Presentation of DD Waiver Standards effective March 1, 2018

Questions and Answers 2/20/18

	Questions	DDSD Responses
1.	Does this mean all BSC Plans must be reviewed for CCS, CIE and SL services	An HRC review of BSC plans is only required when plans contain the measures outlined in Ch 3.3.4.
2.	Is Handle with Care required if an emergency restraint need to happen?	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.
3.	More specifically if you provide all these services do you have to review the plans for each individual in each of these services?	Yes, if the plans contain measures in Ch. 3.3.4.
4.	Who has to be on a HRC?	Please refer to Ch 3.3 for HRC membership.
5.	Also, does there need to be a plan in place in the ISP in order to do an emergency restraint?	Please refer to Ch 3.4 3. EPR can be used when in a BCIP and use is approved by an HRC, and on the rare occasion when a person presents extreme, unique, unprecedented, and unpredicted behavior that potentially requires EPR for the person and/or other's safety.
6.	Do I understand correctly that if an individual who is employed, their employer needs to receive training on HRC?	No, only the HRC members need to receive the training. An employer does not need HRC training unless by coincidence the employer is an HRC member.
7.	Does the training for HRC also pertain to the community member not with DD Waiver	Yes, all HRC committee members must receive training on human rights, HRC requirements, and other pertinent topics prior to voting participation on the HRC. A committee member trained by the Bureau of Behavioral Support (BBS), may train other HRC members, with prior approval from BBS. See Ch 3.4.5.
8.	Sorry, who will conduct this training for community member?	See response above.

9.	Plenary Guardianship gives total rights. Does the guardianship rights cancel out the clients' rights can guardian limit choices, like not allowing them to go to certain stores	No. DD Waiver participants still have rights and should be involved in informed choice making as much as possible. Rights restrictions should go through an HRC review. DD Waiver participants still have rights. Rights restrictions should go through an HRC review.
10.	Holding a new order until the PRN psychotropic plan can be written can put the nurse in trouble. According to the Adult Nursing they can hold an order while contacting the prescriber by next business day to let them know it is being held. So, they need to contact the prescriber and let them know they can't implement the order until plan is written so the nurse doesn't get in trouble for not implementing the order.	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.
11.	How does a provider get help when an SLP will not train in a timely manner or breaks the CARMP training over a month - this is very difficult for providers?	Contact the Regional Office using the RORI/RORA process described in Ch. 19.6.

12.	What is the timeline for a BSC to write the PRN Psychotropic plan?	There is not an established timeline in the Standards. It should be developed immediately upon the order being given by the practitioner. 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. Also, see response to #11.
13.	Do the revised standards specify a revision process for the CARMP? The current process is really hit or miss.	Yes, please refer to Ch. 5.5.6.2.
14.	When CCSI is the only service being provided by a company is that when the main file for the ANS has all the requirements? per the 5.1 slide referring to chapter 20	The Client File Matrix has been modified to provide clarification. Please see 2/26/18 issue of the DD Waiver Standards.
15.	What should we do as a team when the guardian does not inform the team about a life changing event such as a parent's death and you're not notified till well over the 10 days?	You can only react to what you know. You will want to meet as soon as possible after you are notified. Continue to work with the guardian and advocate on behalf of the individual in services. Depending on the circumstances there are more formal mechanisms in place to address guardianship responsibilities. For more information, please refer to---_NM Guardianship Association: www.nmguardianassoc.org and Developmental Disabilities Planning Council/ Office of Guardianship 505-841-4519, 625 Silver Ave SW #100 Albuquerque, NM 87102 http://www.nmddpc.com/guardianship_program.
16.	You mentioned that JCM will roll out to new service standards according to ISP year. Does this mean they will no longer have quarterly reporting and will now have semi-annual reporting like non JAX?	Yes.

