PROVIDER APPLICATION

NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS
DIVISION

Provider Enrollment Unit

SUPPORTS WAIVER (SW)

P. O. Box 2611
Santa Fe, New Mexico 87502-0110
OR
1190 S. St. Francis Drive, Suite S1203
Santa Fe, New Mexico 87505

Effective Date November 1, 2022
Revised February 2, 2024

Department of Health, Cabinet Secretary
Patrick M. Allen
Dear DDSD Provider Applicant:

This provider application packet and the attached forms contain the necessary information needed to apply to become a provider for the Supports Waiver (SW) Medicaid Waiver Program.

All Medicaid Waiver Programs shall be subject to all New Mexico Human Services Department, Medical Assistance Division and Department of Health (DOH) regulations governing Medicaid Waiver Services. In addition, all Provider Agreements awarded shall be subject to the Developmental Disabilities (DD), MF and Supports Waiver Service Standards and other general provider requirements of the DOH.

For assistance in completing the application, please contact Tammy M. Barth at (505) 469-8480 or via email at Tammy.Barth@doh.state.gov.

Sincerely,

Dr. Jose Acosta
Dr. José Acosta, Director
Department of Health
Developmental Disabilities Supports Division
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I. OVERVIEW OF THE SUPPORTS WAIVER (SW) MEDICAID PROGRAM

A. Overview of Waiver Program and Waiver Background Information

The Developmental Disabilities Supports Division (DDSD) of the New Mexico Department of Health (DOH) herein referred to as the DEPARTMENT administers provider enrollment for the Medicaid Supports Waiver. All waiver programs are jointly administered with the New Mexico Human Services Department (HSD) - the single state Medicaid Agency. Recipients of Medicaid Waiver services must meet both financial and medical eligibility as determined by the Human Services Department (HSD), Income Support Division (ISD) in accordance with Medicaid Waiver Regulations.

The DEPARTMENT has the authority to approve individual program services based upon budgetary considerations and availability of approved waiver enrollment slots. The DEPARTMENT also has the authority to approve the area(s) and specific service(s) for authorized and approved waiver service providers. Medicaid Waiver services are not an “entitlement” for eligible Medicaid recipients.

Funding is not guaranteed to a provider under the Medicaid Waiver Program. Reimbursement for service(s) is based upon the recipient’s selection of approved service providers as contained in an Individual Service Plan (ISP) and as approved by the DDSD and/or the Medicaid Third Party Assessor. Reimbursement for Medicaid Waiver Programs is based upon a Fee for Service. Reimbursement is at the established service reimbursement rates as shown in the Billing Rates Appendix 1.

B. Conflict of Interest

All DDSD Waiver Provider Agencies must avoid and mitigate any conflict-of-interest issues. This applies to the DD, MF and Supports Waiver providers. See NMSA 1978, § 45-5-311(A) (Uniform Probate Code). Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement.

A Case Management or Community Supports Consultant Provider Agency may not be a Provider Agency for any other Waiver services. A Case Management or Community Supports Consultant Provider Agency may not provide guardianship services to an individual receiving case management services from that same agency. Case Managers and Community Supports Consultants are not able to serve on the board of a provider agency.

Affiliated agencies are defined as two or more service agencies providing DD, MF or Supports Waiver services that has a marital, blood, business interests or holds financial interest in providing direct care for individuals receiving Home and Community Based Services (HCBS). Affiliated agencies must not hold a business or financial interest in any entity that is paid to provide direct care for any individuals receiving HCBS services to prevent solicitation of services.
C. Supports Waiver (SW) Summary

The Supports Waiver (SW), New Mexico’s newest Home and Community Based Services (HCBS) Waiver offering an alternative to institutionalization in an ICF/IID. The program is intended to provide an option for support to individuals who are on the Developmental Disabilities (DD) Waiver Wait List waiting for an allocation to the DD/Mi Via Waivers. Individuals will keep their place on the DD Waiver Wait List, for the DD Waiver or the Mi Via Waiver, while they access the SW. The program serves individuals who:

a) Meet the state/federal definition of developmental disabilities.
b) Meet the clinical criteria for placement in an ICF/IID facility.
c) May currently be in an alternative placement in the community.
d) Meet established Medicaid financial and non-financial eligibility criteria; and
e) May reasonably be expected to receive services and support in the community at a cost equal to or less than the cost of institutional care. (Note: Exceptions may be made to this if the aggregate cost of care for all consumers receiving service and support under the DD Medicaid Waiver program is less than the cost of institutional care.)
f) Have intellectual/developmental disabilities or a specific related condition.

