct Support	4	17	24%
Community Integrated Employment Job Maintenance	7	27	26%
Consultant	2	3	67%
Customized Community Supports	18	43	42%
Customized In-Home Supports	11	28	39%
Family Living	14	28	50%
Home Maker/Direct Support	2	5	40%
In Home Living Supports	6	14	43%
Occupational Therapy	4	8	50%
Physical Therapy	4	8	50%
Private Duty Nursing	0	0	N/A
Respite	10	21	48%
Socialization and Sexuality Education	1	1	100%
Speech Therapy	0	16	0%
Supported Living	21	32	66%
Technology for Safety and Independence	0	0	N/A
None of these	1	2	50%
Total	**121**	**305**	**40%**

PROVIDERS LIMITING CAPACITY IN THE PAST YEAR

Of respondents who answered, “Did your organization have limited capacity to provide one or more service(s) over the past year,” over 50 percent of respondents said their organization did have to limit capacity to provide one or more services over the past year. All regions had an average across counties of 35 percent or more of respondents indicating they experienced limited capacity in the past year. The metro and northwest regions had higher proportions with this experience, both with averages above 70%.

TABLE 50: PROVIDERS EXPERIENCING LIMITED CAPACITY IN THE PAST YEAR

Answer	Count of Responses	Proportion of Responses
Yes	57	55%
No	14	13%
I don’t know	0	0%
Blank	33	32%
Total	**104**	**100%**

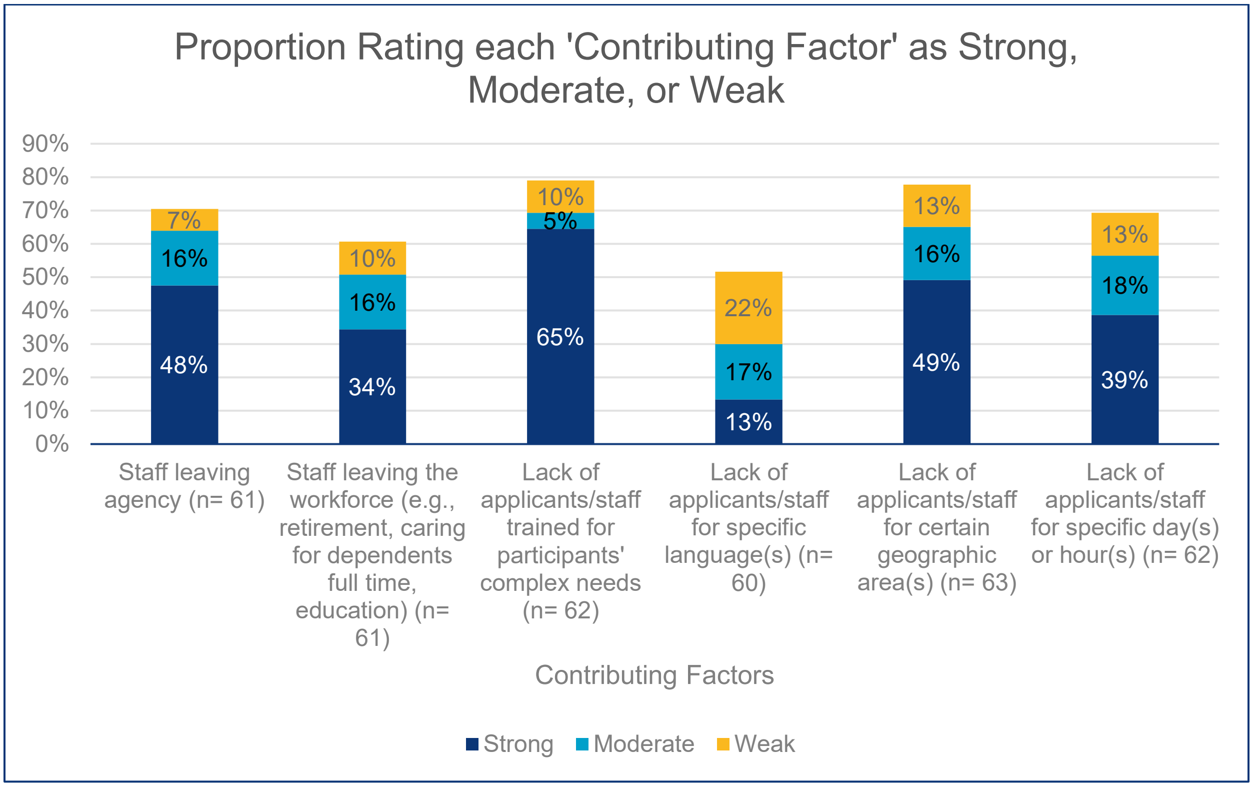
The table below shows responses to the question “Which sentence(s) below best describes your experience with limited capacity? Select all that apply.” Some respondents selected more than one option.

TABLE 51: TYPE OF LIMITED CAPACITY EXPERIENCED BY PROVIDERS IN THE PAST YEAR

Answer	Count of Responses	Proportion of Responses Indicating this Experience
We had to turn away referrals.	45	32.61%
We struggled to offer service(s) once telehealth was no longer an option.	28	20.29%
We struggled to meet the needs of specific populations.	27	19.57%
We struggled to provide services in certain geographic area(s).	20	14.49%
We reduced the number of services offered.	13	9.42%
None of the above.	5	3.62%
Total	**138**	**100.00%**

As shown in the Figure below, when providers were asked “What were contributing factors to your organization having limited capacity over the past year,” we found that most organizations reported struggling with staffing for certain geographic areas and complex participants’ needs. Many organizations struggled with retention at their agency, almost as much as staff leaving the workforce. Finally, staffing for specific times of day and languages were an issue for some.

FIGURE 34: CONTRIBUTING FACTORS TO PROVIDERS LIMITING CAPACITY WITHIN THE PAST YEAR



PCG assessed the geographic distribution of the proportion of respondents that ranked each factor as a strong factor. All regions had an average (across counties) of 10-50% of respondents ranking each factor as strong, except:

- The metro region counties had a lower average proportion of respondents (<10%) indicating that lack of applicants/staff for specific languages was a strong factor than any other region.
- The northeast region counties also had a low average proportion of respondents (<10%) indicating that lack of applicants/staff for specific languages was a strong factor.
- The northwest region also had a low average proportion of respondents (<10%) indicating that lack of applicants/staff for specific languages was a strong factor. This region also had a high average proportion of respondents (>60%) indicate that lack of applicants/staff for participants with complex needs and lack of applicants for certain geographic areas were strong factors.
- The southeast and southwest regions also had a high average proportion of respondents (>60%) identify the lack of applicants for certain geographic areas as a strong factor.

