



DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION

DDSD Supports Waiver COVID Response

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Contents

Introduction	3
Establishing Initial Eligibility.....	3
Medical Eligibility/Level of Care (LOC) Assessments:	3
Financial Eligibility.....	3
Signature Requirements for HCBS forms issued and monitored by Department of Health.....	3
Notice of Essential Business	4
Personal Protective Equipment.....	4
Access.....	4
Face Masks Requirement.....	4
Access to Telehealth, Remote or Telephonic Services	4
Low Cost Resources for Internet and Video Communication	4
In Home, Community and Telehealth Options Services Allowances	4
Community Supports Coordinator (CSC)	5
Employment Supports	5
Customized Community Supports	5
Group	5
Individual.....	6
Behavior Support Consultation (BSC)	6
Personal Care Services (PCS).....	6
Temporary Modifications of Provider Qualifications including Participant Directed Employees....	6
New Mexico Abuse Registry, Caregiver Online Registry (COR), and Caregiver Criminal History Screening (CCHS):.....	6
Training	7
Service Delivery Models	7
Participant Directed	7
COVID 19 Safe Planning Ideas for the EOR	7
In the Event of a COVID 19 infection	7
Payment Request Form (PRF)	8
Agency Based	8
Infectious Disease or COVID-19 Emergency Plan	8

New Mexico DOH Rapid Response for Places of Employment.....	8
General Events Reporting (GER).....	9
Personal Care Services in Acute Care Hospital or Short-Term Institutional Stays.....	9
Guidance Regarding Hospitalizations.....	9
Medical Appointments:.....	10
Return Home After a Nursing Home Stay.....	11
Tools.....	13
Individual Risk Benefit Decision Guide.....	13
Provider Selection Guide.....	14
Additional Resources.....	15
Snapshot of Location Options for Supports Waiver Service Delivery and Other Important Information.....	16

Introduction

The Supports Waiver has received approval from Centers for Medicare and Medicaid Services (CMS) through Appendix K to adjust some waiver program requirements during the current Public Health Emergency. Enclosed in DDSD Supports Waiver COVID Response is information specific to the Supports Waiver. Please consider this information in coordination with DDSD COVID-19 Response Status Update 10.1.2020 and with the Public Health Order(s) issued by the Department of Health Secretary.

Establishing Initial Eligibility

Medical Eligibility/Level of Care (LOC) Assessments:

To support the health and safety of individuals newly allocated to Supports Waiver, the initial medical eligibility process has been modified. Documents for Initial Level of Care (LOC) are submitted by the Community Supports Coordinator to the Medicaid Third-Party Assessor, Comagine Health, as follows:

1. The MAD 378 may be completed, and assessment factors scored (section 5) by the Case Manager/Consultant/Community Supports Coordinator (CSC) using the documents provided and virtual meetings with the participant, family and guardian, when applicable.
2. The MAD 378, when completed by the Case Manager/Consultant/CSC, does not require a physician's signature (section 8). The line for physician signature can be left blank.
3. The History and Physical (H&P) is not required.
4. The DOH "Yes Match Letter" is required. The Case Manager/Consultant/CSC receives the "Yes Match" letter along with a copy of the participant's signed Primary Freedom of Choice (PFOC) from the DOH/DDSD Intake and Eligibility Bureau.
5. If any of the required documents are not included or contain errors in the initial LOC packet submission, the TPA will follow the Request for Information (RFI) process.

Financial Eligibility

HSD 100 form (financial eligibility).

The Human Services Department (HSD) Income Support Division (ISD) is taking steps to slow the spread of coronavirus. ISD will continue providing services. But you do not have to visit an ISD field office. The HSD 100 form can be completed electronically, submitted via the mail or over the phone and can be found on the YES NM Portal <https://www.yes.state.nm.us/yesnm/home/index> For Questions or to Complete your Interview please call the Consolidated Customer Service Center at: 1-800-283-4465.

