

Q&A DD Waiver Service Standards Workshop 11-15-21

	Question(s)	Answer(s)
1	Does the change in HRC mean we cannot have a consumer on the HRC?	This slide presentation only notes changes. An individual with I/DD is still a requirement for HRC.
2	What is "associated with DDW services" defined as? Does that include pharmacists who work with agencies? People from DDPC? etc	The point is to have someone who has no connection to DD Waiver in order to be a check and balance.
3	Will we have access to this powerpoint for reference?	Yes. This is being recorded and will be posted on the website as a reference.
4	Does the CARMP also replace the Aspiration MERP?	No, the CARMP does not replace the MERP. The CARMP is the health care plan for aspiration, oral hygiene, and tube feeding. A MERP is needed for all three aspiration, oral hygiene, and tube feeding.
5	So there will be no interim aspiration HCP while developing the CARMP?	For an initial finding only while the CARMP is developed not for an existing CARMP.
6	Please clarify that HCP/MERP will continue on all other e-chat requirements. A HCP is not necessary for Aspiration as the CARMP is the HCP.	HCP will be required as pertinent - no changes in need for HCPs going forward. CARMP is the HCP for ARM. A separate HCP for aspiration is not needed.
7	In regards to CARMP, What date is entered before CARMP is submitted by CM?	Date CM entered CARMP is the date the CM submits the CARMP Draft.
8	How do HRCs incentivize community members in attending regular meetings? We have struggled to have consistent attendance which makes quorum and therefore compliance challenging.	Some agencies offer food, some agencies offer an after hours meeting, it all depends on what the HRC is able to do.
9	Are dietitians required to attend IDTs, ISP meetings?	Nutritionists and dieticians should be invited to IDT meetings but do not have to attend the entire meeting. Nutritionists should attend if the person has nutritional needs such as aspiration risk, food allergies, weight issues, and other health issues related to nutrition such as diabetes.
10	How do you attach the CARMP to E-chat without making a HCP for Aspiration	The CARMP is the HCP for aspiration. If you add the CARMP to an Aspiration HCP without adding any words except "see CARMP" then attach HCP with the CARMP to eCHAT summary.
11	Does bed alarm need an HRC?	Yes, monitoring someone's whereabouts is a restriction of a right.
12	Does the CARMP replace HCP for Fluid restriction and Risk for Dehydration?	It depends. Fluid intake is part of CARMP. Not knowing why "fluid restrictions" are in place makes this a little tricky. Please send further questions to jacoba.viljoen@state.nm.us
13	Can the Nurse of the client be a voting member on the HRC or just there for advocacy?	HRC members who are directly involved in the services provided to the person must excuse themselves from voting in that situation.
14	Taking the bed alarms for instance, how would a fade plan be implemented, or is it required?	Fade plans are required for all right's restrictions. This would be up to the team.

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15	Please clarify how we attach the CARMP to the E-chat without creating the HCP for Aspiration?	You can use the aspiration HCP, but you do not add anything in this HCP except the words "see CARMP". Then attach the CARMP and MERP.
16	Can annual ISP's be submitted earlier than 45 days?	Yes. However, the ISP meeting must not be held earlier than 90 days before the ISP expiration.
17	Does this training count towards the 14 hours CM training and will we be getting a certificate with number of hours completed?	The annual requirement will begin 1/1/2022 through 12/31/22. This workshop will not be applicable. DDS will not be looking for the requirement to be filled this calendar year 2021.
18	On the CM 8.3.4 #2 it also stated Medically Fragile, will CMs now are able to do Medically Fragile Waiver?	Medically Fragile Waiver Case managers are nurse case managers and there is a single provider UNM-CDD right now. DDS does not believe this will apply in our current network.
19	Is the 50 case cap for mixed caseloads an individual CM cap, or an agency average as the 30 person caseload is now?	It is an individual CM/CSC/Consultant cap across all three waivers with no more than 30 person's on a DDW Caseload.
20	When do Case Management Agencies need to begin following the 45 day submission deadline for Annual ISP's to Outside Review.	12/1/2021 for 1/15/22 ISP's
21	When is EVV Official training?	Training will be advertised in the Weekly EVV Updates and Transition Newsletter. There are no official dates for Phase 2 at this time.
22	So may CIHS only be provided IN HOME?	The location of CIHS has not changed
23	Is the new requirement for health care professionals in HRC for voting purposes or presence?	For voting purposes.
24	If submissions (budget) are further out, e.g., 55 days will we get an RFI?	No, the deadline is intended to allow more time to collect documents for a complete submission and to accommodate the ISP meeting requirement which does not allow annual meetings to occur more than 90 days from ISP expiration.
25	If a WDSI is provided by therapies is a TSS still needed by the agency?	TSS is part of the ISP document. The agency is responsible for this information for Outcomes being supported. Strategies included in therapist WDSIs can be incorporated into the TSS. Agencies should collaborate with therapists as part of developing TSS and if they have questions.
26	How many in home hours are allowed for CCS?	CCS In home supports are a temporary allowance through the Appendix K.
27	Will CCS-I still be available for remote day services use?	Yes, if a person makes an informed decision to receive services in this manner.