17.	If a JCM has an annual ISP budget in April 2018, do they start the new standards then or 6/01/18? If their annual budget is in September 2018, do they start 06/01/18? The instructions are confusing.	JCMs start the new Standards when their ISP starts, beginning with ISP start dates on or after 6/1/2018. April 2018 ISPs are still in the 2007 /old process.
18.	Will the rate for Jackson class Family Living, have a different rate? For the additional sub care hours	Yes, the rate includes 1000 hours of substitute care.
19.	Home Studies - there had been requests made to make this document a standardized document by the State, what is the status of this?	DDSD has not made changes to the home study requirements at this time, but is aware of the need for more direction.
20.	Will new rates be released for the different supports level	The Rate Table is published by HSD and will be released on or around 3/1/2018. Rates are preloaded into the BWS as well.
21.	Lease or legally enforceable agreement required - If a person is in CIHS w/ Family and choose not to have a lease with their family, and they are their own guardian, is this still required?	Depending on the circumstances of the individual and agreements with the family, a lease may not be required. However, if the family is being paid to provider waiver services and the individual is paying rent, the individual has a right to a legally enforceable lease.
22.	So IMLS isn't being folded into category 4?	No. IMLS remains a separate service and is available for people with more intense needs that those in SL Category 4.

23.	For ISP's that are rolling over in May, annual paperwork is due now. For people receiving IIBS service currently do we continue doing IIBS packets or do we need to switch to the category 4 clinical criteria documents?	SL- IIBS will not be approved after 3/1/2018. Clinical Criteria V4 and the BWS v 2018-03-01 will need to be used to access Supported Living Category 4 as an alternative to IIBS-SL.
24.	SL 4 replaces IMLS for medical reasons? No longer an IMLS on the new budget worksheet?	No. IMLS remains a separate service and is available for people with more intense needs that those in SL Category 4.
25.	Similarly, if the guardian refuses to sign the lease are we still responsible to have one	In unusual circumstances as these, please reach out to the Regional Office for assistance using the RORI/RORA process.
26.	Can individuals who have been accessing CIHS and respite, who live with their family members who are paid, are they no longer allowed to receive this?	Family members can be paid for CIHS, but if they are paid respite is not available.
27.	is there going to be funding in outlier for additional staffing for clients that require a secondary staff?	2:1 staffing is not expressly required or funded. Reimbursement rates in SL and Group services are intended to allow flexibility in staffing patterns based on an individual's level of need. Crisis Supports may be considered in extenuating, short term circumstances.
28.	For employment - Who is responsible for having the benefits discussion? Are they trained on how to do so?	Employment Providers Agencies can assist with providing this information. If they do not have enough knowledge to have this discussion, community resources such as the Division of Vocational Rehabilitation and/or the local Social Security office can. Additionally, Partners for Employment through the UNM/CDD offers training on this topic.
29.	how are the employment pieces expected to be covered adequately if the ISP has not been changed?	Documenting Employment First in the ISP can be completed by ISP year. Please refer to DDSD -DDW Numbered Memo 2018-05: DD Waiver Service Standards with Transition Period for Compliance.

30.	What kind of funding is available for the agency to support the individual in Discovery, trial work opportunity, and volunteering? How do we bill it?	These processes are included in the reimbursement rate and scope of CCS and CIE services.
31.	Currently for JCM provider completes MAD046, who will complete the budget worksheet with new standards?	The CM will receive instructions, complete a BWS designated for JCMs and submit to the TPA Qualis using the Qualis portal (JIVA).
32.	Going back to LCA budgets, how does a provider get 2:1 staffing for individuals that really need it and can be justified?	2:1 staffing is not expressly required or funded. Reimbursement rates in SL and Group services are intended to allow flexibility in staffing patterns based on an individual's level of need. Crisis Supports may be considered in extenuating, short term circumstances.
33.	What if a person or team does not want to work with the local DVR?	It is a federal requirement to access Vocational Rehabilitation before DD Waiver funding.
34.	Can DDW $ be used while a person is in the application process for DVR and does not want to wait for this to be approved?	If someone currently has CIE services on their budget, they can continue to bill for services until a DVR case is opened.
35.	Also, if we are a current CIE provider, do we have to reapply or requalify after March 1, 2018?	No. The status of the current DDSD Provider Agreement will not change based on the release of the new standards.
36.	Who is responsible for setting up DVR, the agency providing the CIE or the case manager?	The CM together with the individual and guardian, if applicable, is responsible. Other IDT members may also have a supportive role depending on circumstances.

