Presentation of DD Waiver Standards effective March 1, 2018

Questions and Answers 2/6/18

	Questions	DDSD Responses
1.	How do we go about making suggestions for revisions?	Input is not happening at this time. Please let us know if you find errors.
2.	Who is responsible to submit the CIU?	Typically, the case manager, however, the CIU may be completed by the DD Waiver participant, legal guardian, authorized representative, or other partnering state agencies depending on the circumstances. Case manager requirements to complete the CIU are detailed in the standards in Ch. 8 Case Management and Ch. 9 Transitions.
3.	When will providers receive feedback on setting validations?	Providers should receive feedback within the next few months.
4.	The standards state that the acknowledgement form must occur during the annual ISP meeting. pg21. Is this a firm requirement or just annually?	Providers should follow the instructions as outlined in the Standards at the annual meeting.
5.	Many agencies say that individuals choose to be in the Day Habilitation setting so why should they be out in the community if they do not want to go anywhere?	Person-centered planning should allow for the *person* to make informed choices. Refer to Ch. 4.5 Informed Choice.
6.	Would guardianship supersede the ISP Document for Financial Responsibility?	The ISP should reflect the decisions made in planning and should be aligned with the guardian decisions. It is important to know what authority the guardian has, it may or may not include financial decisions.

	Questions	DDSD Responses
7.	Will MANDT be required or will we still be allowed to train on Handle with Care?	Please refer to Ch 3.3.4. Provider agencies may utilize one of the three currently approved protocols: the Mandt System, Handle with Care: Crisis Intervention & Behavior Management, or Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention. The last two are currently approved in New Mexico in a modified form. Please contact BBS staff if you have any other questions.
8.	When can someone get trained by the BBS in order to vote as well as training others to be in compliance?	BBS offers HRC training by agency or quarterly by region. Please also refer to DDSD -DDW Numbered Memo 2018-05: DD Waiver Service Standards with Transition Period for Compliance if the agency needs to create an HRC. BBS will be offering an HRC webinar soon (current fiscal year) on this topic.
9.	Will Person Centered Planning process override the expectations of DOH when decisions of the person are contrary to those DOH expectations? For example, if a person chooses to live alone will this be allowed by DOH?	DOH supports person centered planning. If a decision made is contrary to recommendations, the CM facilitates the Decision Consultation Process or Team Justification process. A person most certainly can choose to live alone. DD Waiver service models that support this decision are Customized In-Home Supports and Respite. If a person chooses to live alone in Supported Living; as per page 102, Chapter 10, Section 10.3.9 “Prior authorization is required from the respective DDSD Regional Office for a person to receive this service when living alone.”
10.	Is the Role of Health Care Coordinator expected to be a separate standalone position within a provider agency?	No. The HCC is the designated individual on the IDT who arranges for and monitors healthcare services for the person in the DD Waiver program. It can be the person, his/ her guardian or another IDT member or natural support. It may be that the service coordinator or nurse at an agency is the HCC, but the designation varies by individual.
11.	What about Papoose restraints for dentist?	Use of a papoose for a dental visit is considered medical stabilization and with proper consents obtained by the practitioner does not require an HRC review.
12.	What is the guardian’s role in relationships and sexuality?	People with guardians do not give up their human and civil rights, including the right to have a relationship. With proper person-centered planning individuals should be supported to have desired relationships. Please contact your regional BBS staff for assistance in these matters.