The table below shows the proportion of respondents who indicated limited capacity to perform the specific service. All services with a low proportion experiencing limited capacity (<5%) also had low response rates to the survey overall, so we cannot meaningfully interpret that those services had few providers experiencing limited capacity. While this shows provider respondents' experiences, these results do not necessarily indicate that this negatively impacted the participant.

TABLE 52: SERVICES THAT PROVIDERS LIMITED IN THE PAST YEAR

Service	Count of Respondents Who Limited Service	Count of Respondents Who Provided Service	Proportion who Indicated Limited Capacity to Perform Service
Adult Nursing	13	32	41%
Assistive Technology Purchasing Agent	0	1	0%
Behavior Support Consultation	8	13	62%
Case Management	0	6	0%
Community Direct Support	10	17	59%
Community Integrated Employment Job Maintenance	15	27	56%
Consultant	1	3	33%
Customized Community Supports	24	43	56%
Customized In-Home Supports	11	28	39%
Family Living	5	28	18%
Home Maker/Direct Support	2	5	40%
In Home Living Supports	1	14	7%
Occupational Therapy	7	8	88%
Physical Therapy	7	8	88%
Private Duty Nursing	0	0	N/A
Respite	9	21	43%
Socialization and Sexuality Education	0	1	0%
Speech Therapy	11	16	69%
Supported Living	23	32	72%
Technology for Safety and Independence	0	0	N/A
Total	**147**	**305**	**48%**

The 45 respondents who said they had to turn away referrals were asked to “input an estimate of the average number of referrals you had to turn away **per month** over the last year,” for any service(s) they had reported turning away referrals for.

Thirty-eight respondents provided estimates, some for multiple services. Across those 38 provider respondents, an estimated 874 referrals for different services were turned away over the past year. The allocation of service refusals across waiver services is summarized in the table below.

TABLE 53: PROVIDER RESPONDENTS REFERRALS TURNED AWAY

Service	Total Referrals Turned Away Per Month	Count of Agencies Turning Away Referrals
Adult Nursing	71	8
Assistive Technology Purchasing Agent	0	0
Behavior Support Consultation	42	8
Case Management	0	0
Community Direct Support	87	6
Community Integrated Employment Job Maintenance	55	10
Consultant	20	1
Customized Community Supports	232	19
Customized In-Home Supports	70	9
Family Living	9	4
Home Maker/Direct Support	3	2
In Home Living Supports	3	1
Occupational Therapy	24	5
Physical Therapy	21	5
Private Duty Nursing	0	0
Respite	38	5
Socialization and Sexuality Education	0	0
Speech Therapy	33	5
Supported Living	167	17
Technology for Safety and Independence	0	0

*Family Living and Adult Nursing referral counts were both rounded up as respondents reported 0.5

We also asked, “Are there specific populations impacted by your organization's limited capacity?” and requested a written explanation. Twenty-three respondents provided a written explanation.

- Twelve responses mentioned staffing, some called out staffing for specific services, including Occupational Therapy, Supported Living, Customized In-Home Supports.
- Four responses mentioned rural areas being hard to support, some called out specific services as challenging, including Customized Community Supports, Respite, Therapies.
- Four responses mentioned specific participant needs: one said it was challenging that people had limited hours per day, two mentioned complex needs, and one mentioned participants with both mobility issues and specific language needs (Spanish and American Sign Language).
- Two mentioned that they lost participants when telehealth ended.

Providers Expanding and Limiting Capacity in the Last Year

There were 36 respondents that experienced limited capacity for at least one service and also expanded capacity for at least one service. Many of these providers expanded and limited the same service; for example, they expanded to serve more participants yet still turned away referrals. This highlights the uncertainty of the survey results in terms of the timing and magnitude of the limited capacity. It is possible that expanding capacity resolved the limited capacity issues, but it is also possible that they are still experiencing limited capacity despite expanding.

FUTURE EXPANSION

Results from the survey question "How is your organization considering expanding over the next year," showed that only a minor portion of provider respondents (17%) have no interest in expanding capacity in the future. The remaining 83% of respondents identified what steps they are interested in completing to support capacity expansion, as summarized below.

TABLE 54: PROVIDERS PLANS TO EXPAND IN THE NEXT YEAR

Answer	Count of Responses	Proportion of Responses Indicating this Experience
Expansion of service(s) to additional participants	48	48%
My agency is not interested in expanding any service(s) in the future	17	17%
Leveraging technology and telehealth	15	15%
Expansion of service(s) to a new geographic area	10	10%
Offering new service(s)	10	10%
Total	**100**	**100%**

Telehealth

The Provider Survey explored the appropriateness of telehealth for the various services by asking "Based on your experience, which of the services that you provided over the last year can be successfully delivered via telehealth with the right supports? Select all that apply." Respondents' views on the propriety of telehealth delivery for different waiver services is summarized in **Table 55**.