37.	Agencies that are currently using DD Waiver funding for job development and has an open case with DVR, using DVR for other services. Does the agency stop using the DD Waiver and get back to the milestones with DVR?	Yes. It is a federal requirement to access Vocational Rehabilitation for DVR core services before using DD Waiver funding. Job development is a core service for DVR. Using DVR's milestone rate payment is not a requirement. DVR vendors can negotiate their funding structure with DVR on a case-by-case basis.
38.	With regard to CCS services - is volunteering considered prevocational?	Volunteering should be billed under CCS services.
39.	Similar to last question- What about if we are already providing CIE services to a DD waiver participant in job development, who does NOT have a DVR case open. Will we be required to encourage them to open the case after March 1, 2018?	Yes.
40.	Does an agency have to fill out the Provider Application if they are already a CIE provider prior to March 1, 2018?	No. The status current DDSD Provider Agreement will not change based on the release of the new standards.
41.	If a person is working (so an earlier DVR case has been closed out) but also in job development, do they have to reopen the case with DVR to restart job development (and is it even an option if they don't have to?)	The agency can continue to bill the DD Waiver for the on-the-job supports that the person is currently receiving. The team should support the person to reopen the case with DVR for job development.
42.	Is there anything stating that a CIE agency must assist a client with DVR process?	No.

43.	Does DVR pay the CIE agency for job development?	Yes, when the CIE agency also has an agreement with DVR to provide services.
44.	Can a PT provider also provide OT services in place of having an OT on the team?	PTs and OTs must practice within their license and their personal professional areas of expertise. Sometimes there is crossover in these disciplines that is allowable if the professional is practicing within his/her license and has the professional competence in the particular practice area.
45.	Will budgets for Jacksons that start in March reflect the new therapy codes?	No. The codes will be available starting with annual budgets on or after 6/1/2018.
46.	Does the nutritional counseling have to be done in person?	Yes, with the exception of elements of the scope of service where face to face contact is not necessary, such as completing written reports and consultation, which can be completed by phone.
47.	does the nutritional component 4x a year for a CARMP that is for REB-only?	REB stands for Risky Eating Behavior and is addressed typically through BSC. A BSC is required when there is REB. There may be the need for nutritional services on a REB-only CARMP if the person has specific nutritional needs.
48.	Does the nutritionist need to do the quarterly visits in person, or can they be done by phone?	In person. A visit is typically considered an in person visit. Please refer to “visit” and “monitoring visit” in the Master List of definitions 03-01-18.
49.	Does the decision for a therapy ultimately come down to whether the guardian says yes or no?	If the guardian has authority to make treatment decisions for the person in services, the answer is yes. However, if therapy is recommended and the guardian does not want to follow the recommendation, the CM implements the Decision Consultation Process to assist with informed consent. The Decision Consultation Process is always used for health issues.
50.	Does the nutritional assessment, when the assessment is paid through a residential agency, have to be submitted 2 weeks in advance of the annual ISP meeting date?	Yes.

51.	Do we still do a Therapy Needs Identification Form if a Therapy is lacking in conjunction with a RORA?	Please submit both the RORI/RORA and the Therapy Needs Assessment form. The forms serve two different purposes. The RORI/RORA notifies DDSD about the need. The Therapy Needs Assessment form provides details about the person so Clinical Services can best support the person and the team.
52.	Are Dieticians required if the Individual has a CARMP?	Nutritional Counseling is provided based on individual need. Registered Dieticians (RD) have specific requirements if on an IDT for an individual with a CARMP. The IDT should carefully consider and recommend RD/Nutritional Counseling when appropriate. There are some indicators for nutritional counseling that tend to also be indicators for aspiration risk such as use of a G tube. A dietician or nutritionist is needed if the person has a tube feeding and will have a CARMP. Please attend the ARM training for more information. The training is held regionally. Register at: http://trainnewmexico.com/.
53.	If the family living provider and team does not want nutritional counseling, is it required?	Anyone with a tube feeding, weight loss or gain, disorders such as diabetes, or kidney or heart disease will benefit from nutritional services. If the guardian is uncertain about the benefits of this support, please use the Decision Consultation Process.
54.	Would the team do a DCF or TJC for nutritional not wanting to be used?	The team would do a Decision Consultation Form if nutritional counseling is recommended and the individual/guardian decides not to follow the recommendation. The Decision Consultation process is used for health issues. The Team Justification process is only used for non-health issues.
55.	Does a team meeting with a nutritionist count towards the hours that are bundled into SL services?	Yes, FL, SL and IMLS all have hours for dietary/nutritional services bundled into the rate.
56.	So, whose plans take precedent when hospice is taking place in a supported living house with an agency nurse providing oversight of agency staff?	When hospice or palliative care is also provided in Supported Living, Family Living or IMLS, both hospice and DD Waiver Provider Agencies must have plans in place. Nurses from DD Waiver agencies and the Hospice provider must collaborate and communicate. DD Waiver agencies must modify all HCPs and MERPs to reflect the person's current orders, condition, health needs and end of life plans made by the person/health decision maker/guardian. (See Ch 13.2.2 #4). Also refer to DDSD Clinical Services Bureau https://nmhealth.org/about/ddsd/pgsv/clinical/ and UNM Continuum of Care https://coc.unm.edu/ for more resource information.