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28	Can PT, OT, SLP services be provided post hospitalization if any of these services are being provided by the MCO for rehab or is it just COTA and PTA services that can't be provided?	All approved DDW therapy services for adults can be provided even if a person is receiving short-term therapy post-hospitalization, either at home or on an outpatient basis. Services can be provided by all approved therapy practitioners (OT, COTA, PT, PTA, SLP).
29	Can CCS-I still be able to be supported in the person's home?	In home CCS is a temporary allowance through the Appendix K.
30	Family members can continue to provide support until 6 months after the PHE ends?	I believe you're referring to the Appendix K allowances, and if so the answer is yes. Appendix K allowances are currently approved through 6 months after the PHE ends, as defined by the Federal Government. And yes, family members can continue to support temporarily (just as the in-home supports are temporary) through that same time period-for day services.
31	When WDSI's are updated/revised after the annual, what is the time frame to ensure all DSP are trained on the new plans?	All new or revised WDSIs need to be trained within 30 days.
32	Within the TDF, there is a section stating: proposed WDSI, is there still a timeframe for which the "proposed WDSI" is implemented and trained?	There needs to be at least one WDSI developed by the therapist within the first 6 months of providing that service. This is the only timeframe associated with new/revised WDSIs.
33	Is there a "cap" as to how many hours a week an individual receives CCS-I?	There is not a cap but CCS should always be provided in alignment with a desired outcome, be person centered and individualized.
34	Regarding the Case Management education requirements - I understand that the education requirement has been changed-does this mean that CMs have no educational requirements now? How is the 6 yrs of experience measured and confirmed? Is this done by DDSD?	The educational requirements for CM's will be written more clearly so that the intent is understood that a CM must have a high school diploma or GED and have a minimum of 6 years of direct experience related to the delivery of social services to people with disabilities. The initial qualifications are reviewed at hire or during application process.
35	For staffing ratios: Supported living category 4 have 28 hours of individualized DSP attention.. Does it mean client needs to be 1:1 for 28 hours a week??	SL Cat 4 are for individuals who need more than 28 weekly hours of individualized staffing attention apart from shared staffing.
36	In regards to the 90 day ISP Meeting Timeline and 45 day submission timeline to OR, will there be a grace period for CM Agencies to align with these requirements without being in fear of contract management?	Grace periods and transition periods are available on a number of standards . Following this workshop a summary grid is planned to be published with all new standards that have a grace period