	Questions	DDSD Responses
13.	For clients with PRN psychotropic medication, I am being told I cannot "ok" PRN administration of medication as the RN without a BSC plan in place?	Please refer to CH 5.3. PRN Psychotropic Medication administration may be needed by an individual and ordered by a physician prior to the creation of a PPMP by a BSC or a full HRC review. In cases where a PRN Psychotropic medication has been ordered, the nurse should administer the medication utilizing the indications for use detailed by the prescriber (that necessitated the prescription in the first place), and simultaneously collaborate with the BSC to develop a PPMP. A draft plan is expected within two business days of the prescription/emergency meeting of the IDT; an emergency HRC review of the plan/administration should happen within the same timeframe as well. If there is no BSC on the team or there are any other questions about this, please contact the BBS Chief or Clinical Director, or the CSB Bureau Chief for assistance in these matters. Nurses can hold an order based on prudent nursing practice. Otherwise, there should be a mechanism in place for an emergency HRC review as well as collaborative PPMP development with BSC, at least as an interim plan. The BSC and nurse are typically involved in the appointments, urgent, or emergency care that leads up to a PRN psychotropic medication order, so a plan can be written immediately and revised or further developed later as needed.
14.	Are staff expected to participate then?	Insufficient information to respond to the question.
15.	Is it possible for an HRC to create the fading plan for PRN/psychotropic medications…seems to override the prescriber?	No. It is not the role of an HRC to create a fading plan, but the HRC can recommend that the team consider asking the legally licensed prescriber for a proposed fading plan. The HRC does not make treatment decisions.
16.	Can the Decision Justification Process be used to reject a CARMP?	The Decision Consultation Process is used to document Health issues, such as an individual and guardian's decision to reject part or all of a CARMP. The CARMP or any other HCP is then edited to reflect those changes and the discussion is documented on the DCP form. The Team Justification Process is similar but is used with non-medical decisions.

	Questions	DDSD Responses
17.	At the last provider meeting there was mention for $90 charge of Quails for budget changes. Do all ISP revisions involve budget changes?"	No, not all ISP revisions involve budget changes.
18.	What would be the reason the IDT would need to meet for impending change of housemates?	A change of housemates is considered a significant life change for a person and may require considerations for changes of supports to assist with the transition. A person's needs and preferences must also be respected in terms of housemates.
19.	Page 78 of the CM standards mentions readmission of individuals who have been hospitalized for more than 3 calendar days. Does this now apply to all DDW individuals (non-JCM and JCM)? Currently we complete readmits for JCM's only.	Yes, this does apply to both JCM's and non JCM's.
20.	Does that mean that we are going back to submitting LOCs after three days again as this was stopped in 2012	No.
21.	What is the rate for Category 4	The rate is $384.56 per day.

	Questions	DDSD Responses
22.	So, for ISPs that we have met for those under IMLS with ISP effective 5-1-18 will we get a new budget worksheet? Will we also get the new clinical criteria prior to so that we can submit before the 60-day timeframe, i.e., at least 2-25-18?	The new BWS and Clinical Criteria were issued 2/14/2018.
23.	Does nursing have to visit the behavioral cat 4 monthly?	No, not unless the individual also requires monthly nursing visits. Refer to Chapter 13 of the Standards for visit frequency for JCM and non JCMs.
24.	For SL4 medical - Does the monthly nursing assessment have to be in-person? Or can it be done over the phone?	Assessment must be completed in person. Please see pages 105-106, Chapter 10, Section 10.3.9.4, #5, a-d for details on what the monthly nursing assessment must include. The visit is to monitor the status of the person.
25.	Is the 48 hours of nursing for Family Living going to be bundled into the Family Living rate?	No. Adult Nursing Services (ANS) must be placed on the budget. Family Living Providers are still required to be an ANS provider for those individuals the agency supports.
26.	Regarding the requirement for documentation/evidence of additional means of addressing extraordinary behavior who will review this evidence?	JCM budgets go directly to Quails. Budgets for Non-JCM budgets go to the OR for review applying to the Clinical Criteria V. 4

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27.	Re Sub Care for FL - can the 750 hours be used right away or does the FLP provider have to accumulate as the month's progress?	Family determines when hours are used. This may result in substitute care being used up early in the ISP term.
28.	Will there be a new ANSPAR document if so when will we receive it?	No. The ANS parameter tool will be updated and distributed.
29.	Are there caps on budgets?	No, nothing has changed.
30.	So on the SL 4 category is an ANSPAR needed for additional hours to comply with the requirements of visits and assessments?	No. Nursing is bundled into the SL rate.
31.	What about people who live on their own and receive IIBS and or don't leave their home. The rate won't cover 24 hours. Can they receive in home CCS?	JCM does allow for class member to receive 30 hours in the home for CCS Group. Please see page 121, Chapter 11, Section 11.6.2 #27 for details.
32.	I think you are saying the BSCPAR and TSPAR are not required for JCM?	The TSPAR, BSCPAR and ANSPAR are no longer required for any waiver recipient.