Please note: Children in pend status are not on the DD Waiver Wait List and therefore, will not be offered the SW.
II. INSTRUCTIONS AND REQUIREMENTS

A. Application Requirements

Submit applications to DDSD with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances DDSD may request additional information from the applicant, which must be submitted within timelines determined by DDSD.

B. Where to Submit

DOH / DDSD / Provider Enrollment Unit (PEU)

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 26110</td>
<td>1190 S. St. Francis Drive, Suite S1203</td>
</tr>
<tr>
<td>Santa Fe, New Mexico 87502-0110</td>
<td>Santa Fe, New Mexico 87505</td>
</tr>
</tbody>
</table>

C. Application Format

Applications that do not conform to the required outline described in all sections may be returned.

1. It is the applicant’s responsibility to ensure that all pages are numbered, and appropriate documents are included.
2. Submit only single-sided copies.
3. Do not staple, bind, or put your application in a three-ring binder. Instead, use paper clips, binder clips and/or rubber bands.
   a. Policies, procedures and/or authoritative documents should cover aspects detailed in scoring criteria. Scoring criteria, applicable NMAC and service standards are listed under each scored policy in red. Responses cannot be a cut and paste from criteria or service standards. A thoughtful authoritative document is required.
   b. Use separate pages for each authoritative document and section.
   c. Number pages.

D. DDSD Required Application Forms

DDSD requires that the applicant submit forms and documentation as outlined below. Certain forms must be signed and dated by the applicant.

1. Provider Information Sheet: This form must be used as a cover page when the application is submitted.

2. Service and County Request Form(s): This form identifies the services and counties the agency is applying to provide. (See attached Regional Map)

3. Statement of Assurances Form

4. Provider Agency Status Sheet (Renewing Providers Only)
E. Accreditation Requirements

Some providers are required to be accredited by either CARF International or The Council on Quality and Leadership. Refer to the tables below for requirements by service type.

Options for the Waiver Service Types with Accreditation Requirements

<table>
<thead>
<tr>
<th>Waiver Service</th>
<th>CARF International</th>
<th>The Council on Quality and Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Supports Coordinator</td>
<td>Aging Service</td>
<td>Quality Assurances Accreditation</td>
</tr>
<tr>
<td>Customized Community Supports-Group</td>
<td>Employment and Community Services / Aging Services</td>
<td>Quality Assurances Accreditation</td>
</tr>
<tr>
<td>Respite</td>
<td>Employment and Community Services</td>
<td>Quality Assurances Accreditation</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>Employment and Community Services</td>
<td>Quality Assurances Accreditation</td>
</tr>
</tbody>
</table>

Agencies applying for the first time must provide a detailed plan that outlines timelines to ensure the agency is accredited within the next eighteen (18) months and/or a letter from an accrediting body showing when your survey will take place.

Currently, accredited providers must provide a copy of the letter and certificate showing current accreditation status for the agency or a copy of the letter received from the Department granting a waiver from the accreditation requirement.

Accreditation waivers are only good through the term of the agency’s current Provider Agreement. **You must submit a new request for a waiver of accreditation during your renewal period to the PEU for consideration.**
F.  DDSD Required Documentation for and Supports Waiver

1.  Articles of Incorporation or Organization and current board members (if applicable). The applicant must submit a current list of each board member’s name, home address, phone number and email address.

2.  Combined Reporting System (CRS) Certificate  Proof of registration with the NM Taxation and Revenue Department.

3.  Proof of General or Professional Liability Insurance (one-million dollar minimum), naming Department of Health as an additional insured. (New Providers, within 30 days of approval)

4.  Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance (ten-thousand dollar minimum) naming the Department of Health as loss payee. (New Providers, within 30 days of approval)

5.  Professional Licensure  All professional licensure and academic credentials for all hired and subcontracted personnel must be submitted for the following services: Behavior Therapy, Community Supports Coordinator and Environmental Modification.

6.  Financials

    New Providers are required to submit a business plan, including anticipated expenses for a three (3) month period and most current, last three (3) bank statements or line of credit.

Renewing Providers are required to submit:
- Annual tax return, current year end Profit and Loss Statement OR financial audit prepared by accountant.
- Description of the agency’s current operating budget.