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37	I apologize if I missed this, is there an exemption that can be requested for DSP having a high school/GED? Applicants may have experience working with people with disabilities but due to this education requirement, are unable to be hired.	The high school diploma standard is actually written into the waiver program application approved by the federal government, Centers for Medicare and Medicaid Services (CMS). Sometimes we can make exceptions to standards through a Regional Office approval process but not when the minimum standard is actually in our approved application to CMS
38	There must be at least one WDSI for all therapists on an IDT?	There needs to be at least one WDSI developed by the therapist within the first 6 months of providing that service.
39	What will be the criteria on therapy agency review? Will that be sent to agencies?	If an agency is chosen for a review, you will receive the information prior to the review. This information follows the QI process for therapy agencies and these reviews are specifically related to JCM services.
40	With each therapy service providing a separate WDSI (not combining instructions), can provider agencies create a separate document that does combine these instructions from different therapists?	Each therapist is the author of their WDSI documents and the plan cannot be modified by the agency. The agency could combine WDSI documents into a file that is easier for DSP to access.
41	Please clarify - Changes to diet/liquid levels can not be made when they are identified as needed?	Yes, the current CARMP remains in use while updating the CARMP to reflect the new changes. CARMP Draft will speed things up and the team should work together to make the changes sooner rather than later.
42	I would hope that the Case Management exemption could also be extended to DSP for time worked in the field. This is a huge barrier to hiring.	The educational requirements for CM's will be written more clearly so that the intent is understood that a CM must have a high school diploma or GED and have a minimum of 6 years of direct experience related to the delivery of social services to people with disabilities, or other educational experience as stated in Service Standards
43	Is the ISP Assessment Checklist still required and who is responsible for updating and providing this document to IDT?	DDSD Assessment Checklist is still required, responsible party is the CM.
44	Appendix K ends in December 31, 2021 - OR is it officially extended ?	The most current appendix K expires 6 months after the end of the national pandemic.
45	There are many TDF developed without WDSIs present, how does DDSD want providers to address this?	There needs to be at least one WDSI proposed and developed within the first 6 months of providing a therapy service. Each successive TDF should contain at least one WDSI. If a therapist is not providing any WDSIs, they are not following standards or the Collaborative-Consultative Model of Therapy Service Provision. If this is not being done, it can be addressed in a variety of ways including team discussion directly involving that therapist, consultation with the appropriate DDW therapy consultant, or submission of a RORA. If you would like to discuss this further, please contact one of the CSB therapy consultants.

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46	If there are two agencies providing nursing services, do both agencies develop their own HCP and MERPs	Yes, each agency has to develop their own HCP's and MERP's, except for the CARMP.
47	I have many FLP's that are not allowing or comfortable with face to face visits?	Please follow all current orders and DDS guidance. Should there be issues or concerns about FLP's not allowing or are uncomfortable with face to face visits, please contact Regional Office for Technical Assistance.
48	Not sure if this part is for the Behavioral services section or Nursing section regarding "The 5 Wishes." So often we receive this booklet for individuals and not sure whether this needs to be part of the ISP thru Advance Directive or discussion during ISP.	If The 5 Wishes is complete, it can guide the requirements in the standards. If you require more resources to complete the document please contact Clinical Services Bureau.
49	Is this the only hospice changes that have taken place??	This ppt focuses on changes. However, providers need to be aware of complete set of standards. Please contact Clinical Service Bureau for further questions.
50	Does this include family need to call provider nurse for PRN approval when they are visiting?	If the family is related by blood, adoption or marriage then no- they dont need to call for an approval. However, letting the nurse know that this was needed and delivered during the visit would be very helpful to the nurse. FL providers who are not related by blood adoptoin or marriage; all SL and CCS-G providers and any community providers must call the nurse in their agency first before giving PRN meds.
51	If a verbal order has been given and the written order is not obtained within the 10 days required due to the perscriber failing to respond, what happens next, or is it an ANE? and who is the responsible party on the ANE?	The nurse has to document due diligence in contacting the provider. Report in GER as this is a significant event.
52	For nursing for CCS services, will that nurse be required to do their own assessment when they are asking for units via the ANSEPT for the budget and if not do they use the primary nurses assessment?	The nurse will be required to do their own assessment. All unbundled nursing services must perform their own assessment and request budgeted hours.
53	Who is responsible for HCPs when the individual goes to a day hab? Do they do their own or do we share? Can day hab administer medications while at a dayhab if needed?	CCS group does have nursing bundled into the service definition.
54	What about respite and CCSI only- Is the CCS/ Respite agency required to do nursing assessments?	ANS needs to be on the budget . These services do not include nursing.