	Questions	DDSD Responses
33.	For individuals that meet the criteria for Category 4 and their ISP just started will they have to wait until the following ISP year starts after the June 2018 date?	No, they may request SL Category 4 beginning March 1, 2018. This would be requested as a revision and instructions to use the Budget Worksheet v. OR 2018-03-01 are provided in DDSD-DDW Numbered Memo 2018-03.
34.	Is it only Jackson Class that can go home for those 2 hours? What about the people that are not Jackson that have similar needs?	It is not to exceed 2 hours per day for lunch, break, and/or change of clothes for everyone including Jackson Class Members (JCMs). Please see page 121, Chapter 11, Section 11.6.2 #26 for details. JCMs may be home receiving CCS for up to 30 hours per week. Please see page 121, Chapter 11, Section 11.6.2 #27 for details.
35.	Can the two-hour period be conducted in an agency owned building?	This particular language refers specifically to the home.
36.	Can a guardian choose not to access DVR funding?	No. It is a federal requirement to access Vocational Rehabilitation before DD Waiver funding.
37.	Where does the VAP play in to this?	The VAP requirement was replaced by the Person-Centered Assessment (PCA). The original information was provided in a Director's Release dated 1.14.16. The Standards now speak about the PCA.
38.	Please clarify: can employment support a volunteer position?	No. Volunteering should be billed under CCS services.
39.	If someone is med frag and has to use a specialized restroom can they use the 2-hour time to access an agency restroom?	No. This particular language refers specifically to the home. It is hoped that someone would be able to use the bathroom as needed during the day.

	Questions	DDSD Responses
40.	We have been told by some BSC that only they can train their plan. Is this accurate? Can they designate a trainer?	Yes, they may designate a trainer for part or all of a PBSP; however, they do not have to designate a trainer, if they feel someone cannot do the training. Many clinicians will retain training for more specialized portions of their plans. Please refer to Ch. 17.10 for specific details about designating a trainer; see also Ch. 12.2.3.13 for additional aspects needed in training designated to others.
41.	Can OT and PT work during the same hour with the same individual? If yes, is this double billing?	Yes, co-treatment is allowed among BSCs, PTs, OTs and SLPs. It is not double billing.
42.	How will therapists access ANE and Indications of illness/injury trainings?	Registration for in person ANE training can be completed at: http://trainnewmexico.com/. The Online ANE Refresher and the Indications of Illness and Injury can be accessed here: http://www.cdd.unm.edu/dhpd/programs/learnportal/courses/index.html.
43.	If a client has a PRN medication for anxiety, is it ok for the RN to approve the PRN or does there have to be a BSC plan in place first?	An RN or LPN can approve any ordered medication. Nurses can hold an order based on prudent nursing practice. Otherwise, there should be a mechanism in place for an emergency HRC review as well as collaborative PPMP development with BSC, at least as an interim plan. The BSC and nurse are typically involved in the appointments, urgent, or emergency care that leads up to a PRN psychotropic medication order, so a plan can be written immediately and revised or further developed later as needed.
44.	With nutritional services bundled for some living situation are ALL waiver participants required to have this service (and documentation with that)?	No. Nutritional counseling is based on need. If someone is not in SL, FL or IMLS, and if recommended by the IDT. Has nutritional needs, Nutrition consultation services may be added to their budget.
45.	If a BSC requests a RN to train on one of their HCP can the RN refuse if they feel they are not comfortable?	BSC's do not train on Health Care Plans (HCPs). BSCs would train on behavior plans like PBSP, PPMP, RMP, or BCIP. The trainer must agree and cannot be forced to train.