57	What is the frequency of nursing visits for non-JCMs?	Please see Ch 13.2.13 for the minimum face-to-face home visit schedule based on the person's e-CHAT acuity level that is required in all service settings except in IMLS and for JCMs: Low acuity – at least annually; Moderate acuity– at least semi-annually; High Acuity – at least once per quarter; and High Aspiration Risk – at least monthly.
58.	Is sharing of the e chat summary sufficient between Supported Living company and day habilitation, or employment companies	Sharing the entire e CHAT is preferable since people may have different needs in different settings. Nurses must communicate and collaborate. When two separate agency nurses provide services, the hierarchy of responsibilities described in Ch 13.2.5 should be followed. Note that the nurses must create plans that are pertinent to their settings.
59.	To clarify: on-call nurses can make an on-site visit within 60 minutes and still meet the new standard?	Yes, if a visit is the preferred intervention (over an Emergency Room visit) based on prudent nursing practice.
60.	Does the system now allow for documents to be posted by Residential Agencies in Therap for ease of access by non-residential agency personnel (CCS, etc.)?	Team members can request access to the primary agency, but it is up to the primary agency as to whether they want to grant that access. Any information that linked accounts cannot view can be provided via S-Comm between the team members.
61.	Once Environmental Modification is approved, how long does the contractor have to repair? I was told by the only provider on the SFOC that he has one year to make the repair, due to semi-ritement (sp)?	As per page 191, Chapter 14, Section 19.c, the EMSP must complete all modifications within six weeks of the approved budget. A waiver to this time-line must be sought from the Regional Office if extraordinary circumstances prevent the EMSP from meeting this requirement.

62.	Personal Support Technology... PST... What does this include? Example?	Please see Ch 14.2.1 1. installation of electronic devices and education in the use of the devices; 2. rental of electronic device; 3. maintenance for the electronic device; 4. warranty fees; 5. subscription costs which may include a customized response plan, maintenance costs, remote call center staff response, monitoring fees and some education/training costs; 6. daily monitoring; and 7. provision of assistance in response to events identified through monitoring, unless a natural support has been pre-arranged to provide response.
63.	Inclusive means Less the 15% Fee correct? $5,000.00-$750.00=$4250.00? What if Environmental Modification needs to be repaired if money is all gone?	Yes, this is the correct interpretation of inclusive. The Environmental Modification must stay within $5000/5 years. This is written into the DD Waiver approved by CMS. The EMSP must provide a minimum of a one-year written warranty of the work completed, including both materials and labor, to the person, guardian, homeowner or other family members, and to the case manager.
64.	Does the supplemental dental need to be submitted for their budget?	Yes. Supplemental Dental must be submitted on the budget and for clinical review at the initial request and every three years thereafter according to the OR Streamline Plan: Frequency of Clinical Review Schedule.
65.	Can a person use the non-med transport if they have CCS-I/CCSG?	Yes.
66.	Does the CM or Service Coordinator add it the dental to the budget?	The case manager prepares the budget for submission. Clinical documentation must be provided by the IDT/applicable provider.
67.	re the classes, do we need a verification form from ddsd authorizing?	A Verification of Eligibility form is no longer necessary for Socialization and Sexuality Education Friends and Relationships Course because there is no longer a lifetime limit on the classes.
68.	does the qi report we send in on Feb cover the KPI you are now requiring?	The KPI must be covered in the report submitted on February 15, 2019.