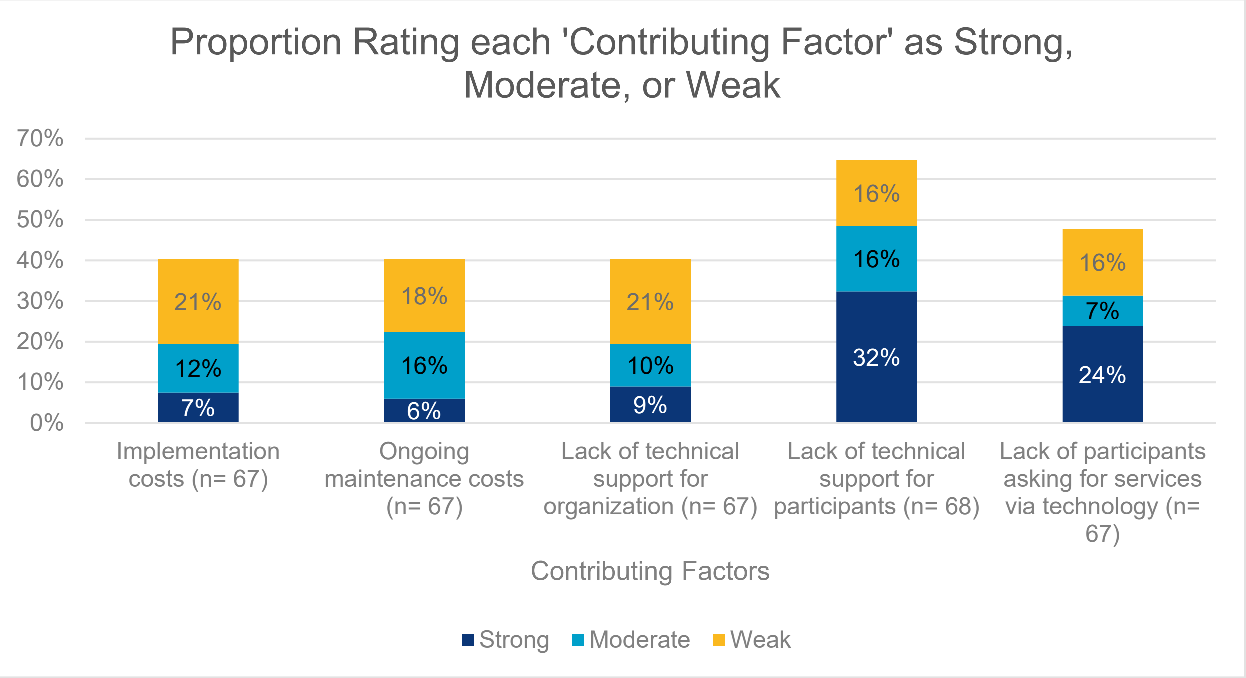
TABLE 55: PROVIDERS INDICATING SERVICES DELIVERED SUCCESSFULLY VIA TELEHEALTH

Service	Count Indicating Telehealth Success	Count of Survey Responses for Service	Proportion Indicating Telehealth Success
Adult Nursing	22	32	69%
Assistive Technology Purchasing Agent	0	1	0%
Behavior Support Consultation	9	13	69%
Case Management	3	6	50%
Community Direct Support	2	17	12%
Community Integrated Employment Job Maintenance	6	27	22%

Service	Count Indicating Telehealth Success	Count of Survey Responses for Service	Proportion Indicating Telehealth Success
Consultant	0	3	0%
Customized Community Supports	4	43	9%
Customized In-Home Supports	3	28	11%
Family Living	2	28	7%
Home Maker/Direct Support	0	5	0%
In Home Living Supports	0	14	0%
Occupational Therapy	5	8	63%
Physical Therapy	3	8	38%
Private Duty Nursing	0	0	N/A
Respite	1	21	5%
Socialization and Sexuality Education	1	1	100%
Speech Therapy	11	16	69%
Supported Living	3	32	9%
Technology for Safety and Independence	0	0	N/A
Total	**75**	**305**	**25%**

In response to the question “What factors are potential barriers to your organization successfully providing services via telehealth,” provider respondents identified lack of technical support for participants as the most likely barrier. Costs associated with implementation and maintenance of telehealth service provision were not as strong of a concern for respondents.

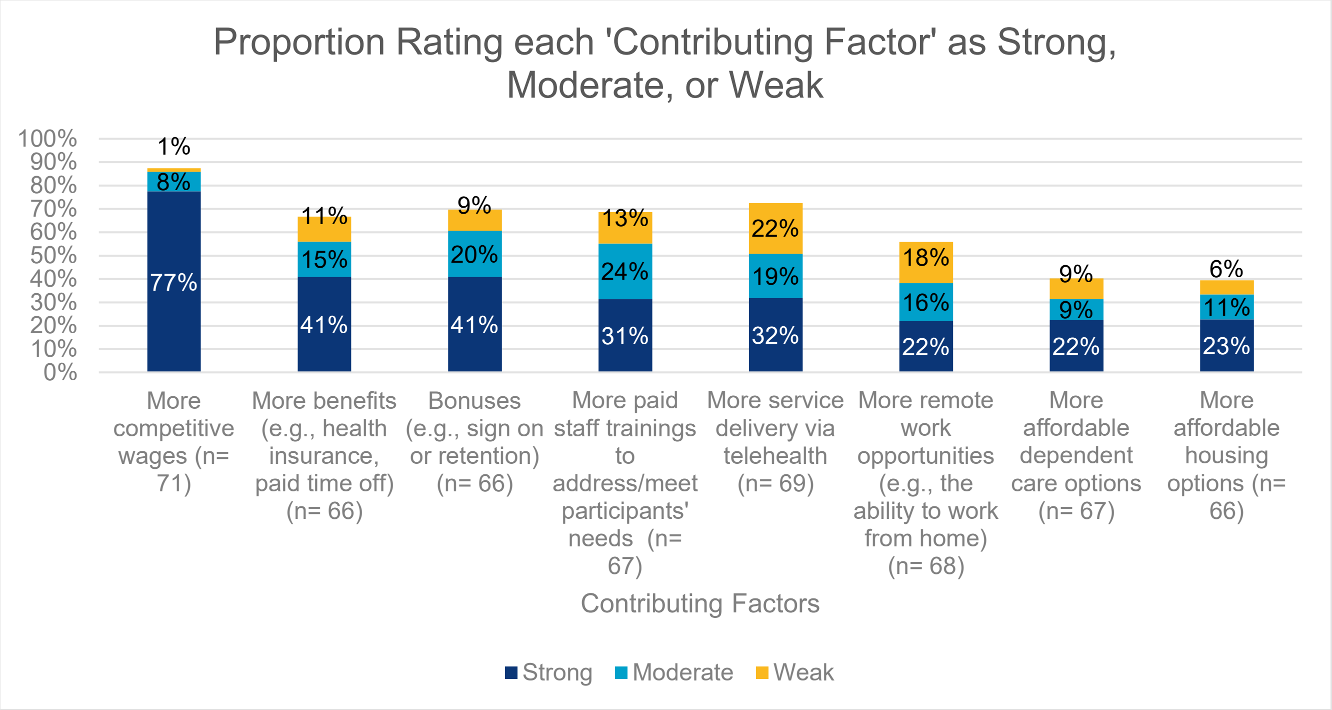
FIGURE 35: BARRIERS TO PROVIDERS OFFERING SERVICES VIA TELEHEALTH



Staff Recruitment and Retention

When asked “What would help recruit and retain staff,” most organizations answered: increased wages. Many also expressed interest in other compensation-related factors, including bonuses and paid trainings. Factors focused on flexibility and other supports were also highly rated as helpful, but for a lower proportion of respondents.