Signature Requirements for HCBS forms issued and monitored by Department of Health

During the Public Health Emergency, verification by phone via attestation by the CSC is not allowable. However, the following are acceptable to meet signature requirements:

- Digital signature which is cryptographically secure and verifies that someone with your private signing key has seen the document and authorized it.
- Electronic signatures which is an image of your signature overlaid on top of a PDF document obtained through any HIPAA compliant platform.
- Electronic verification obtained via secure email in accordance with HIPAA requirements.

Notice of Essential Business

In the Public Health Order dated 3-23-2020 explains that DDSD funded services are essential. Direct Support Personnel can continue to work. Agencies can continue to operate so long as the Public Health Orders are observed. Facility based services remain closed.

Personal Protective Equipment

Access

All Agencies and Employers of Record can continue to order Personal Protective Equipment directly from the New Mexico Department of Homeland Security and Emergency Management. To order directly from Homeland Security-Emergency Management, Agencies or Employers of Record (EORS) must complete the Resource Request form (Form 213) and then submit the form directly to the County Emergency Manager via email. Form 213 can be found on the Department of Health website. <https://www.nmhealth.org/publication/view/form/5812/>.

Face Masks Requirement

Effective April 30, 2020 until further notice, DDSD mandates that all direct support personnel always wear a face mask during the entirety of their scheduled shift ***to include wearing a mask while transporting individuals***. DDSD's mandate applies to all DD Waiver, Mi Via Waiver, Supports Waiver and State General Fund Direct Support Personnel working in the home. For participant/self-directed individuals, this includes paid relatives or legal guardians. The only exception to this rule is for paid family members, wearing a mask in their own home is at their discretion.

Access to Telehealth, Remote or Telephonic Services

If an individual does not have access to internet for telehealth, remote or telephonic services, or have remote access to family /friends, the Community Supports Coordinator should work together with providers, family, employees to plan for internet access.

Low Cost Resources for Internet and Video Communication

1. Use of a JetPack as a mobile hotspot
<https://www.verizonwireless.com/support/verizon-jetpack-faqs/>
2. Video Cameras on top of monitor for increased video communication
https://www.google.com/search?q=video+cameras+for+computers&rlz=1C1GCEU_enUS824US824&oq=videocameras+&aqs=chrome.5.69i57j0l7.8849j0j8&sourceid=chrome&ie=UTF-8
3. Comcast Internet Essentials [1-855-8-INTERNET \(1-855-846-8376\)](https://www.comcast.com/InternetEssentials).
Call Center hours of operation are from 8 AM to Midnight (EST), seven days a week.
4. Lifeline, the Federal Communications Commission (FCC) program to help make communication services more affordable for eligible consumers. <https://www.lifelinesupport.org/>

In Home, Community and Telehealth Options Services Allowances

Telehealth options can be delivered in accordance with HIPAA including the good faith provisions of telehealth under HIPAA during the COVID-19 public health emergency. All service delivery in a community setting or home must follow current Public Health Orders and honor individual and guardian choices. Use of natural supports is encouraged for individuals to participate in remote based activities. See [Individual Risk Benefit Decision Guide](#) for help in individual decision making.

Community Supports Coordinator (CSC)

To address the COVID-19 public health emergency, the State suspended face-to-face requirements detailed for this service for the duration of the emergency. Face to face visits will instead be provided telephonically or remotely This includes all meetings, assessment, monitoring, and follow up activities.

- **All visits must be conducted via remote technology** at a frequency in accordance with current Supports Waiver Standards and NMAC **until further notice.**
- CSC monitoring requirements remain the same except for conducting visits telephonically or remotely. Focus should be on health and safety and individual accommodations made for COVID-19. The CSC will ensure current service plans meet the individual's needs and facilitate any discussions needed for considerations that may be created by changes in services delivery.
- ISP implementation or lack of as it relates to community-based actions steps will not be cited by Quality Management Bureau (QMB) until further notice.
- ISP meetings/transition meetings must continue to be held in accordance with current New Mexico Medicaid Administrative Code (NMAC) electronically/telephonically
- ISP development must include stated measurements that reflect Supports Waiver service allowances during COVID 19 in the "how will I measure if this service is working for me and meet my identified needs" sections of the ISP. The ISP should capture the current Public Health Emergency and what the SW participant would like to work towards achieving.