Language to watch for:
- Include information about resources devoted to staff and Board (if applicable) training.
- Include short and long-term financial goals.
- The applicant can show it has 3 months of operating costs available.
- The applicant can show routine and regular financial audits are conducted. Identify the percentage or amount of the agency budget devoted to staff (and Board, if applicable), training and technical assistance.

7.  Latest Quality Management Bureau (QMB) survey results, if applicable. The applicant must submit their latest QMB survey Determination of Compliance Letter.

8.  Provide your agency’s Mission statement.
9. Provide the agency’s **Organizational chart** and brief position descriptions including management and supervisory positions.

*The Organizational Chart and position descriptions should show positions that relate to the service type, understand the service system, know the communities their clients live in and what community options are available to their clients. The applicant should show an administrative structure that provides support to staff including managing, monitoring, teaching, and improvement in practice.*

**G. Supports Waiver Agency Authoritative Documents Per Service Type**

Supports Waiver Providers must have current policies, procedures, standard operating procedure and/or any authoritative documents from the agency such as employee handbooks, agency manuals, etc. that assure applicable NMAC regulations and service standards are implemented, that are signed and dated by the agency Director. Please provide the agency’s documents that address the following and include document titles and use the grid below to provide page numbers where each numbered area is addressed.

The authoritative documents will need to adequately address all requirements listed below and the Agency should demonstrate that the authoritative documents are reviewed and or updated at least every three years by the Agency.

<table>
<thead>
<tr>
<th>Policy/Procedure/Agency Document</th>
<th>Applicable Service(s)</th>
<th>Agency's Document Title</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide the Agency Document which applies the indicated topical area. The corresponding Authoritative document is included for your reference.</strong></td>
<td><strong>X marks the applicable service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td><strong>Coordination</strong></td>
<td><strong>Assistive Technology</strong></td>
<td><strong>Behavior Support Consultation</strong></td>
</tr>
<tr>
<td><strong>Billing and Record Keeping: SW Chapter 12, NMAC 8.302.2</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Community Resources: SW Chapter 16</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Complaint/Grievance Procedures Available to Individuals and/or Guardians: SW Chapters 15 and 16</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Compliance with Service Specific Standards: SW Chapter 17</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Coordination with MCO Care Coordinators: SW Chapter 5</td>
<td>x</td>
<td></td>
<td></td>
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<td>-------------------------------------------------------</td>
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<td></td>
<td></td>
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<tr>
<td>Emergency Response Plan including continuity of care plan for agency operation and service delivery: SW Chapters 7 and 15</td>
<td>x x x x x x x x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freedom of Choice and Non-solicitation: SW Chapter 2 and 7</td>
<td>x x x x x x x x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Qualifications to include Education and Training Requirements as well as risk Management and Abuse Neglect and Exploitation reporting and training: SW Chapters 14 and 15 service specific as applicable, NMAC 7.14.1 and NMAC 8.314.7 as promulgated</td>
<td>x x x x x x x x</td>
<td></td>
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<tr>
<td>Person-Centeredness: SW Chapter 1</td>
<td>x x x x x x x x</td>
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<td></td>
</tr>
<tr>
<td>Pre-eligibility, Enrollment Activities and Annual Recertification: SW Chapters 4, 6, 16</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Assurance/Quality Improvement Plan: SW Chapter 15</td>
<td>x x x x x x x x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selecting Service Delivery Model and Transitions: SW Chapters 2, 6 and 16</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service provision according to ISP and budget approval and Monitoring implementation: SW Chapters 2, 8, 9, 11, 12 and 16</td>
<td>x x x x x x x x</td>
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<td></td>
</tr>
<tr>
<td>Submitting the ISP/Budget request: SW Chapters 8</td>
<td>x x x x x</td>
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</tbody>
</table>
II. OVERVIEW OF REVIEW PROCESS

A. Application Review Process

1. Each section will be scored and must achieve a passing score.

<table>
<thead>
<tr>
<th>Does Not Meet</th>
<th>Meets</th>
</tr>
</thead>
<tbody>
<tr>
<td>No proposal</td>
<td>Satisfactory proposal</td>
</tr>
<tr>
<td>Incomplete proposal lacking in evidence</td>
<td></td>
</tr>
</tbody>
</table>

Comments (*This box expands for comments):

2. Scoring is by committee/or subject matter expert:

3. Committee membership may include Bureau of Behavioral Supports (BBS), Clinical Services Bureau (CSB), Generalists, Community Inclusion (CI), Case Management (CM), Regional Nurse, Regional Office (RO) Director, Subject Matter Expert (SME), and Committee Chair (Provider Enrollment Manager). The Committee Chair will not score/vote on application reviews.