69.	RE Provider/Case Manager on the DDW... cannot be Guardian or Power of Atty for the same Individual... or ANY Individual?	The clarification is: for the same individual.
70.	for a different individual?	The clarification is: for the same individual.
71.	Can you be a guardian of an individual and a SC for the agency the individual resides in?	No.
72.	Can a case manager be a guardian for someone who is being served by their agency?	No.
73.	Will the online classes be able to run as a group class	The classes on Illness and Injury must be completed on an individual basis at this time.
74.	A new FLP has the 30 days to get the class, but they are already living with the participant	Please refer to Ch 17.1 and see the added language issued 2/26/18: The requirement for a Family Living provider to take any training prior to working alone with a person receiving services is waived if the person receiving services is already living in the household when services are to begin. The requirement to take the training within thirty days remains.
75.	You cannot provide a training if they are not contracted?	Insufficient information to answer this question.
76.	Do we still need to be in control of our own data on the DD Waiver training database?	Yes.
77.	So, are you saying that they will need to have the classes prior to signing their contract?	Please refer to Ch 17.1 and see the added language issued 2/26/18: The requirement for a Family Living provider to take any training prior to working alone with a person receiving services is waived if the person receiving services is already living in the household when services are to begin. The requirement to take the training within thirty days remains.

78.	Is the illness and injury training already available?	Yes.
79.	Is the illness and injury class broken up into sections or is it a full 6 hours all the way through?	It is broken into sections.
80.	Do current DSPs need to take this? If so what is the deadline?	Please refer to DDSD- DDW Numbered Memo 05 for transition period to come into compliance with this training.
81.	When will they have train the trainers for illness and injury training?	There are no Train the Trainers. This is an online training.
82.	When will ANE Online Refresher be posted?	March 1, 2018. It can be at: http://www.cdd.unm.edu/dhpd/programs/learnportal/courses/index.html.
83.	Is the ARM training for CM's a new requirement?	Yes. However, the training is not new and if a CM has taken it already, that Case manager has met the requirement.
84.	For the illness and injury training there was a face to face training?	No. The training is online.
85.	Is the illness and injury course a onetime only class or does it need to be re-certified?	One time.
86.	If DSP have been renewed face-to-face, do they still have to complete the Online Refresher?	For the ANE training, if DSP have recently taken the annual face to face training, this can count as the online refresher until it is made available.
87.	How often does a CM have to attend ARM training?	Once but CMs and all other staff are welcome to attend a refresher at any time.
88.	how often do we need to take ANE?	Once with annual refresher course.
89.	If more than a year has transpired since face to face ANE course (DHI 2017 version), will the Online Refresher be sufficient?	DDSD will issue a Numbered Memo with clarifications that will respond to this question. Look for DDSD -DDW numbered Memo 2018-07.

90.	Is *If DSP have been recertified for ANE face-to-face, do they still have to complete the Online Refresher when it becomes available?	Yes annually, thereafter. If you were recertified/refreshed using the Annual Face to Face training, then that recertification will be used as the refresher and you will be current for another year.
91.	Could you clarify whether the illness and injury training is a separate training from the ANE?	Yes, it is.
92.	What is the deadline for having all DSPs trained in the illness and injury course? Is this March 1st?	No. 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.* DDSD- DDW Numbered Memo 05 here: https://nmhealth.org/about/ddsd/pgsv/ddw/.
93.	Can annual ANE training be face to face?	You must use the online annual refresher.
94.	If a JCM's new ISP starts in May 2018, does that mean quarterly reports will be required until May 2019 when Semi-Annual Reports will then be required?	Yes, that is correct, quarterly reports will be required until May 2019. Beginning with the May 2019 ISP start date, semi-annual reports would then be required. During the transition year, for the purpose of the QMB surveys, we will accept quarterlies or semi-annual reports for JCMs, as long as the required progress reports cover the Individual's ISP year (i.e. 1st day of ISP through 14-days prior to the ISP meeting date). QMB will not be prescriptive on the type of report as long as it covers the ISP time frames for this transition year.
95.	If a Jackson Class ISP was done in Jan. 2018 under the old standards and then in May 2018 there is a significant life change that causes the ISP to be revised does that need to be converted to the new standards and switch reporting requirements at that time to semi-annual and annual?	No, if the ISP is revised in May of 2018, the 2007 Standards still apply including completion of quarterly reports. The Jackson Class Member won't be under the new 2018 Standards until their ISP start date (in this case) of January 2019. Again, as we work through this transition period with JCM's QMB will work with agencies with regards to requirements. See response above.
96.	Who trains CM's on how to fill out the GER?	Please use the training on the Therap website, contact Kathy Baker kathy.baker@state.nm.us for any training needed.