Employment Supports

Employment Supports can be provided in the home and by an electronic mode of service delivery as approved in the Individual Service Plan (ISP) in accordance with HIPAA requirements.

Customized Community Supports

All existing service definitions and standards apply to expanded remote based services, with exception of requirements to be provided in the community.

Examples of allowable and billable activities to support remote based day services:

Remote cueing and screen sharing to complete an individual activity

Virtual group activities

Online classes, workshops, or activities conducted in a group or individually

Support to connect to remote activities

Group

All congregate Customized Community Supports (CCS) Programs (congregate facility day programs) in the state remain closed until further notice. Up to 100% remote based services as needed for group day services are allowable. Providers must create and provide a schedule that includes curriculum, dates, start times and end times and can only be billed from the start time of the class/session to the end time of the class/session. This schedule must be delivered in a way that is accessible and is distributed in enough time to promote individual choice.

Providers are responsible for providing remote services on a platform that all individuals can access. An inability for an existing participant to access remote services is the same as choosing to not provide the service. Providers are responsible for ensuring that the remote services are ADA compliant.

Individual

Customized Community Supports can be provided in the home and by an electronic mode of service delivery as approved in the ISP in accordance with HIPAA requirements.

Staff Homes: CCS services may not be provided in staff homes. CCS services are encouraged to be provided in the individual's home or remotely and in alignment with the Public Health Order.

Behavior Support Consultation (BSC)

Face-to-face visits may be provided by telehealth option or phone visits in accordance with HIPAA requirements. This includes assessment, monitoring or follow up. All interactions will be documented as required according to policy. BSC is intended to improve the ability of the unpaid caregiver and Direct Supports Professional to carry out therapeutic interventions. Trainings and demonstrations of competency may be done by telehealth or telephone as needed in accordance with HIPAA requirements.

Personal Care Services (PCS)

When a service involves personal care verbal cueing may be provided by an electronic mode of service delivery. This applies to PCS and Respite. The scope of service must be as approved in the ISP in accordance with HIPAA requirements.

Temporary Modifications of Provider Qualifications including Participant Directed Employees

The state is temporarily allowing provider enrollment or re-enrollment with modified risk screening elements such as suspending fingerprint checks or training requirements for direct support personnel.

New Mexico Abuse Registry, Caregiver Online Registry (COR), and Caregiver Criminal History Screening (CCHS):

Effective April 1, the New Mexico Human Services Department (HSD) issued joint guidance with the Department of Health (DOH), the Children Youth and Families Department (CYFD), and the Aging and Long-term Services Department (ALTSD) outlining flexibility for fingerprinting requirements for the duration of the declaration of the Public Health Emergency (PHE). Until further notice, all new employees who are required to pass the NM Abuse Registry, Caregiver Online Registry (COR), and background checks for employment will be required to proceed with the following process:

- Employee information will be required to complete an application and be processed through the New Mexico Abuse Registry and the Caregiver Online Registry (COR). If approved, employee can begin working.
- During the PHE, the state is allowing flexibility for the timeframe of the requirement for fingerprinting.
- Employees hired during this time and who could not complete a fingerprint appointment are required to submit their fingerprint cards within 30 days of the termination of the declaration of the PHE.
- Fingerprint cards are required to be sent to DOH Caregivers Criminal History Screening Program.
- Employees who do not pass the background check at that time, or who fail to submit fingerprint cards and complete the background check within the 30 days of termination of the declaration of the PHE, will be removed from employment immediately.

Training

All Supports Waiver training requirements must be met. All DDSD sponsored trainings are available online. First Aid for direct support personnel may be completed online.