4. Each committee member will review the portion of the application that pertains to their area of expertise. For example, Community Inclusion Coordinators will review SE and CCS; Statewide Case Management Lead will review Case Management etc.

5. The Committee Chair will assign applications to the RO Director or SME Lead, as determined by the application type.

6. Discretion will be allowed for the Committee Chair to confer with RO Directors and/or SME Leads to determine the assigned Lead for multiregional applications so that one expert review one section of the application eliminating duplicative scoring.

7. The Lead for each review will be a RO Director or SME Lead (Behavior Support Consultation (BSC), Therapies, Medically Fragile (MF)) assigned by the Committee Chair and will be responsible to have the final review on the application prior to sending to PEU.

8. The Lead is responsible for pulling together the local committee comprised of appropriate committee members, including any additional staff needed for a particular review.

9. Committee Chair is responsible for coordination, collection duties, and establishing timelines and due dates (reviewers have ten (10) business days to review the application from the date received from the Committee Chair, unless an exception is granted by the Committee Chair.

10. The Lead is responsible to send a completely vetted application with one (1), finalized scoring sheet from the local Committee to the Committee Chair by the established deadline.
B. Remediation Process for Existing Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider, the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

2. A second, written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDSD should be consistent across the State, regardless of which DDSD employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

3. A third RFI will be issued by the Committee Chair in conjunction with a State-imposed Moratorium. The moratorium will remain in effect until the issue is remedied or through the transition process mentioned below. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

4. An application fee of five-hundred dollars will be charged to the Provider for the additional review by the Committee Chair. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

5. A Denial will be issued by DDSD. The denial will be issued by the Committee Chair for one-year from the date the last person is transitioned out of the provider agency.

6. If a denial is issued, the transition process will begin immediately.

C. Remediation Process for New Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider, the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

2. A second written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDSD should be consistent across the State, regardless of which DDSD employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair.

3. If the RFI is not returned or remains insufficient a third RFI will be issued by the Committee Chair to the provider including the original referral for TA. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

4. An application fee of five-hundred dollars will be charged by the Committee Chair to the Provider for the additional review. The Provider has ten (10) business days
to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

5. A Denial will be issued by DDSD. The Denial will be issued by the Committee Chair for one-year from the date of denial.

D. Term of Agreement

1. For providers of services which require accreditation:
   a. New providers will be awarded two (2): one (1) year provisional Provider Agreements. This will allow time for the agency to obtain accreditation as required by DDSD.
   a. Providers that are subject to review by the Quality Management Bureau will be surveyed six months from the date of service to an individual on the MFW.
   b. Renewing providers will receive up to a three (3) year term based on scoring and on the recommendations of the DDSD personnel.
   c. The Provider Agreement will never exceed the accreditation term.

2. For providers of services which do not require accreditation:
   a. New providers will receive a one (1) year provisional term.
   b. Renewing providers may receive up to a three (3) year term depending on the scoring and recommendations received by DDSD personnel.

3. For renewing providers, the Term of the Agreement may be impacted by agency referrals to the Internal Review Committee (IRC), the number of corrective action plans implemented within the previous twenty-four (24) months and number of plans demonstrating closure with any deficiencies or findings. Corrective action plans include but are not limited to:
   a. Individual Quality Review (IQR) findings.
   b. Corrective and Preventive Action Plans related to reporting of Abuse, Neglect and Exploitation (ANE).
   c. Plan of Correction (POC) related to Quality Management Bureau (QMB) compliance surveys.
   d. Civil Monetary Penalties (CMP), Performance Improvement Plans (PIP), and Statewide Imposed Moratoriums related to Regional Office Contract Management.
   e. Directed Plans of Corrective Active (DCA) related to Internal Review Committee.
V. DDSD CONTACT INFORMATION

Community Programs Bureau
Provider Enrollment Unit
Tammy M. Barth, Manager
P.O. Box 26110
Santa Fe, NM 87502-0110
Phone: (505) 469-8480
Fax: (505) 476-8894

Bureau of Behavioral Supports
Susan Seefeldt, Bureau Chief
5300 Homestead, Suite 223
Albuquerque, NM 87110
Phone: (505) 220-0580
Main Line: (505) 841-5532
Fax: (505) 841-5554