97.	How are therapists made aware or advised of GER incidents with our clients? Example a fall, etc? Can we get a notification??? It would be nice to know if something happens to our clients right away? please advise.	Since therapists are not required to use Therap or have access to GER in Therap, this information must be provided through the team process just like any other important information sharing occurs. If an IDT meeting is being considered or planned due to a trend in GER, (such as falls or illness) the therapists should be included in the invitation.
98.	Where can I find the GER reporting requirements for CIE agencies?	Refer to Appendix B of the DD Waiver Service Standards issued 2/26/18.
99.	Can Therapists fill out a GER?	No. Completing GER is not applicable to therapists.
100.	So, for a fall, we therapists need to call DHI and do GER?	Therapists are responsible for following Abuse Neglect and Exploitation reporting requirements. GER is not applicable to therapists. If the therapist is working with a person and they fall, they should inform the Agency, so they can submit the GER.
101.	Where do I find appendix B?	Appendix B is contained within the Standards document.
102.	Do therapist take the annual ANE refresher each year?	Yes.
103.	Where can we take free ANE training?	Register through http://trainnewmexico.com/.
104.	If a client is with an unpaid support and experiences a GER event, is the SL agency required to report?	No. GER is required during service delivery.
105.	Do therapists have to use SCOMM? Is it a requirement?	CSB strongly encourages Therapists to use SCOMM and it is helpful to open an Scomm account by contacting the Therap Lead, Kathy Baker at Kathy.baker@state.nm.us.
106.	On the MAR is it required to have the following: the diagnosis of why the med is given, the brand name or just the generic?	The MAR requirements are listed in detail in Ch 20.6.

107.	If the individual is their own guardian, and they are in SL and go out and buy a supplement, can they take without an order?	It is difficult to answer since the word “supplement” can be used to describe over the counter medications (OTC), vitamins, herbs or protein shakes. In Supported Living, agencies must comply with the Board of Pharmacy rules. The PCP should be notified, and an order obtained. These should be placed on the MAR. Having all medications and supplements on the MAR helps physicians and specialists since many vitamins, herbs and OTC medications can interact with prescription medications or cause side effects.
108.	Does the MAR have to have a specific time the medication is to be given or is ok to say "noon" "bedtime" or "before meal”?	Many orders are written with a specific time and that time should be entered into the MAR. For those that are not, agencies should refer to their Pharmacy Policy manual which is created in partnership with their Pharmacy consultant. That manual should contain that agency’s established standard times used for bedtime and before meal. This is important since AWMD trained staff have one hour before to one hour after the time to assist the person with the medication.
109.	Can Scomm be forwarded to State emails if there is no PHI?	SCOMM is a secure email system. Most DDSD staff have an Scomm account. You can include DDSD staff on an Scomm. Scomm settings also allow for alerts to be pushed to state emails.
110.	Do all over the counter medications / PRNs have to be listed on the MAR?	Yes.
111.	if the prescriber does not give a 24-hour amount for limit/dosage and we cannot get that information within the days required for implementing a prescription would that then result in a decision consultation form to be done?	PRN orders typically have a limit for dosages in a 24-hour period. The ordering PCP should be contacted asap for clarification, but the medication can still be given, since the prescribed frequency implies a maximum dosage. If this is a prescription PRN, the pharmacy can get that clarification. Since the nurse must be called before assisting with any PRN, (except for specific emergency drugs) the nurse will be aware of the use. Efforts to clarify the order must be documented.