FIGURE 36: CONTRIBUTING FACTORS TO RECRUITING AND RETAINING STAFF



PCG assessed the geographic distribution of the proportion of respondents in each county that ranked each factor as a strong factor towards recruiting and retaining staff. All regions had an average (across counties) of 10-50% of respondents ranking each factor as strong, except:

- All regions had a higher average proportion of respondents indicating that more competitive wages would be a strong factor.
- The northeast region had a low proportion of respondents (<10%) indicating that more affordable dependent care would be a strong factor.
- The northwest region had a higher average proportion of respondents (>50%) indicating that bonuses would be a strong factor and a low proportion of respondents (<10%) indicating that more service delivery via telehealth would be a strong factor.
- The southeast region had a low proportion of respondents (<10%) indicating that more affordable housing options would be a strong factor.
- The southwest region had a high proportion of respondents indicating that wages (>70%), benefits (>60%), bonuses (>60%), more service delivery via telehealth (>60%), and more remote work (>50%) would be strong contributing factors. The southwest also had low average proportion of respondents (<10%) indicating that more affordable housing would be a strong factor.

Comparing these results to the responses to the question “What were contributing factors to your organization expanding over the past year,” indicates that, while bonuses were not necessarily strong factors in expansion for organizations that did expand over the last year, respondents believe that bonuses would be helpful in recruiting and training staff going forward, along with more benefits for staff, paid trainings, and telehealth.

QUALITATIVE RESPONSES

There were 40 respondents that answered the open-ended question “Is there anything else you would like to share regarding provider capacity?” Of these, seven responses were unclear (e.g., names of counties). The remaining responses were categorized to highlight themes. Some responses were coded into more than one category. These themes reinforced the findings of the survey.

TABLE 56: PROVIDER RESPONDENT THEMES TO “IS THERE ANYTHING YOU WOULD LIKE TO SHARE?”

Category of Response	Count of Responses
Lack of staffing has impacted services (both direct care and agency staffing).	10
Telehealth ending resulted in limited services.	8
Trainings would be more accessible if paid and/or remote.	6
Standards/guidelines are too strict or burdensome.	4
Allocations are an issue.	2
Moratoriums have an impact.	2
There are other issues with therapies (beyond telehealth).	2
Rates are an issue.	1

APPENDIX G: GEOGRAPHIC REPRESENTATION BY SURVEY

As shown below, the proportion of responses to the Participant Survey by county aligned well with the proportion of participants by county in the Developmental Disabilities Supports Division's (DDSD) utilization data. Similarly, the proportion of responses by county to the Case Manager and Consultant Survey aligned with the distribution of Case Managers and Consultants by Participant County in DDSD's utilization data. The proportion of responses by county to the Provider Survey aligned well with the distribution of providers by Participant County in DDSD's utilization data, as well.

For the Provider and Case Manager and Consultant Surveys, the sum of the count of responses serving each county exceeded the number of survey responses because respondents could select more than one county. For these two surveys, respondents could also select "statewide." For the Case Managers and Consultants Survey, there were 36 respondents indicating they provided services statewide. For the Provider Survey, there were three respondents indicating they provided services statewide. A "statewide" response was added as a response tally for each county. Therefore, 36 counts were added to each county for case managers and consultants. Likewise, three counts were added to each county for providers.

PARTICIPANT SURVEY

Location	Distinct Count of Clients in DDSD Data	Percent of Total Clients	Participant Survey Responses	Percent of Total Responses	Difference in % Representation
Bernalillo County	2769	40%	62	35%	-4%
Catron County	8	0%	0	0%	0%
Chaves County	244	4%	7	4%	0%
Cibola County	61	1%	0	0%	-1%
Colfax County	25	0%	0	0%	0%
Curry County	168	2%	5	3%	0%
De Baca County	2	0%	0	0%	0%
Doña Ana County	914	13%	30	17%	4%
Eddy County	76	1%	1	1%	-1%
Grant County	101	1%	7	4%	3%
Guadalupe County	11	0%	1	1%	0%
Harding County	0	0%	0	0%	0%
Hidalgo County	4	0%	0	0%	0%
Lea County	124	2%	8	5%	3%
Lincoln County	26	0%	2	1%	1%
Los Alamos County	28	0%	2	1%	1%
Luna County	38	1%	0	0%	-1%
McKinley County	220	3%	7	4%	1%
Mora County	9	0%	0	0%	0%
Otero County	123	2%	8	5%	3%
Quay County	22	0%	0	0%	0%
Rio Arriba County	114	2%	1	1%	-1%

Location	Distinct Count of Clients in DDSD Data	Percent of Total Clients	Participant Survey Responses	Percent of Total Responses	Difference in % Representation
Roosevelt County	52	1%	0	0%	-1%
San Juan County	283	4%	8	5%	1%
San Miguel County	115	2%	4	2%	1%
Sandoval County	431	6%	10	6%	0%
Santa Fe County	353	5%	6	3%	-2%
Sierra County	31	0%	0	0%	0%
Socorro County	40	1%	0	0%	-1%
Taos County	84	1%	0	0%	-1%
Torrance County	82	1%	0	0%	-1%
Union County	6	0%	0	0%	0%
Valencia County	395	6%	6	3%	-2%
	6959	**100%**	**175**	**100%**	

CASE MANAGER AND CONSULTANT SURVEY

Location	Case Management/ Consulting Agencies by Participant County in DDSD Data	Percent of Total Agencies	Survey Responses	Percent of Total Responses	Difference in % Representation
Bernalillo County	76	11%	82	5%	-5%
Catron County	11	2%	38	3%	1%
Chaves County	22	3%	46	3%	0%
Cibola County	19	3%	41	3%	0%
Colfax County	14	2%	39	3%	1%
Curry County	26	4%	42	3%	-1%
De Baca County	4	1%	37	2%	2%
Doña Ana County	36	5%	66	4%	-1%
Catron County	8	0%	0	0%	0%
Eddy County	17	2%	42	3%	0%
Grant County	17	2%	44	3%	1%
Guadalupe County	10	1%	39	3%	1%
Harding County	0	0%	37	2%	2%
Hidalgo County	5	1%	37	2%	2%
Lea County	22	3%	43	3%	0%
Lincoln County	13	2%	40	3%	1%
Los Alamos County	14	2%	37	2%	0%
Luna County	14	2%	46	3%	1%
McKinley County	26	4%	44	3%	-1%