- **CPR Cards:** DDSD issued guidance from the American Heart Association regarding card extensions which read *“Per the statement regarding further extensions of AHA course completion cards beyond 60 days past the recommended renewal day (in interim guidance released on March 13, 2020), and given the ongoing threat of exposure to COVID-19, with many communities under shelter in place orders to minimize the spread of the disease, the AHA is extending AHA Instructor and Provider Course Completion Cards for 120 days beyond their recommended renewal date, beginning with cards that expire in March 2020.”* **For additional questions regarding CPR card extensions, agencies must contact the American Heart Association directly.**

Service Delivery Models

Participant Directed

COVID 19 Safe Planning Ideas for the EOR

The role of the Employer of Record has not been amended. If additional supports are needed, please contact the CSC assigned to the Supports Waiver participant or DDSD.

Consider Safety Precautions

- ✓ Hand sanitizer
- ✓ Cloth masks
- ✓ Social distancing (6 feet or more)
- ✓ No contact thermometer to check visitor temperatures
- ✓ Sign-in log for visitors

Consider a Plan for Home & Community interactions with employees

- ✓ Be aware of current Public Health Orders
- ✓ Plan for 6- foot social distancing
- ✓ Plan before & after-visit cleaning routines
- ✓ Avoid crowds
- ✓ Identify no-touch items for visitors
- ✓ Use screening tools
- ✓ Find ways to connect without face to face contact
- ✓ Explore low cost cell and internet

In the Event of a COVID 19 infection

- ✓ Ensure the health and safety of the individual testing positive and all that have come in contact
- ✓ Seek necessary medical attention
- ✓ Follow the guidance of the public health order
- ✓ Report information to your Community Support Coordinator

- ✓ Follow emergency back-up plan for service delivery

Payment Request Form (PRF)

Under participant-directed service delivery, vendor agencies must submit Payment Request Forms (PRFs), that are signed by the EOR., in order to receive payment.

- “Telehealth” must be noted under the service description on the PRF form. PRFs for Customized Community Supports (Group and Individual), Employment Support services, Behavioral Support and Consultation, and Personal Care Services must state on the forms that the service was virtually or telehealth. Under the service description, vendors must note “Telehealth, virtually, or provided at home.

Agency Based

Infectious Disease or COVID-19 Emergency Plan

DDSD continues to stress the importance of and requires that every Provider Agency have a current Infectious Disease or COVID-19 plan during this pandemic. Further, DDSD requires that the agency’s Infectious Disease or COVID-19 Plan be implemented should the need arise. Providers should continue to notify their respective Regional Office if the agency is experiencing or anticipating a staff shortage that could place the health and safety of individuals at risk.

New Mexico DOH Rapid Response for Places of Employment

The Department of Health continues to implement the “Rapid Response Team” for all places of employment who have an employee that tests positive for COVID-19. For the purposes of services administered by DDSD, places of employment include any service delivery site including homes where an employee or agency subcontractor tests positive for COVID-19. If an agency has an employee or subcontractor test positive for COVID-19, the agency will receive the following information initiating the DOH Rapid Response Team process.

- Email from DDSD informing the agency Director that an employee or agency subcontractor has tested positive for COVID-19.
- The agency will receive a letter via email from DDSD providing instruction to the agency on how to respond to the COVID-19 positive test for the employee or subcontractor.
- That all employees have been tested for COVID-19 and that all employees will be re-tested in 7-10 days, if warranted by NMDOH. A list of employees’ first name, last name, and date of birth will be provided.
- The agency has disinfected the work site and/or facility and/or home in accordance with COVID-19 Safe Practices for Individuals and Employers handbook, and any additional OSHA or Centers for Disease Controls standards applicable to your particular industry prior to the recommencing of business activities; and
- That an employee safety plan is in place to ensure employees are adequately protected from COVID-19 upon return to the workplace/home, including provisions for adequate personal protective equipment if necessary.
- The agency will also receive a second letter via email titled “*Checklist for Business/Facility Compliance in Response to one or more COVID-19 Positive Employee(s) in the Workplace.*” The agency will need to complete this form verifying compliance and send it back via email to DOH and DDSD (the letter will contain the specific email address for the person at DOH who must receive the form).