	Questions	DDSD Responses
46.	Is weight management criterion for nutritional support?	It depends on individual circumstances. Yes. Weight loss / underweight or weight gain/overweight or unexplained weight changes are all indications asking for a nutritional assessment.
47.	Can an RN give nutritional advice?	The scope of practice for an RN (or LPN) related to nutrition is pretty limited and must stay within the confines of license and professional competence. Nurses may never complete a formal nutritional assessment.
48.	Regarding training, if it is not a nutritionist through DD waiver funding does the DSP have to have a training by the nutritionist or can the nurse's train on those recommendations as a hcp?	Training by the Medicaid or Home Health nutritionist is acceptable, but they will not be available for ongoing DSP training or support. DDW nutritional services should be provided. Nurses are not nutritionists and cannot assess or train on those recommendations.
49.	Who creates the psychotropic plan?	A PRN Psychotropic Medication Plan is created collaboratively by the BSC and nurse.

	Questions	DDSD Responses
50.	Just to be sure I understand -- An agency nurse cannot approve a PRN psychotropic in the interim period between when the med order is written and when the plan is written correct? In other words, if it takes 5 days to get the plan written that consumer cannot have the PRN med in those 5 days is that right?	Please refer to CH 5.3. The nurse may approve delivery of any ordered medication since all PRN orders must contain indications for use. The example in the question is not correct. If a PRN behavioral medication is ordered, and there is no HRC approval or PPMP in place, the medication may be given but the issues with HRC and the collaborative PPMP must be promptly addressed within 2 business days. PRN Psychotropic Medication administration may be needed by an individual and ordered by a physician prior to the creation of a PPMP by a BSC or a full HRC review. In cases where a PRN Psychotropic medication has been ordered, the nurse should administer the medication utilizing the indications for use detailed by the prescriber (that necessitated the prescription in the first place), and simultaneously collaborate with the BSC to develop a PPMP. A draft plan is expected within two business days of the prescription/emergency meeting of the IDT; an emergency HRC review of the plan/administration should happen within the same timeframe as well. If there is no BSC on the team or there are any other questions about this, please contact the BBS Chief or Clinical Director, or the CSB Bureau Chief for assistance in these matters.
51.	Do Jackson Class Members need to have weight monitoring on a monthly basis?	No, this is not a general requirement for Jackson Class Members. Monthly weights are usually ordered by the physician or recommended by the nurse or dietician for very specific clinical reason. There is no Standard regarding monthly weight for JCMs.
52.	Can the Decision Consultation Process be initiated by any IDT member or does it have to be done by the Case Manager?	Any IDT member may consult with the case manager, but it is the case manager's responsibility to facilitate the meeting and complete document the process on the DCP form.
53.	If the team needs help getting a client an appt. with a specialist, who can we go to, or what do we do?	1- Work with the MCO Care Coordinator to get an appointment. If unsuccessful: 2- Submit a RORI/RORA, and 3- Please contact Clinical Services Bureau at 505-841-2948 for immediate assistance.

	Questions	DDSD Responses
54.	Re the ECHAT and HCP/MERPS - how concerned do we need to be if a client has an APAP but does not require a HCP/MERP since APAP is not included on the ECHAT with CPAP?	Nurses may create a plan even if the specific element is NOT triggered by the E-chat, nurses may contact CSB with editing ideas for e-CHAT at any time. Iris.Clevenger@state.nm.us or Elizabeth.Finley@state.nm.us .
55.	When you get to Section 18 - Since no ANE refresher has been approved are agencies going to be required to teach the 6-hour ANE course as a refresher or can they substitute their own training that covers the same basic content in place of the 6-hour course?	The ANE refresher is available by March 1, 2018.
56.	The Clinical Website referenced in 13.2.10 #7 with regards to emergency medication is not accessible. Please take us to where the actual med list is?	This will be posted once finalized.
57.	Where can we access the online PCP training for nurses? Is it listed on trainnewmexico.com ? If so what is it labeled? I see one for CM or SC and DS.	Nurses should contact the local Regional Office Training Staff for this session.