Metro Regional Office
Regional Office Director
Michael Driskell, Regional Office Director
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 595-4458
Toll Free: (800) 283-8415
Fax: (505) 841-5546

Clinical Services Bureau
Michael Driskell, Regional Office Director
Alicia Pulu, Bureau Chief
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 538-0890
Toll Free: (800) 283-8415
Fax: (505) 841-2987

Northeast Regional Office
Director
VACANT, Program Manager
224 Cruz Alta, Suite B
Taos, NM 87571
Phone: (505) 476-2730
Toll Free: (866) 315-7123
Fax: (505) 758-5973

Medically Fragile Waiver
Vacant Regional Office
VACANT, Program Manager
224 Cruz Alta, Suite B
Taos, NM 87571
Phone: (505)
Fax: (505) 841-2987

Northwest Regional Office
Aaron Joplin, Regional Office Director
Anysia Fernandez, Program Manager
355 S. Miller
224 Cruz Alta, Suite B
Farmington, NM 87401
Taos, NM 87571
Phone: (575) 478-3035
Phone: (505) 629-7476
Toll Free: (866) 862-0448
Toll Free: (866) 315-7123
Fax: (505) 326-3148
Fax: (575) 758-5973

Southeast Regional Office
Guy Irish, Regional Office Director
Supports Waiver
726 B. South Sunset
Frank Gaona, Supported Employment Lead
Roswell, NM 88203
5300 Homestead, 2nd Floor
Phone: (575) 246-0024
Albuquerque, NM 87110
Toll Free: (866) 895-9138
Phone: (505) 795-2821
Fax: (575) 624-6104
Toll Free: (800) 283-5500
Fax: (575) 528-5194

Southwest Regional Office
Isabel Casaus, Regional Office Director
Community Inclusion - Employment
1170 N. Solano Drive, Suite G Las Cruces, NM 88001-2369
Frank Gaona, Supported Employment Lead
Phone: (575) 932-8221
Albuquerque, NM 87110
Toll Free: (866) 742-5226
Phone: (505) 795-2821
Fax: (575) 528-5194
Toll Free: (800) 283-5500
APPENDIX 1

MEDICAID REGULATIONS
Go to the NM Human Services Department website at:
https://www.hsd.state.nm.us/LookingForInformation/medical-assistance-division-1.aspx
1. Medicaid Eligibility Home and Community Based Waiver Services.
2. Benefit Description
3. Income and Resource Standards
4. Recipient Policies

SUPPORTS WAIVER SERVICE STANDARDS
Go to the DDSD website at:
Supports Waiver (nmhealth.org)

BILLING RATES SUPPORTS WAIVER
Go to the NM Human Services Department website at:
Fee Schedules | New Mexico Human Services Department (state.nm.us)

DDSD SAMPLE PROVIDER AGREEMENT
Go to the NM Department of Health website at:
DD & Medically Fragile Waiver Provider Enrollment (nmhealth.org)

DDSD ACCREDITATION INFORMATION
https://www.nmhealth.org/publication/view/general/6293/
Go to Chapter 15.1.3 – Accreditation

INCIDENT MANAGEMENT SYSTEM GUIDE
Go to the NM Department of Health website at:
Health Improvement (nmhealth.org)

TRANSITION OF DD WAIVER INDIVIDUALS
Go to the NM Department of Health website at:
https://www.nmhealth.org/publication/view/general/6293/
Go to Chapter 12.6 – Expiration or Termination of Provider Agreement

TRAINING REQUIREMENTS
Go to the NM Department of Health website at:
Training (nmhealth.org)

THE MEANINGFUL DAY IDEA BOOK
The definition of a Meaningful Day
Go to the NM Department of Health website at:
https://nmhealth.org/publication/view/general/4079/
APPENDIX 2