- The agency will also receive a resource document via email titled “*All Together New Mexico COVID-Safe Practices for Individuals and Employers.*”
- A follow up phone call will be made to the agency from DDSD (Regional Office) verifying receipt and completion of the process.

General Events Reporting (GER)

Community Supports Coordinators must report COVID-19 related events in Therap[®] using the General Event Reports (GER). Events include Suspected or Confirmed Exposure, COVID-19 Testing including results, and COVID-19 Related Death. The COVID-19 GER module includes options for each of these events.

- **Repeat tests for COVID-19** must also be reported using a separate GER. For example, a second or third test must be reported. ***Test results must be reported in a separate GER.***
- **Out-of-Home Placements:** If the person was admitted to the hospital or a nursing home, please note as soon as possible if there was a COVID-19 test completed during the hospital stay and note the results of the test as soon as it is known ***in a separate GER.***

Personal Care Services in Acute Care Hospital or Short-Term Institutional Stays

The State will allow for payment for personal care services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting during this emergency. The payments may only be made for up to 30 consecutive days. Service must be:

- 1) Identified in ISP as personal care service;
- 2) Provided to meet needs of the individual that are not met through the provision of hospital services;
- 3) Not a substitute for services that the hospital is obligated to provide though its conditions of participation or under Federal or State Law, or under another applicable requirement; and
- 4) Designed to ensure smooth transitions between acute care settings, HCBS settings and preserve the individual’s functional abilities.

Guidance Regarding Hospitalizations

The purpose of this guidance (issued previously) is to provide guidance for participants and providers when: 1) someone has been hospitalized for a Non-COVID-19 related illness, 2) a COVID-19 test taken in-patient was negative or not yet available, and 3) discharge is being planned.

- Although hospitals are providing care using COVID-19 safe practices, persons with I/DD may or may not be able to wear masks while in-patient and their actual exposure to the virus is unknown. If a person with I/DD was admitted into a hospital for a Non-COVID-19 health issue, the following steps should be initiated before and after discharge:
- Note that hospitals vary on their COVID-19 testing practices for patients who are asymptomatic and are admitted for Non- COVID-19 issues. If completed, those test results need to be obtained as baseline information.
- Since exposure is unknown and COVID-19 symptoms typically take 5-7 days to appear, the participant/employer of record and agency need to operate as if the

person had an exposure to COVID-19 in the hospital when planning and providing services at home.

- Develop a plan to obtain a COVID-19 test as soon as possible after discharge and repeated in accordance with clinical protocol. Contact the Regional Office and the local Public Health Office as needed for assistance.
- The participant/employer of record must assure that the following precautions are implemented at the person's home to protect the person (and their housemates) until the results of the COVID-19 test is reported as negative.
- All staff should be screened regularly for illness, wear masks, and use other PPE as needed and maintain a clean home environment.
- Be aware that isolation can trigger negative reactions.
- Seek consultation from the person's Care Coordinator, BSC or the Bureau of Behavioral Supports, the Regional Office Nurse or Clinical Services Bureau for proactive planning and consultation.
- The person and their roommates should wear masks and remain at least 6 feet apart as much as possible if they are in the same area of the house.
- The person should have a dedicated bathroom if possible. If this is not possible, the person should plan to disinfect the bathroom between uses.
- The person should have dedicated dishes and utensils for their meals. Eating or drinking from the same dish or glass should not occur. After each meal all dishes and silverware should be promptly cleaned, ideally by using a dishwasher on the highest temperature settings. If there is no dishwasher in the house, then use an alternative disinfecting method for the dishes or paper plates/disposable dishes and utensils should be used.
- Call 911 if the person's condition worsens (e.g., fever over 100.4, difficulty breathing, bluish coloring to face /nails or lack of responsiveness).