112.	Will CMs be given access to the E-chat, MAAT, ARST and MAR? This is not available at this time.	Medication Administration Record (MAR): Therap is working on making the MAR available to the case managers. Until that time the forms are required by provider type in print or scanned form according to Appendix A: Client File Matrix. Aspiration Risk Screening Tool (ARST) and Medication Administration Assessment Tool (MAAT): Therap is working on making these two custom forms available by attaching them to the e-CHAT. Until that occurs, the forms are required by provider type in print or scanned form according to Appendix A: Client File Matrix.
113.	if they refuse to add to the MAR, can they still take it?	Insufficient information to answer this question.
114.	Do you need to have a physician order for over the counter meds or can I just go out and by it and give it to the person I serve?	Please follow MAR requirements detailed in Ch. 20.6. See response #112.
115.	Will there be a separate budget for JCM?	Yes. JCMs will have a separate budget worksheet titled BWS C-JCM 2018-03-01.
116.	If we are required to use GER, do I have to also have an internal incident policy?	The DD Waiver Service Standards do not contain Provider Agency requirements for specific policies. However, the Provider Application does require the agency to have an internal incident management policy and procedure to assure agency compliance with NMAC Incident Reporting requirements.
117.	Do medications in a home have to be double locked?	Please refer to Ch. 16.5. All DD Waiver Provider Agencies with service settings where medication administration/assistance to two or more unrelated individuals occurs must be licensed by the Board of Pharmacy and must follow all Board of Pharmacy regulations related to medication delivery. These agencies are required to have Pharmacy Policy manuals.
118.	Is any monitoring allowed within SL for medical marijuana?	DDSD does not have requirements in the DD Waiver Service Standards around the use of medical marijuana.
119.	Does the Health Passport have to be signed and dated to be valid?	When the Health Passport is printed, it has an electronic signature and date. An additional hand-written signature is not needed.

120.	Is DHI aware of all the changes to the standards and when will they start auditing agencies on the requirements?	Yes. DHI will start with new survey tools on April 1, 2018. Some requirements applicable to individuals in service will have a transition period by individual ISP year.
121.	Why is it that not all CM are on SCOMM?	The case manager needs to talk to their case management agency Therap administrator and get on Scomm. It is required for case managers.
122.	What documents are required to be printed from Therap for provider files? Particularly in FL & SL residences?	Please see revised Ch. 20 and Client File Matrix issued 2/26/2018.
123.	Is it ok for a CCS provider to bill for transporting someone home or to a medical appointment?	Yes, as applicable to the person, the scope of service, and the ISP.
124.	Is there CCS IIBS in the new standards?	Yes.
125.	As a provider doing billing, the current set up in the Portal does not allow a provider to bill for half a unit. Will the system in the portal be adjusted or how does the provider bill for half a unit?	This is under review by the Human Services Department.
126.	To clarify: for annual renewal packets being submitted before March 31 we should continue using the IIBS justification. Then after the 31st of March SL will switch to the category 4 justification?	Yes, but the date is March 1, 2018 not March 31, 2018.

127.	So, if we have a QMB audit next week that will be on old standards? If so, as an agency we are implementing new standards, so not all requirements are the same - how will this occur?	If an agency has been in compliance with DD Waiver Standards and DDSD Policy and Procedures and DDSD Director's Releases, Memos and Instruction, that agency will be in compliance with the new Standards for the most part already. There is a grace period to come into compliance with any substantially new/changed requirements. This is described in DDSD -DDW Numbered Memo 05. Please refer to: https://nmhealth.org/about/ddsd/pgsv/ddw/ QMB also offers training on expectations.
128.	Are annual re-evaluation therapy reports billable?	Yes.
129.	A nurse asked me how they will request units without the ANSPAR.	The 2018 Ongoing Adult Nursing Parameter Tool is being updated and will be made available shortly. Nurses may use the existing 2012 version and let the case manager know the number of hours they are requesting. Per the Clinical Criteria, the nurse will attach needed supporting documentation to justify the request.
130.	There is now the IQR or old CPR reviewing, what will they be auditing on?	Please refer to: http://jacksoncommunityreview.org/index_files/Page842.htm for details of the 2018 Individual Quality Review.
131.	Are Jackson Class Member IDTs allowed to use the decision consultation forms?	Yes. Decision Consultation process assures informed health decision making for everyone.
132.	will a new SFOC need to be signed for JCM's for categories that are on the budget?	Rate categories do not need a new SFOC, rather a change in service provider and/or service type does.
133.	Did you say ANSPARs will be discontinued? If so, when will they be discontinued?	Effective March 1, 2018. See above.