Location	Case Management/ Consulting Agencies by Participant County in DDSD Data	Percent of Total Agencies	Survey Responses	Percent of Total Responses	Difference in % Representation
Mora County	10	1%	41	3%	1%
Otero County	22	3%	50	3%	0%
Quay County	10	1%	41	3%	1%
Rio Arriba County	21	3%	40	3%	0%
Roosevelt County	21	3%	43	3%	0%
San Juan County	25	4%	50	3%	0%
San Miguel County	22	3%	42	3%	0%
Sandoval County	46	7%	64	4%	-2%
Santa Fe County	42	6%	49	3%	-3%
Sierra County	15	2%	38	3%	0%
Socorro County	20	3%	45	3%	0%
Taos County	19	3%	39	3%	0%
Torrance County	30	4%	48	3%	-1%
Union County	6	1%	38	3%	2%
Valencia County	44	6%	66	4%	-2%
	699	**100%**	**1494**	**100%**	

PROVIDER SURVEY

Location	Distinct Count of Providers in Participant County in DDSD Data	Percent of Total Providers	Provider Survey Responses	Percent of Total Responses	Difference in % Representation*
Bernalillo County	176	14%	55	16%	1%
Catron County	18	1%	8	2%	1%
Chaves County	40	3%	11	3%	0%
Cibola County	33	3%	12	3%	1%
Colfax County	15	1%	4	1%	0%
Curry County	41	3%	10	3%	0%
De Baca County	4	0%	5	1%	1%
Doña Ana County	46	4%	15	4%	1%
Eddy County	28	2%	8	2%	0%
Grant County	28	2%	10	3%	1%
Guadalupe County	13	1%	7	2%	1%
Harding County	0	0%	3	1%	1%
Hidalgo County	6	0%	6	2%	1%
Lea County	27	2%	7	2%	0%

Location	Distinct Count of Providers in Participant County in DDSD Data	Percent of Total Providers	Provider Survey Responses	Percent of Total Responses	Difference in % Representation*
Lincoln County	18	1%	7	2%	1%
Los Alamos County	22	2%	5	1%	0%
Luna County	24	2%	8	2%	0%
McKinley County	44	4%	11	3%	0%
Mora County	17	1%	6	2%	0%
Otero County	37	3%	10	3%	0%
Quay County	13	1%	8	2%	1%
Rio Arriba County	41	3%	8	2%	-1%
Roosevelt County	46	4%	11	3%	-1%
San Juan County	44	4%	9	3%	-1%
San Miguel County	29	2%	9	3%	0%
Sandoval County	116	9%	29	8%	-1%
Santa Fe County	92	7%	13	4%	-4%
Sierra County	21	2%	8	2%	1%
Socorro County	33	3%	11	3%	0%
Taos County	24	2%	5	1%	-1%
Torrance County	57	5%	8	2%	-2%
Union County	5	0%	3	1%	0%
Valencia County	92	7%	24	7%	-1%
	1250	**100%**	**354**	**100%**	

*This may not equal the difference in percents shown due to rounding.

APPENDIX H: ENVIRONMENTAL SCAN FINDINGS

Developmental Disabilities Supports Division (DDSD) requested that this report identify best practices to addressing **geographic nuances**, **location of providers**, and **marketing and recruitment strategies** of direct support personnel (DSP) and providers.

Public Consulting Group LLC (PCG) completed an environmental scan, including a review of peer state's services and rates and the Centers for Medicare and Medicaid Services (CMS) Technical Guide. PCG also reviewed government reports, published association materials, and industry literature. When possible, PCG chose peer states located in the Western United States with few urban areas, some mid-sized towns, and that are comprised primarily of rural and frontier regions. Insights were also drawn from qualitative data extracted from the Participant, Case Managers and Consultant, and Provider Surveys.

GEOGRAPHIC NUANCES AND BARRIERS

New Mexico, like many of its western peer states, has few urban areas, some mid-sized towns, and is comprised primarily of rural and frontier regions. New Mexico also has many innate geographic nuances and barriers as reflected in our survey responses; for example, almost half of the participants responded that there either **was not**: a service provider, a provider accepting new participants, or a provider that met their quality standards, for at least one service in their area.

Provider expenses

New Mexico's providers stated that increased rates and wages were the main factors contributing to their ability to expand capacity within the next year. This mirrors the national ANCOR *2023 DSP Survey Report*[3], in which 763 DSP listed compensation as their greatest concern. ANCOR noted in this survey that, although the percentage of DSPs who responded that they did not feel fairly compensated decreased from 62% in 2019, to 50% in 2021 and to 38% in 2023, the decrease was likely due to temporary pandemic funding and, without the implementation of permanent funding by state agencies to replace temporary COVID-19 funding, provider organizations may eventually come to a "fiscal cliff".

Across the state, regions of New Mexico have different costs of living associated with minimum wage and other personnel benefits (e.g., health care). To address this in the 2022 Rate Study, PCG used the minimum wage for the Santa Fe area, which is highest in New Mexico, as the minimum reimbursement rate for all services. PCG used higher wage inputs for regions where wage data received in the cost reports or the market salary was higher. See the 2022 Rate Study Report for details. For other costs, the rates were informed by average costs reported on the cost studies. In addition, DDSD's therapy services currently receive an incentive rate for select counties. The incentive rate is the same for all eligible counties.

Peer states **South Dakota, North Dakota, Texas, Oregon** and **Wyoming** have one rate for each service, not adjusted for regional variations. It is not clear, based on the publicly available data, what wage methodology was used in peer states' rate calculations.

Like New Mexico, **New York** and **Colorado** pay separate rates by county and/or region. New York pays a higher rate for participants receiving services in "downstate" New York versus participants receiving services in "upstate" New York. Colorado pays a higher rate for services provided in Denver County, since Denver County has a higher minimum wage than the rest of the state. While not a waiver service in Colorado, Colorado also pays a Rural Travel Add-On rate for required, face-to-face monitoring visits for members residing in Colorado counties designated as rural or frontier. Currently, Colorado's Developmental Disabilities Waiver reimburses their Targeted Case Management- Monitoring Visit, Rural Travel Add On at $36.72 per unit, with the unit maximum of four units per participant per plan year, resulting in the maximum reimbursement amount of $146.88 per participant per plan year. This Rural

---

[3] ANCOR. "2023 DSP Survey Report". https://www.ancor.org/resources/2023-dsp-survey-report/. Accessed July 2023.