Medical Appointments:

CSB issued guidance of what you can expect before and during medical appointments. Although there may be minor differences in protocols, all medical providers are required to honor COVID-19 Safe Practices.

- It is important that everyone is informed of the specific protocols used at the office or clinic they are going to; medical and/or clinical offices are calling several days before the appointment as a reminder and to go over specific instructions.
- Make sure to communicate these specific instructions to the person and to the staff or family that will be attending the appointment.
- During this call, it's important to communicate with the office staff that the person has an intellectual and/or physical disability and will have to be assisted by at least one staff person. Ask them to make a note of this on the record. This is important whether or not it is a new provider or someone who has seen them in the past. Some offices have hired new staff to help with scheduling and screening. Ask if the office wants a co-pay before or at the time of the appointment.
- Take some time to go over what to expect with the individual in your care. Talk about using a mask and sitting apart from other people.
- Make sure you have a current Health Passport and Physician Consultation form ready to take to the appointment.

- Many offices only allow one person to accompany a person who is disabled. Try to limit the number of people attending the appointment to the minimum needed to support the person. Don't be surprised if someone is asked to wait in the car.
- Everyone must wear a face mask. If the person cannot tolerate a mask, have one ready just in case and be prepared to let the clinic staff know why they cannot wear a mask. Practicing using a mask ahead of time can be really helpful.
- Ask what time to arrive. The clinics know how long it takes to screen for COVID-19, get admitted and get to the waiting areas. You may be asked to call from the car when you arrive or proceed to a tent area for screening. Ask if you can go into a waiting room or if you need to stay in the car until you are called.
- If you arrive too early before the stated appointment time, you may be asked to wait until prior patients are cleared from the area. During hot weather make sure the vehicle's air conditioner is operating effectively. If having water is allowed before the appointment, be sure to bring some with you. Be sure the person does not have to be NPO (nothing by mouth) before the appointment.
- Screening for COVID-19 exposure and symptoms will be completed for everyone. This may be done by clinic staff in the car, in a tent or at the entry way. Providers are using a checklist similar to the one used in the DDS homes. Screening and temperatures will be taken for the person and whoever goes with them into the clinic. Screening may also be done for anyone else who came with the person.
- If the person or anyone with them has a fever or symptoms, they likely will not be allowed into a routine appointment. However, if the appointment is due to the person being sick, be ready to talk about why you are there and what has been happening. Always have a current Health Passport and Physician Consultation form with you at every appointment.
- Most offices have markers on the ground for waiting to help people stay 6 feet apart. Many have moved furniture or have taped off seating areas. Respect social distancing when checking in and when waiting. If you need to take an elevator, try not to get into one that has a lot of other people already in it. Be aware that some people do not respect social distancing. Be ready to step to one side or stand still if someone passes too close.
- Things change. If you become aware at any time (even at the last minute) that the client, or a caregiver (a family member or staff) is sick with COVID-19 symptoms (fever over 100.4, cough, chills, body aches, etc.) or has an exposure to COVID-19, please let the provider know. Don't go to the clinic. Call and cancel the appointment. The goal is protecting everyone from getting or sharing this very contagious virus.
- If you are in doubt, call the providers office or clinic and talk to them about your concerns about COVID-19 illness or exposure. Call the Agency Nurse to keep them informed about what is happening if anyone may be ill or exposed at any time.

Return Home After a Nursing Home Stay

The Bureau of Behavioral Supports (BBS) issued guidance about how to address notification/preparation for changes in a person's living environment when they return home after a nursing home stay during COVID-19.

- **Guidelines for support:** While someone is in a nursing home (or discharge planning is imminent), the team should gather to discuss individual needs, including

notification/preparation for changes in the living environment to which they are returning. Discussion of who the best person (or persons) would be to perform this task should occur, and a “game plan” should be developed.