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55	If an individual has supported living and CCS-I then does CCS-I need to have nursing on their budget if there are no MERPS or HCPs according to the assessment made by the hierarchy nurse at the SL agency?	Keep in mind that nursing may be needed if : 1- there are health care plans/CARMP and MEREPs for which training is needed. OR 2- the person needs PRN medications. All non- related DSP must call the agency nurse for prior approval before the deliver a PRN medication. 3- a SL nurse is not required to provide nursing supports to DSP in CCSI... That is when an ANS provider needs to be selected in order to support these situations.
56	Why are Nursing Bi-Annual not allowed to be billed?	Money for completing bi- annual assessments is already included in the DDW rate build up. This means that time and funding for this task has been taken into consideration in the development of hourly rate that is paid. This change aligns that one section of nursing to match all other clinical providers.
57	Are you saying the nurse or the agency may not bill for a semiannual assessment/report?	Yes. Any task that was included as part of the "rate build up" in the PCG study may not be billed again. Hours for that task have already been taken into consideration.
58	Can the HCP/MERP training by the agency RN be done digital???	not sure what you mean... Can this be done using telehealth ? Please review Chapter 13.2.4.5- a- e All routine required Nursing visits should be face to face to allow for monitoring of the person, the DSP, records etc. and to provide training and support to the person, family, or DSP as needed. b. Training, oversight, and monitoring of DSP should be completed face to face and in accordance with healthcare provider orders, the HCPs/CARMP/MERPs and prudent nursing practice... training can be done rempotely if needed during the PHO.
59	How do you get to the Clinical Services site to see what meds are listed?	https://www.nmhealth.org/about/ddsd/pgsv/clinical/
60	Also do only the MERPS need to be attached to the eCHAT summary?	Attach all HCP/CARMP and MERPS. Please speak with your RO nurse.
61	If CCSI does have nursing on their budget does the CCS-I nurse do an assessment if there is a hierarchy nurse	No, Communicate with Primary Provider Nurse to share the e-chat.
62	If I am doing a semiannual report and have to review I&O, seizure reports, immunization and meds list, GERs, etc and spend several hours do that , I can't bill for that time?	No you cannot bill for this time.
63	Supported living category 4 requires 10 hours of nursing services a month correct? Does nursing needs to be face to face or telehealth with client during visit ?	Please review- 13.2.4.5- a- e Focus of Routine Required Nursing Visits. It should be face to face but can be via telehealth during Public Health Emergency. Follow the most current Guidance from DDSD.

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64	How often must the Nurse review and revise as needed HCP and MERP's for those receiving IMLS and also how often for those on DDWaiver group assignment based budget?	Details will be addressed in training to nursing community
65	Has anything changed significantly for RNs overseeing LPNs?	You have to follow the Nursing practice act.
66	I have a concern that I have dealt with since day one of nursing in the DD Waiver. It is not unusual for me to be advised of an ISP meeting without the 14 day advance time frame to assess and submit documents. Yet I am the one who takes the hit for lack of a better word when it wasnt done in a timely manner. I document in my paperwork the time advised.	Please complete a RORA so DDSD can assist and provide the CM agency technical assistance as needed. Additionally, all agencies need to have a record of each person's ISP, when each individual's ISP expires in order to plan appropriately.
67	If we are having issues getting RX hard copy scripts from PCP what do you suggest we do when we dont get the cooperation needed to get documents needed or required	You should have very few hard copy scripts from the PCP. Most providers are now using electronic communication for their orders to the desired pharmacy. You can ask the pharmacy to provide a current print of the medications in order to have a record of what was ordered. If you do need help in getting a hard copy order - like a verbal order issue, then try calling the office manager.... front desk staff can link you with the office manager. do know that few Drs are doing hard copy of prescriptions due to new Federal Regulations. This was addressed in the Community of Practice call so - if you are the Family Options nurse, please reach out via email to me.
68	Will DDSD send the AT Forms in Word or fillable PDF?	DDSD is working on publishing the new forms in a fillable PDF format. DDSD will check into sending them as Word forms, as well. In the meantime, please contact a CSB therapy consultant for a Word version if you are unable to convert or edit a PDF.
69	Is exercise equipment and bikes covered by bb atf?	In general, exercise equipment is not covered under either ATF unless there is a specific adaptation that it provides to accommodate for a person's disability. Please contact Marybeth Schubauer at marybeth.schubauer@state.nm.us for further questions.
70	Warranties are included?	Yes, warranties can be funded during the initial purchase or at a later time.
71	Does the RPST agency mean the CLS or FLS agency, or does it mean the "therapist" who assisted in the acquisition of the RPST?	The RPST agency is an outside entity like an alarm company or fall alert monitoring agency. The RPST agency needs to collaborate closely with all agencies, care providers, and therapists throughout the process of identifying appropriate equipment, installation, training, and use during the ISP year.