ADA  Americans with Disabilities Act
ADL  Activities of Daily Living
ANE  Abuse Neglect and Exploitation
ARA  Annual Resource Allotment
ARM  Aspiration Risk Management
AWMD Assistance with Medication Delivery
AT  Assistive Technology
BBS  Bureau of Behavioral Supports
BCIP  Behavior Crisis Intervention Plan
BSC  Behavior Support Consultation
BWS  Budget Worksheet
CARMP  Comprehensive Aspiration Risk Management Plan
CCS  Customized Community Supports
CIA  Client Individual Assessment
CIE  Community Integrated Employment
CIHS  Customized In-Home Supports
CIU  Client Information Update
CMA  Certified Medication Aide
CMS  Centers for Medicare and Medicaid Services
COE  Category of Eligibility
COP  Condition of Participation
CPA  Corrective and Preventive Action Plan
CPB  Community Programs Bureau
CPR  Cardiopulmonary Resuscitation.
CRU  Central Registry Unit
DDSD  Developmental Disabilities Supports Division
DDSQI  Developmental Disabilities Services Quality Improvement
DCP  Decision Consultation Process
DHI  Division of Health Improvement
DME  Durable Medical Equipment
DOH  Department of Health
DSP  Direct Support Personnel
DVR  Division of Vocational Rehabilitation
e-CHAT  Electronic Comprehensive Health Assessment Tool:
EMSP  Environmental Modification Service Provider
EPR  Emergency Physical Restraint
EPSDT  Early Periodic Screening Diagnosis and Treatment
FRC  Friends and Relationships Course
GER  General Events Reporting
GERD  Gastro Esophageal Reflux Disease
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>H&amp;P</td>
<td>Health and Physical</td>
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<tr>
<td>HCBS</td>
<td>Home and Community Based Services</td>
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<td>Health Care Plan</td>
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<td>Health Insurance Portability and Accountability Act</td>
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<td>Human Services Department</td>
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<td>IASP</td>
<td>Individual Action and Safety Plan</td>
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<td>I/DD</td>
<td>Intellectual and/or Developmental Disabilities</td>
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<td>ICF/IID</td>
<td>Intermediate Care Facility for Individuals with ID</td>
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<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
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<td>IDT</td>
<td>Interdisciplinary Team</td>
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<td>IEB</td>
<td>Intake and Eligibility Bureau</td>
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<td>IMB</td>
<td>Incident Management Bureau</td>
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<td>IMLS</td>
<td>Intensive Medical Living Services</td>
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<tr>
<td>IQR</td>
<td>Individual Quality Review</td>
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<td>IRC</td>
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<td>ISP</td>
<td>Individual Service Plan</td>
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<td>IST</td>
<td>Individual Specific Training</td>
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<td>ITP</td>
<td>Individual Transition Plan</td>
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<td>JCM</td>
<td>Jackson Class Member</td>
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<td>KPI</td>
<td>Key Performance Indicator</td>
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<tr>
<td>LCA</td>
<td>Living Care Arrangement</td>
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<tr>
<td>LOC</td>
<td>Level of Care</td>
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<tr>
<td>LPN</td>
<td>Licensed Practical Nurse</td>
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<tr>
<td>MAAT</td>
<td>Medication Administration Assessment Tool</td>
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<td>MAR</td>
<td>Medication Administration Record</td>
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<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
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<tr>
<td>MERP</td>
<td>Medical Emergency Response Plan</td>
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<tr>
<td>NMAC</td>
<td>New Mexico Administrative Code</td>
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<tr>
<td>OOHP</td>
<td>Out of Home Placement</td>
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<td>OR</td>
<td>Outside Review(er)</td>
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<tr>
<td>OT</td>
<td>Occupational Therapy/Therapist</td>
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<tr>
<td>PBS</td>
<td>Positive Behavior Support</td>
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<td>Positive Behavior Supports Assessment</td>
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<td>PBSP</td>
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<td>Provider Enrollment Unit</td>
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<td>PFOC</td>
<td>Primary Freedom of Choice</td>
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<td>POC</td>
<td>Plan of Correction</td>
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<tr>
<td>PPMP</td>
<td>PRN Psychotropic Medication Plans</td>
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</table>
PRN       Pro Re Nada- as-needed
PRSC      Preliminary Risk Screening and Consultation
PT/PTA    Physical Therapy/Therapy(ist)/PT Assistant
QA        Quality Assurance
QI        Quality Improvement
QIS       Quality Improvement Strategy
QMB       Quality Management Bureau
RFI       Request for Information
RMP       Risk Management Plan
RN        Registered Nurse
RORA      Regional Office Request for Assistance
SE        Supported Employment
SFOC      Secondary Freedom of Choice
SLP       Speech-Language Pathologist
SSE       Socialization and Sexuality Education
SARL      Statewide Aspiration Risk List
TPA       Third Party Assessor
TSS       Teaching and Support Strategies
WCF       Waiver Change Form
WDSI      Written Direct Support Instructions
WIOA      Workforce Innovation and Opportunity ACT