- **Death of Staff Member, Housemate, or Friend:** When the change involves the death of a staff member, friend or roommate, notification of the death should come from a trusted member of the team (family member, guardian, BSC, case manager), and should be done in-person. Although it is unlikely that in-person visits will be allowed by the nursing home facility during this time, the team may certainly ask whether this could occur. The designated person (or persons) to be involved in notifying an individual of a death should contact the discharge planner/social worker at the facility and discuss the need to notify/prepare the person for coming home. Ask for a teleconference meeting with the individual. Request that their discharge planner/social worker (or another person from the facility, e.g. a nurse or nurse’s aide who is trusted by the individual) also be present to offer support/comfort. Prior to the notification meeting, discuss potential reactions that the individual might have with the person at the facility, and suggest comforting actions to take if these occur; a BSC, if available, may be a useful resource in identifying these actions. Discuss whether follow up calls/teleconferences need to happen; offer contact information for who to call if needed to address delayed or ongoing reactions. Remember that all of us grieve, in our own timing, and in our own ways.
- While every situation and each person are unique, introducing the topic may go something like this *“We are very glad that you are getting better! We and (name of person from facility) are working hard planning for you to come home soon. [you may want to ask what the person is looking forward to at home]. We want you to know about some changes at home. First, you will wear a mask leaving here, and when you go to doctor’s appointments, etc. You have been sick, and now you’re getting better, but we need to help you to keep feeling better! You remember that your roommate(s) got really sick too; unfortunately, (name) won’t be there when you get home because they didn’t get better. They passed away (died).”*
- Make sure that you leave time for any reactions that the person may (or may not) have. After, you may need to debrief with the social worker at the facility and set up times to be available to support the individual in their grief. This should be discussed prior to, and after meeting with the person’s team.
- Always remember that each of you on the team (DSP included) may reach out to BBS staff at any time for support.

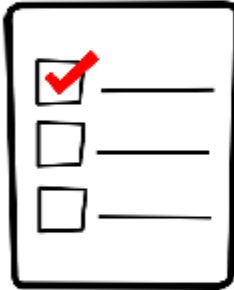
Tools

Individual Risk Benefit Decision Guide

page 2

Developmental Disabilities Support Division

Individual Risk Benefit Decision Guide



Review the items below to consider risks that could affect your health and safety during the Public Health Emergency. Discuss with your family, people important to you, and your CSC. Circumstances change quickly during a Public Health Emergency so you may want to review these items frequently and talk to your CSC about your service plan when needed.

Risk Factors: Either Myself or Others at Home Are at High Risk

- | Me | Other | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Overweight or underweight |
| <input type="checkbox"/> | <input type="checkbox"/> | Older than 50 years old |
| <input type="checkbox"/> | <input type="checkbox"/> | Lung or breathing issues (asthma, COPD or pneumonias) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart issues including high blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Other medical conditions (cancer, kidney, liver or stomach issues such as GERD, immune disorders or other chronic health issues) |

Risk Factor: Hot Spots and COVID Spread in My Community

- My home county has a high COVID- positive rate.
 - My visitor's home county has a high COVID- positive rate.
- NM Data Dashboard <https://cypovider.nmhealth.org/public-dashboard.html>

COVID Safe Practices

- I am able and willing to wear a mask when needed.
- I am willing to talk about COVID and ask others to wear a mask around me.
- I can designate areas in my home where social distancing (6 ft) is possible.
- I am aware that I can make choices about what is best for my health.
- I am aware of where I can get information to stay safe.
- The people who I connect with are aware of my choices.

Benefits of In-Person Contact

- Being with others is important to me and my mental health.
- Having daily activity outside my home helps reduce how often I may feel anxious, angry, or emotional.
- I need in-person assistance to be safe.
- I need hands-on care from a clinician to reduce physical pain or to help me be more healthy, active or independent.
- I need in person specialized support for complex health or clinical needs.