	Questions	DDSD Responses
58.	How do you link the MERP and CARMP in Therap? Where is the location that it gets linked to?	Attach all HCPs (including CARMPs) to the eCHAT Summary Sheet. Attach all MERPs to the Individual Data Form (IDF). Instructions for Linking plans are on the Therap website.
59.	Can adult nursing be billed simultaneously with another service within the same agency...such as CHIS and ANS at the same time? Can CCIS and ANS be billed at the same time? Can ANS and nutrition bill collaboratively?	Yes- Adult Nursing can be billed simultaneously with other services. Example: 1- Someone is in CCS- I and has health needs. Non- related, AWMD trained DSP need HCP training and backup for PRN medications. Nurses are not nutritionists or registered dieticians. These are separate clinical services, and both may be needed and billed at the same time.
60.	Are HCPs reviewed annually or semi-annually? There is a conflict on this in the standards.	As per page 166, Chapter 13, Section 13.2.9 #11, each HCP should be reviewed semi- annually to determine its effectiveness and must be revised as needed. The review must be documented.
61.	Will an emergency EpiPen have to be delegated to direct care staff?	That is up to the nurse's comfort level, but the priority is to get the medication into the person promptly.
62.	Can a nurse use video visits if not able to arrive in 30 minutes?	This question appears to be related to the timing of nursing visits in an On- Call situation. The Standards were revised to allow 60 minutes for the nurse to visit. However, if the nurse is concerned, the DSP should be instructed to access emergency services and call 911.
63.	How does timeframes for Nurses to respond impact in rural areas?	The timeframe was increased to 60 minutes and issued on 2/26/18. See above.
64.	Can Adult Nursing be provided to someone in respite?	Yes, it can be as long as Adult Nursing Services is placed on the budget and approved.

	Questions	DDSD Responses
65.	Why was the standard that no one nurse should have to take the burden of call get removed?	Scheduling is being left to the agency policy.
66.	Section 13.3.1 states that no prior authorization is needed for nursing assessment and consultation. So, we do not have to submit an ANSPAR for the initial 48 units for assessment and consultation?	Correct.
67.	What does it mean that the nurse must ""Assure the MAR is current""? If a medication is given by a direct care staff and the staff does not document giving the med does that mean the MAR is not ""current"" and the nurse is liable?	That language has been removed.
68.	Will the current MERPs need to be re-written to reflect the new changes?	The MERPS can be re- written when a change is needed or when annual updates are made according to ISP term. Note that the HCP will need to have preventive measures added and the MERPs will have that information removed.
69.	Is the cap for environmental mod $7000 or $5000 for every 5 years for JCMs?	$5000.
70.	Do we still use the Benefits Validation form?	Yes. Refer to the Clinical Criteria for specific services requiring this form.

	Questions	DDSD Responses
71.	The question for the verification form is also to be used for the sexuality class course. Do we still use it?	The Friends and Relationships Course no longer has a lifetime limit attached to it, so the form is no longer needed.
72.	In 16.2 it specifies that all agencies need to be CARF accredited. How recently do agencies need to have been accredited if they have been CARF accredited for two consecutive terms?	An agency must seek the waiver of accreditation or maintain current accreditation.
73.	Are they going to grandfather those who have had the ANE training and it has been more than a year?	DDSD will issue a Numbered Memo with clarifications that will respond to this question. Look for DDSD -DDW numbered Memo 2018-07.
74.	Clarification on the sexuality training definition of sexuality concerns or is this determined by the IDT?	This is determined by the IDT. Please contact your regional behavioral specialist if you have any questions or concerns.
75.	Can DSS refuse AWMD training?	Yes, but in that case, the DSP DSS cannot perform duties that require the AWMD training. Please note that related FL providers still need to take AWMD training.
76.	Is there a plan for input from providers before the roll out of the ANE online training?	No. The online training is near completion.
77.	Do service providers need to be retrained on ANE when the new manual is released?	The existing ANE Face to Face training will suffice. They only need to take their annual online refresher.