134.	Why do Jackson Class Members (JCM) receive a higher reimbursement rate than Non-Jackson?	Under Paragraph 39 of the Joint Stipulation on Disengagement (1997): " Defendants will not substantially reduce services to class members unless such reduction is consistent with professional judgment and is in accordance with the regulations of the Department on Individual Service Plans." In some areas, the 2007 rates/ services did not translate exactly. In order to comply with Paragraph 39 of the JSD, DDSD had to work with the rates to meet the same level of service provided in the 2007 standards. This occurs in Family Living and CCS – Group Jackson only in order to preserve the same level of service previously approved for each JCM.
135.	Are the 2018 billing codes already available? If so, where can we find them?	The billing codes are loaded into the BWS V2018-03-01. There are no changes to rates with the exception of the additional rate for Supported Living Category 4. HSD publishes the rate table, also called the fee schedule. Please check here: http://www.hsd.state.nm.us/providers/fee-schedules.aspx.
136.	Will clients under the age of 18 be on the new Standards and waiver rules?	Yes.
137.	With non JCM, all ISP's are on new budget, under new standards. Same for JCM and their new budget, or wait until their ISP start date regardless of when it is?	JCM's roll into the new Standards by ISP date starting with ISPs on or after 6/1/2018. Otherwise, the Standards are effective March 1, 2018 for all individuals in the system. DDSD- DDW Numbered Memo 05 describes grace period for compliance with specified standards. Please refer to: https://nmhealth.org/about/ddsd/pgsv/ddw/.
138.	This could have been addressed but I just want some clarification. What will be the KPI's for the 2018 QA/QI Reports? If you don't know yet, when will we know?	A memo was issued March 5, 2016 DDSD_ DDW Numbered Memo 06 with the KPI. Please refer to: https://nmhealth.org/about/ddsd/pgsv/ddw/.

139.	Do the reporting requirements for IIBS go by the Batch schedule as well, or is IIBS discontinued completely as of March 1st?	Supported Living -IIBS will no longer be approved as a new service or for additional units after March 1, 2018. Individuals with previously approved IIBS can ride out the ISP year using the approved units.
140.	If the Division is considering having all therapists receive incentivized rates for JCM's, will the Division consider incentivized rates for Case managers for JCM?	The CM rate of reimbursement will be reviewed during the Rate Study planned to be completed in FY 19.
141.	Is the incentive rate for all therapist only for Jackson or for all clients?	Incentive and Standard rates will be applied by county of residence of the individual for both JCMs and non-JCMs. This decision was made after the webinars.
142.	In Appendix A in the ""Service Delivery Site"" it says that these documents are to be maintained with the DSP when providing services. Does this really include all activities in the community? The number of documents listed in his column is ...quite large.	The Client File Matrix has been updated and reissued 2/26/18. DSP are not expected to carry large amounts of paperwork with them into the community.

143.	In chapter 21 Item 21.9.1 it states, "if 12 or fewer hours of service are provided, then one half unit shall be billed." This means that 1/2 unit should be able to be billed for Supported Living if you have someone in services with you for 12 hours or less. This contradicts what was previously discussed. The system does not allow for billing of 1/2 unit for supported living.	This is under review by the Human Service Department.
144.	Why are we discontinuing the ANSPAR?	It is part of the decision to streamline the OR process. The SPARS have been a frequent source of RFI's. Streamlined tools for requesting nursing hours have been developed.
145.	This is a question regarding Employment settings. On 11.5 "Settings requirements for residential settings, it says employment may not be provided in an agency operated building. I thought that i had heard it said that this was being taken out?	Revisions have been made and are included in the 2/26/18 issue of the DD Waiver Service Standards.
146.	Will all SPARs go away? Or only for Supported Living? What about SL Individuals with CCS... or all Services?	SPARS are related to therapies, nursing and BSC. They are all discontinued.
147.	the staffing grid does not allow 2 on the grid even with IDT agreement	The staffing grid is discontinued.
148.	This means that there will be no funding for a second staff on the clients that require it?	2:1 staffing is not expressly required or funded. Reimbursement rates in SL and Group services are intended to allow flexibility in staffing patterns based on an individual's level of need. Crisis Supports may be considered in extenuating, short term circumstances.

149.	So, a hospital-stay of 3 midnights or more does not require a discharge LOC for any DD Waiver recipient?	No.
150.	What if there is an outstanding budget for an increase in IIBS that still has not been resolved, and will not be by March 1st, does this mean that increase will not occur?	Any budget already submitted and in the que with IIBS-SL will be processed to completion.
151.	When do you expect Q and A to be published?	By the end of March 2018.
152.	What is the new process for getting a BSC or therapy initial evaluation?	Please refer to the DDW Presentation of Outside Review Frequency of Clinical Reviews February 15, 2018 posted here: https://nmhealth.org/about/ddsd/train/ddwtr/.