Travel Add On rate is in addition to the reimbursement for the Targeted Case Management- Monitoring Visit rate.

While tailoring rates to each region has the benefit of precision in cost reimbursement, it also comes with the additional cost of establishing separate procedure codes by region, creating separate processes by region, and the need to verify the location a service was provided. Rural regions of the state also typically have a lower cost of living (e.g., lower cost of office space); the higher costs associated with providing services in a rural area (e.g., higher travel related costs) is typically offset by the lower cost of living savings. In addition, the rural areas of the state have the most limited provider availability and, as a result, states may not want to create geographic rates if they result in lower rates for those regions. Further rate reductions could further exacerbate provider availability limitations.

The 2022 Rate Study did not provide adequate data to do a thorough geographic analysis. Therefore, PCG's recommended rates in the 2022 Rate Study continued DDSD's current approach of one rate with incentives for specific services. In future rate studies, DDSD can focus on assessing geographic nuances in cost and travel time. DDSD could coordinate a workgroup to assess the differences in cost between the urban and frontier provider costs.

Access to Connectivity

As per the information provided by "Internet4all.gov," New Mexico has shown remarkable progress in enhancing the availability of high-speed internet, with 93% of its residents now having access to such services. However, a notable 19% of the state's population remains without internet access or a suitable device. Despite ongoing growth in accessibility since the pandemic, the surveys also highlighted that reliable internet access remains a hindrance for certain participants when it comes to utilizing telehealth services.

New Mexico, like its peer states, has established an effort to expand broadband, called the New Mexico Broadband Program within the New Mexico Department of Information Technology (NMDIT). NMDIT has mapped broadband coverage and availability of services offered by the internet service providers across New Mexico by technology type (Cable, DSL, Fiber, Copperwire, Fixed Wireless, Mobile Wireless, and Satellite). The Federal Communications Commission's (FCC) Affordable Connectivity Program (ACP) also provides a discount of up to $30 monthly for broadband hookups, or $75 for eligible tribal households, and for the purchase of a laptop, desktop computer or tablet, according to the FCC's website.

Multiple peer states used CARES Act funds to address connectivity needs.

At least 14 states, **Hawaii, Washington, California, Arizona, Montana, Colorado, Indiana, Kentucky, Tennessee, Wisconsin, Virginia, Maryland, Vermont, Massachusetts,** and **Maine** allocated ARPA funds towards broadband[4].

Massachusetts specifically allocated ARPA dollars to provide internet to seniors aged 60 and older who do not have home internet, or to senior apartment buildings and senior centers, and who do not qualify for the FCC Home Affordable Program.

Telehealth

Many states in the United States have implemented telehealth policies for their Home and Community-Based Services (HCBS) providers, especially in response to the COVID-19 pandemic. These policies aimed to ensure that individuals receiving services continue to be able to access the services that they need. It is important to note that as the nation is transitioning out of the COVID-19 pandemic, state's telehealth policies are changing, so it is important to check with the specific state's health and human services department for the most up-to-date information.

---

[4] NACUBO. "State Use of ARPA Funds." Fall, 2021.

The federal Office of the Assistant Secretary for Planning and Evaluation's 2019 publication highlighted that, for effective telehealth implementation, it should be integrated with other strategies to address rural workforce shortages. Incentives for providers to offer telehealth services in underserved areas, with appropriate policies, can be beneficial.

A wide range of definitions for what telehealth includes have emerged. CMS stated "…In general, "Telehealth Services" require the use of an interactive audio and video telecommunications system for real-time communication between a provider and a beneficiary…" Telehealth use is also generally supported by professional associations and by CMS. PCG researched telehealth utilization for intellectual and developmental disabilities across states like Colorado, South Dakota, etc., along with relevant organizations.

Telehealth benefits include improved adherence, fewer missed appointments, efficient care, and reduced costs. It aids HCBS waivers, enhances provider efficiency, and supports well-being. Telehealth can address provider shortages, offer remote access, reduce travel time, reduce transportation issues, and support emergent situations, routines, and collaborative therapy.

Ultimately, the appropriateness and cost effectiveness of using telehealth is dependent on access to connectivity, the provider's readiness to implement technology, support for the participant to use the technology and the state's regulations and policies in place for allowable delivery, reimbursement, and oversight. In New Mexico, barriers exist, but some services are suitable for telehealth, as supported by results Provider, Case Managers and Consultant, and Participant Surveys. Delivery hinges on state regulation and adequate framework. Cost effectiveness data requires broader longitudinal study.

Services provided through telehealth

Various states explored and implemented telehealth solutions for HCBS services to address the challenges posed by the COVID-19 pandemic and to increase accessibility to care. This strategic utilization of telehealth not only addressed the unique circumstances brought about by the pandemic but also strove to enhance healthcare accessibility for a broader population.

It is important to highlight that the CMS has established a flexible stance regarding the inclusion of telehealth service delivery within HCBS 1915(c) waiver applications. In cases where the compensation for a given procedure remains consistent, regardless of whether it is administered by a qualified provider through traditional means or telehealth, states are not mandated to explicitly outline telehealth delivery in their waiver applications. The eligibility of a service is contingent upon its alignment with the comprehensive service definition within the waiver application, encompassing criteria like scope of work and provider qualifications. Telehealth-specific indications are only necessitated when there is a discernible variation in compensation or fee structure associated with telehealth delivery. Notably, the waivers scrutinized in this study did not feature dedicated information pertaining to telehealth provisions.

The specific HCBS services in scope that different states have successfully provided via telehealth vary, but some examples include:

> **Remote Monitoring:** Telehealth technology can enable remote monitoring of health and safety parameters, such as medication management, vital signs, and other health indicators, ensuring that individuals receive the appropriate level of care.
>
> **Behavior Health Services:** Telehealth has been effective for delivering behavior health services, including therapy sessions, counseling, and mental health support, to individuals in their home environments.

> **Case Management and Coordination:** Telehealth platforms can facilitate communication between case managers, service coordinators, and individuals receiving HCBS, ensuring that care plans are developed, adjusted, and monitored effectively.
>
> **Therapy Services:** Certain therapies such as speech therapy, physical therapy, and occupational therapy have been successfully provided through telehealth platforms.
>
> **Assistive Technology Training:** Individuals can receive remote training on how to use and maintain assistive devices or technology that enhances their independence and quality of life.