	Questions	DDSD Responses
78.	We have been told we can utilize our own internal ANE/Incident management training as long as people have taking the 6 hours course.	No. This is not accurate.
79.	If I received train the trainer DHI training for ANE and provided that training to my staff will they be able to remain compliant by using the online recertification process or will everyone be required to do the new ANE training?	They will just need the on-line refresher from here on out.
80.	A nurse has to complete Illness and Injury training before she works alone with a person in services. Does that mean a newly hired nurse must have a veteran nurse working with her until that newly hired nurse receives the training?	A nurse does require the Indications of Illness and Injury Training according to the standards. A nurse can work with someone while other agency staff are present who have had the training. This does not preclude the nurse from operating under his/her license and expertise.
81.	Is there a plan for updated training for ANE less than a six-hour training available or forthcoming?	We are in the process of revising the Face to Face ANE to reduce the amount of time that it currently takes to complete.

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82.	Is there a PDF for ANE cards that Providers can print?	Contact Incident Management Bureau Chief, Ed Stallard, at Edward.stallard@state.nm.us or (505) 259-4314.
83.	Maybe I missed this, but will there be more train the trainer offered or ANE soon?	Yes, once the face to face training is revised.
84.	If the on-line refresher is not completed by 3/1/18 can an agency use their own internal training if the persons have taken the 6-hour training?	It is completed. ANE is available.
85.	Will certified trainers have to go back through the training when the new training is issued?	No, DDSD will send guidance out including areas that have been revised.
86.	Are BSC's required to complete the ANE Training and/or Illness and Injury Training?	Yes, please refer to Ch. 17.5.
87.	When will the Illness and Injury Training be available to complete?	It is available now at: The Indications of Illness and Injury can be accessed here: http://www.cdd.unm.edu/dhpd/programs/learnportal/courses/index.html.
88.	Is there clarification on the exploitation section of accepting individual art work birthday cards in the revised ANE module?	Please refer to the ANE training and ANE Reporting Guide.

	Questions	DDSD Responses
89.	Will DHI/QMB auditors be trained on the 6- month reporting date spans not always a full six months?	Yes.
90.	Do you RORA a doctor??? They don't have to give the DSP anything. This is an issue we face daily.	Submitting a RORI/RORA may assist the DDSD to do outreach in instances like this. DDSD and HSD work together to inform MCO's about DD Waiver program requirements. Please also contact CSB for any issues as needed, 505-841-2948.
91.	When will CM's have access to do GERS?	Case managers review GERs but do not complete GERs.
92.	This is a question under the training section on page 217 under #4 j. Introduction to Supporting Sexuality for Persons with I/DD if the person being supported has sexuality concerns. How will this be determined? Is it only required of the DSP if it is specified in the ISP or by the IDT?	For Crisis response staff (who are DSP designated & trained specifically to provide crisis services) this is a requirement.
93.	What is a Therapist's role pertaining to the GER and THERAP...do we fill it out? Example if someone falls while in our presence or during therapy what do we do?	Therapists (OT, PT, SLP) and BSCs do not have access to complete a General Events Report (GER) in Therap. If a fall or anther event occurs in the therapist/BSC's presence, they should promptly alert the agency about any event or incident that occurs. The Agency will complete the GER. Therapists/BSCs must call in a report to DHI if there is any concern about possible Abuse, Neglect or Exploitation (ANE) related to any incident.

	Questions	DDSD Responses
94.	Will there be a report on the Medicaid portal to show COE 096 dates? Or will we need to go in to check the dates for each person receiving supports?	At least once a month, the DD Waiver Case Management Agencies receive a report (called the 1915c Tracker) from the local Regional Office that shows the Category of Eligibility 096 (DD Waiver) for each individual served in the Region. The report shows which individuals have expired COE 096 and which individuals have COE 096 that will expire in the upcoming months. Provider Agencies can work with the respective Case Management Agency to determine if an individual has a current/active COE 096.
95.	During the Service Standards revisit it was stated that Director Releases relating to policies would be included in the Service Standards Manual. Is this still the plan?	Policies, procedures, director's releases and guidance have been incorporated in the revised standards as applicable.
96.	Just need to clarify: the DOH audit will not follow 2018 standards until 4/1/2018. So, if you are audited in March it will be under the 2012 standards correct? But starting in April depending on the date of ISP will be either 2012 or 2018 standards. Administrative requirements need to be implemented and followed for any audits in April of 2018.	Yes.