COVID - 19 Information Resources

New Mexico Department of
Health

<https://cv.nmhealth.org>

- ✓ Public Health Order
- ✓ COVID Safe Practices
- ✓ Where to get Tested

DDSD

<https://www.nmhealth.org/about/ddsd/>

Centers for Disease
Control and Prevention
(CDC)

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Developmental Disabilities
Supports Division

Supports Waiver Manager
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Provider Selection Guide – COVID Appendix

Talk to your case manager, consultant or community supports coordinator about planning your service plan. When you know which services, you would like to plan for, the questions below may help with provider agency or vendor selection during COVID-19.

□ HOW DOES YOUR AGENCY COMMUNICATE THE LATEST INFORMATION ABOUT COVID SAFE PRACTICES TO PARTICIPANTS?



- ✓ Ways you like to communicate email; text; phone, website, or in person
- ✓ Easy to understand materials
- ✓ Point person at agency who is easy to reach
- ✓ How remote services are provided or supported

□ HOW DOES YOUR AGENCY HELP UNDERSTAND RISKS AND BENEFITS TO THIS SERVICE DURING COVID-19?



- ✓ Agency communication about the risks and benefits of services and my choices
- ✓ If the agency is willing to work through my individual needs and risk factors

□ HOW DOES YOUR AGENCY IMPLEMENT COVID SAFE PRACTICES?



- ✓ Rules about wearing & cleaning cloth masks
- ✓ Use of visual cues for six feet distance
- ✓ Hand washing routines
- ✓ Cleaning and sanitation practices
- ✓ Plan to get, use and dispose safely of Personal Protective Equipment (PPE)

Additional Resources

DDSD has resources available for Supports Waiver participants and Community Support Coordinators as follows:

- Bureau of Behavior Supports (BBS) – Behavioral Issues
- Clinical Services Bureau (CSB) – Clinical Issues
- The Regional Office Nurses
- The Community Inclusion Unit – Employment and Community Inclusion Issues
- NM DOH COVID-19 Site: <https://cv.nmhealth.org/>
- DOH COVID-19 Policies: <https://cv.nmhealth.org/>
- DDSD COVID-19 Site: <https://nmhealth.org/about/ddsd/diro/ddcv/>
- Should I be Tested? <https://cv.nmhealth.org/should-i-get-tested/>
- DOH Test Portal: <https://cvresults.nmhealth.org/>
- HSD COVID-19 Portal: <https://nmmedicaid.portal.conduent.com/static/covid.htm>
- Report a Public Health Order Violation: <https://www.newmexico.gov/2020/03/25/how-to-report-non-compliance-within-a-business-a-violation-of-the-mass-gatherings-ban-or-other-violations-of-the-public-order/>
- Centers for Disease Control and Prevention (CDC) COVID-19 site: <https://www.cdc.gov/>

Snapshot of Location Options for Supports Waiver Service Delivery and Other Important Information

Supports Waiver Service Type ¹	Remote allowances	In home	Community ²	Hospital ³	Additional Information
Community Supports Coordinator	YES	NO	YES	NO	Only remote visits are allowed until further notice
Customized Community Supports Group	YES	YES	YES	NO	No congregate/facility based setting allowed. 100% remote based services as needed for group day services.
Customized Community Supports Individual	YES	YES	YES	NO	CSC and participants continue to discuss and plan for how service is to be delivered and safe practices.
Supported Employment	YES	YES	YES	NO	CSC and participant discuss and plan work, school, volunteering
Behavior Support Consultation	YES	YES	YES	NO	Can provide remote or face to face services in any home-based setting based on Individual/guardian decisions
Respite	YES	YES	YES	NO	Remote allowance when it includes personal care that involves remote cueing only
Personal Care Services	YES	YES	YES	YES	Remote allowance when it includes personal care that involves remote cueing only

¹ Please check <https://www.nmhealth.org/about/ddsd/diro/ddcv/> for detailed COVID guidance for Supports Waiver Providers.

² All service delivery in community setting must follow current Public Health Orders and honor individual and guardian choices.

³ Hospital setting includes nursing facility or rehabilitation facility.