PCG chose to research how other states have embraced the utilization of telehealth to provide therapy services, effectively expanding access to care and addressing the evolving landscape of healthcare delivery. A few notable examples of states that have implemented telehealth for therapy services include **California,** which has been at the forefront of telehealth adoption, particularly for therapy services, such as occupational therapy, physical therapy, and speech-language therapy. The state's progressive approach has facilitated improved access to therapeutic interventions through digital platforms. **Texas** has also embraced telehealth for therapy services, extending its reach to underserved and rural populations. Telehealth has proven beneficial for delivering counseling, speech therapy, and other forms of therapeutic support. **Minnesota** has integrated telehealth into its healthcare landscape to deliver a wide range of therapy services, addressing the needs of both pediatric and adult populations. This has facilitated timely and convenient access to critical therapeutic interventions. **Colorado** has leveraged telehealth to extend therapy services to populations that might otherwise face barriers to in-person care. Telehealth-enabled therapy interventions have proven effective across different therapeutic domains.

It is important to note that the success of providing HCBS services via telehealth may depend on factors such as the individual's needs, the availability of technology, the type of service, and the comfort level of both the recipient and the care provider with remote interactions. Additionally, the landscape of telehealth services is dynamic. For the most current and specific information, it is recommended to consult with state Medicaid agencies, healthcare providers, and relevant organizations.

Telehealth framework

The success of a state's telehealth policies for HCBS services hinges on a multitude of factors, encompassing distinct regulations, reimbursement frameworks, comprehensive provider training, robust technological infrastructure, and the adoption of telehealth methods by both providers and participants.

South Dakota serves as a model for state telehealth framework. The state permits specific services, such as speech therapy, physical therapy, and occupational therapy, to be conducted through telehealth. These services adhere to the same requirements and limitations as in-person care. Providers are required to possess and employ suitable equipment for telemedicine delivery. Telemedicine always involves an originating site (where the Medicaid recipient is located during the service) and a distant site (where the practitioner offers the service). Telehealth providers must use a HIPAA-compliant platform. For services like physical therapy, occupational therapy, and speech language therapy, a "real-time" interactive telecommunications system is necessary, with an initial face-to-face visit within 30 days and subsequent visits every 90 days. Electric stimulation attended service (code 97032) via telemedicine is limited to one unit. Any treatment adjustments supporting telemedicine delivery must be documented by providers.

South Dakota’s telehealth framework emphasizes the importance of maintaining standards and requirements for telehealth services to ensure quality care. It also highlights the need for compliance with HIPAA regulations and the use of real-time interactive telecommunications systems.

The requirement for a face-to-face visit within a specified time (e.g., within the first 30 days and every 90 days thereafter) ensures that there is still an in-person component to the telehealth delivered care. This helps to establish an ongoing relationship between the healthcare provider and the participant. As telehealth continues to evolve, these frameworks may be subject to changes and updates to adapt to new technologies and healthcare needs.

LOCATION OF PROVIDERS AND VENDORS PROVIDING SERVICES

CMS and states strive to ensure culturally appropriate access to all services for all participants within a reasonable distance. Specifically, under section 1902(a)(30)(A) of the Social Security Act, states must "assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area [emphasis added]." The federal rules recognize that ensuring there is adequate provider supply for all services for all participants, regardless of where the participant lives, is not always possible due to factors outside of CMS and the state's control (e.g., the national DPS workforce shortage and the COVID-19 pandemic).

However, the state still bears a responsibility to make appropriate efforts to ensure the availability of a sufficient and diverse pool of providers in every geographic region within its boundaries. This commitment extends not only to guaranteeing an adequate quantity of providers, but also to promoting a spectrum of choices for individuals seeking services.

A service area can be increased by incentivizing travel or by allowing some services to be provided by telehealth. Privately funded health plans regularly map providers service areas and ensure that each region, county, or zip code is covered by at least one provider; this is a technique DDSD can implement as well. The smaller the geography used, the closer the options will be for the participants. For services provided in an office setting, rather than in the participants' home, DDSD may also map provider locations in relation to accessible transportation to assess ease of access. By completing ongoing analysis and by strategically cultivating a network of professionals that covers all corners of the state, the state can ensure equitable access to quality care, regardless of a participant's location. Simplified provider qualifications and simplified service definitions may also incentive providers to staff underserved areas of the state.

MARKETING STRATEGIES FOR RECRUITING DIRECT SUPPORT PERSONNEL AND NEW PROVIDER AGENCIES

According to the results of the 2019 National Core Indicators Staff Stability Survey (National Core Indicators, 2020), the annual turnover rate across 3,604 providers in 26 states was 42.8% and the range among states was 23.8% to 64.8%. For the 3,604 provider agencies that submitted data to the 2019 National Core Indicators Staff Stability Survey, the average vacancy rate was 8.5% for full-time positions and 11.2% for part-time positions. It is also well documented that the direct care workforce shortage worsened during the pandemic.

As the national direct care workforce crisis continues, states are looking for innovative marketing strategies to recruit and retain DSPs and provider agencies. While there are many approaches to meet this objective, PCG completed review of peer states with successful marketing and recruitment strategies with the follow areas of focus:

- DSP Retention and Recruitment Taskforce Creation
- Public Marketing Campaigns
- Career Advancement Programs

Direct Support Personnel Retention and Recruitment Taskforce

In October 2022, **New Jersey** adopted a strategic approach to bolster HCBS workforce recruitment through legislation that established a Special Task Force on Direct Care Workforce Retention and

Recruitment within the Department of Labor and Workforce Development. The primary objectives of this task force were to assess existing DSP staffing levels, to analyze policies affecting DSP workforce and providers, to evaluate current retention and recruitment strategies, and to formulate recommendations.