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97.	What does this mean in terms of reconciling document requests with DHI/IQR if we don't have to provide documentation in Therap?	The Provider can reference Therap and show the reviewer, as needed, that the documents are present in Therap. If documents are contained in modules of Therap that the provider purchased separately, the provider can give the reviewer access or print the document.
98.	On the matrix in the Service Delivery Site: CIHS CCS-CIE there is a 4. In the foot notes 4 states that "Documents to be maintained with DSP when providing services." it now sounds like staff will have to have this information indicated in this section while providing services out in the community. Am I reading this correctly?	Please see Ch. 20 and Client File Matrix revisions issued 2/26/18.
99.	We have been requested not to use the cbd oil for pain management can we use that now?	Cbd is not made from cannabis. It is an over the counter oil and can be treated as such.
100.	The IST that is required to be in the day program service site is this per the DSP supporting individuals or the IST as part of the ISP?	Not enough detail to answer this. Please see Ch. 20 and Client File Matrix revisions issued 2/26/18.

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101.	When will case manager and other providers have better access to Therap?	Case Managers who are having issues with Therap access should contact Kathy Baker, the DDSD Therap Administrator at (505) 841-5524.
102.	The Matrix does not seem to be consistent with the limited documents in 20.3 number 5.	The File Matrix is being revised.
103.	Are DSP required to carry hard copy of progress notes for the entire month with them while providing service? Those documents support agency billing- if it's the 30th of the month the DSP will carry days 1-29 into the community? for small group - the DSP will carry all those docs for multiple people?	No. DDSD revised the Client File Matrix, and it is reissued in the DD Waiver Service Standards issued on 2/26/18.
104.	Do we need to remove "preventative measures" from current MERP to reflect the new requirements? Do we implement these changes now or wait until the roll out date?	The MERPS can be re- written when a change is needed or when annual updates are made according to ISP term.
105.	What does PHI mean on page?	Protected Health Information.

	Questions	DDSD Responses
106.	We may not have enough time prior to every billing to verify COE 096 dates for 400-500 people. What will happen if we are unable to verify prior to billing?	You may not be reimbursed for services.
107.	How do we obtain the COE?	New Mexico Medicaid Web Portal or work with your Case Management Agencies who have access to the 1915 c Tracker, which is distributed at least once a month to Case Management Agencies. The 1915 c Tracker contains COE 096 information for each individual served in the Region.
108.	What is KPI again?	Key performance indicator.
109.	May QA and QI plans be combined?	The plan may be combined but the KPI's should be reported separately within the annual report.
110.	Do providers need to submit budgets for Jackson Class individuals? What about the accompanying documents; Awake Just sleep logs, etc?"	Providers are no longer going to be submitting budgets for JCM's. CM will submit budgets directly to Qualis.
111.	For revisions to ISPs sent in prior to 3-1-18, when we have to do a revision, we do it on the approved current one still, correct?	Yes, unless the enhancements on the most current version are needed. Specific instructions are provided on DDSD- DW Numbered Memo 03: Roll Out of Clinical Criteria V4, the OR Streamlining Plan: Clinical Review Frequency Schedule, Three Year Clinical Review Schedule by ISP Month and Budget Worksheet (V OR 2018 03-01).

	Questions	DDSD Responses
112.	Also for a budget submission that we have to submit before 2-15 for an ISP effective 4-16-18 in Supported Living, do we still submit the IIBS or staffing grid.	Yes.
113.	Can BSC's still bill for Mandatory Trainings under Jackson Class (previous Standards) after the transition in June 2018?	No.
114.	Are the rates different in new waiver for JCM than they are currently	Yes, some are. A revised rate table will be distributed.
115.	Since Semi-Annual Progress Reports are mandated and since there is a new Therapy Documentation Form that takes so much longer to complete will Therapists be able to start billing for this?	Not at this time. A rate study is planned in FY 19. Therapists are encouraged to participate in this upcoming Rate Study.
116.	What is the deadline for the new Injury and Illness training for current DSP's?	For all employees hired prior to March 1, 2018, there is a 90-day grace period until May 29, 2018 to come into compliance with: *Indications of Illness and Injury.*