The task force featured members of the public and the following key stakeholders:

- the Commissioner of Labor and Workforce Development
- the Commissioner of Human Services
- the Commissioner of Health
- the Secretary of Higher Education
- the New Jersey Long-Term Care Ombudsman (or their designees)
- two Senate members (chosen by the Senate President)
- two General Assembly members (designated by the Assembly Speaker)
- a direct care staff professional with certified nurse aide experience in a not-for-profit nursing facility,
- a direct care staff professional with certified nurse aide experience in a for-profit nursing facility
- a representative from the Health Care Association of New Jersey, nominated by the Governor
- a representative from a majority labor representative in non-profit or for-profit nursing facilities
- a representative from the New Jersey Hospital Association, selected by the Senate President
- a representative from the American Association of Retired Persons, and
- a representative from LeadingAge New Jersey and Delaware, appointed by the General Assembly Speaker

Career Advancement

A key finding from the ANCOR *2023 DSP Survey Report*[5] that analyzed the feedback from 763 DSPs across the nation and in the Administration for Community Living September 2021 *Promising Recruitment and Retention* Strategies[6] article was that 56% of DSP want to work for employers that offer career advancement opportunities. Offering opportunities to earn additional credits and/or certificates on top of standard training requirements may further entice individuals to enter and remain in the HCBS field. By partnering with local high schools, community colleges and universities, providers and DDSD could leverage the partner's marketing channels and marketing networks to research a broader audience.

There are many examples across the nation of how providers and states have developed partnerships to support career advancement programs. For example, The Arc Lexington in **New York** (a service provider) created a Human Services Internship Program with their local school district to have high school interns aged 16 and older complete activities for participants like cleaning, laundry and accompanying participants in the community under the supervision of fully-qualified DSP staff. Interns received pay, school credit, and an introduction to the rewards of a DSP career. When interns turned 18, they become valuable, highly-trained candidates for fully-qualified DSP employment.

---

[5] ANCOR. "2023 DSP Survey Report". https://www.ancor.org/resources/2023-dsp-survey-report/. Accessed July 2023.

[6] Administration for Community Living. "Promising Recruitment and Retention Strategies". https://ncapps.acl.gov/docs/Resources/DSP%20Promising%20Recruitment%20and%20Retention%20Strategies.pdf. Accessed July 2023.

Additionally, **Washington**'s Medicaid agency collaborated with the Office of Superintendent of Public Instruction to develop a 90-hour training program that high school students can take for both school credit and credit toward the required HCBS worker training.

The HCBS Employee Scholarship Grant Program authorized by **Minnesota** statute §144.1503, was established to assist qualified HCBS providers to fund employee scholarships for education and training in a course of study that is expected to lead to career advancement with the provider or in the HCBS field. Nonprofit and for-profit organizations located in Minnesota are eligible to apply if they primarily provide services to individuals who are age 65 or older and living in home and community-based settings. Additionally, the provider must be in the process of developing, or have an established, in-house scholarship or training program available to its staff. Grants must be used by HCBS providers to recruit and train staff through the establishment of an employee scholarship fund. Providers that receive funding must use the funds to award scholarships to employees who work at least 16 hours per week, on average, for the provider. Each qualifying provider under this section must propose an HCBS employee scholarship program and establish criteria by which funds are to be distributed among employees. A provider match is not required.

Tennessee created the Quality Improvements in Long Term Services and Supports (QuLTSS) program as part of a public-private partnership among the QuILTSS Institute, Tennessee state government, and UnitedHealthcare Community Plan (Medicaid managed care organization). This partnership leveraged federal State Innovation Model grant funding to create a competency-based workforce development education program for Long Term Services and Supports DSPs. This included a DSP Apprenticeship Program, a work-based learning model, where individuals are compensated for on-the-job training. Wages also increase by $3.50 or more per hour upon completion of this one-year program. Individuals wishing to enter the DSP workforce or those already associated with an employer are eligible to participate with the curriculum for this program managed by the QuILTSS Institute. This body also manages the credentialing registry and acts as a liaison for community colleges and four-year institutions wishing to train students in direct care work. In this model, trainees may also earn up to 18 college credits and a post-secondary long-term care certificate.

In 2021 in **New Hampshire**, Southern New Hampshire University (SNHU), a nonprofit university, and CareAcademy, an online DSP training platform, partnered to formally launch the CAREer Path Initiative**.** The CAREer Path Initiative assigns college credit to DSP who complete their DSP training on the CareAcademy's platform. SNHU also considers any of the DSP's work experience, regardless of where and how it was completed, for additional credit through the Credit for Prior Learning (CPL) mechanism upon application. There is no charge to the student for this consideration. The CAREer Path Initiative identified 20 of CareAcademy's classes that are transferrable to SNHU as CPL. All CPL can be applied to either an associate or bachelor's degree program at SNHU. CareAcademy received one small grant to support their work on this initiative; otherwise, the CAREer Path Initiative is self-funded by CareAcademy and SNHU.

Public Marketing Campaigns

To recruit more workers, **Wisconsin** completed an HCBS workforce publicity campaign in 2018. The marketing campaign goal was to increase public interest in joining the HCBS workforce and to promote entry into the HCBS workforce**.** In this campaign Wisconsin released videos advertising the rewarding aspects of the work and highlighting it as a step on the career ladder leading to other health care jobs. Through this campaign, the state advertised the free training and testing offered for HCBS workers and received 9,000 new applicants for the training program.

Aligning Requirements

CMS, through the 1915(c) waivers, offers significant flexibility for states to design and implement programs that work for the individuals in their state. The flexibility within the waivers affords states the opportunity to define services and create operations that align with a state's goals and visions for how it provides services to its residents. While flexibility can be good, it can also lead to an over complication of HCBS programs and systems within states.

The HCBS taxonomy provides a standard categorization structure for Medicaid HCBS with definitions of the categories and subcategories. The HCBS taxonomy provides a classification of services that states use to create their own service definitions. This latitude can lead a state who administers and operates multiple HCBS waivers to have varying definitions for the same HCBS service category (e.g., Day Services). Use of varying definitions contributes to difficulties and inefficiencies in waiver oversight and creates complexities for providers. Providers often provide the same service(s) (e.g., Day Services) across multiple waivers. However, when the definition and/or provider qualifications for the same service differ among various waivers, providers are more inclined to restrict their service provision, due to the administrative complexities and burdens these differences entail.

Like New Mexico, states are working to simplify their waivers for individuals receiving services, the providers, and the state staff. States tackle this problem in a multitude of ways, including:

- Revision of service definitions to align with one another across waivers.
- Revision of provider qualifications to align with one another across waivers.
- Redesign of the waivers to create fewer waivers.

In 2014, CMS regulations were amended to allow states to combine target populations into one waiver. Since that time, states have embarked on the process of redesigning or simplifying their waivers. New York is one state who has simplified their number of waivers and now has one 1915(c) waiver for children with a variety of disabilities.