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72	Is a DSP for CCSI allowed to attend all classes with individual? I mean in the Friends and Relationship classes?	Yes, DSP are allowed to attend the classes and function as a support guide, where they are taught to support the social and sexual lives of persons with I/DD while building a healthy interdependent connection.
73	Do we have a list of agencies that will be providing Supplemental Dental?	Approved agencies for any service including Supplemental Dental are always on the SFOC by county. If you are not finding a provider, please file and RORA and work with Clinical Services Bureau.
74	Socialization and sexuality is 14.9 in standards. Respite is 14.8. The PowerPoint presentation shows incorrect chapter numbers	Yes, you are correct- Thank you for bringing this to our attention so that we can revise.
75	Question please if the package is delivered and never received who is responsible for the replacement item if all monies are used up?	If the item is not received, someone needs to follow up with the shipper to get the item resent or obtain a refund. It is important to order AT items through a reputable company and know their shipping policies prior to ordering. If you have a specific situation/concern, please reach out to Robin Leinwand at robin.leinwand@state.nm.us. The purchasing agent is responsible. Medicaid funds cannot be billed for an item never received.
76	Who is required to ensure that Nutritionist is up to date with trainings?	Agency is responsible to assure any on- staff nutritionists or contracted nutritionists have met all training requirements.
77	If an item was originally required as part of AT specific to aiding in the completion of a goal or action plan (iPads, exercise equipment, mobility devices, etc.) but is no longer required for usage, following the completion of said goal or revisions made during the ISP year, would the item need to remain documented as an AT item? Or would the item then be relegated to the individual's general inventory.	Any piece of equipment that is no longer needed/used can be removed from the ATI and this should be documented on the current ATI or in the ISP or a therapy re-evaluation, etc. However, if the equipment is still in use, even if not related to a goal/action plan, it should be maintained on the ATI.
78	If the standards went into affect 11-1-21, why can't this training be used for those 14 hours	We are looking back over one year starting 1/1/22. Thank you for attending this workshop. There will be many other opportunities for applicable trainings.
79	So whom do we contact to get access to THERAP for our Protected Persons as the guardian when we note that we DO NOT have access to the GERS, medical documentation, Outcomes documentation and MARs?	Contact the Therap Unit for Corporate Guardians. The Primary agency should assist individual/ family and can contact the Therap unit at DOH-DDSD.Therap.Unit@state.nm.us, if they have trouble.
80	To clarify: AUTHORS of documents are required to send their documents/reports to the IDT? This is NOT a case manager responsibility?	Correct, authors of documents are required to send their documents/reports to members of the IDT team. The CM is not responsible for distribution.
81	Every agency will have to use therapy MAR. No other sources will be allowed	Correct

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82	<p>Why not a single IDF on Therap that all providers can access and edit? Why does every agency need their own? Multiple versions seems inefficient and liable to be incomplete/missing errors.</p>	<p>Each agency is responsible for their own records for each individual they support. Each agency is required to utilize and maintain their own Therap account. Each agency is therefore required to maintain their IDF record for the individuals they are paid to support through DD Waiver services. The IDF is unique to each provider and only the Oversight portion is maintained by DDSD with in providers. Oversight should be linked as part of the referral process, which does bring over initial information from the provider that is referring the person to provider agencies. The IDF is also how individuals are admitted, discharged, and pending within Therap at each provider.</p>
83	<p>Do we need to enter the COVID vaccines in both GER and appt section?</p>	<p>Yes, in GER and add them if part of an appt result. Vaccines should be entered in Immunizations.</p>
84	<p>MUST be SCOMM? Or may request to have SCOMM?</p>	<p>All paid providers who work to support individuals on the DD Waiver are required to use SComm for communication as well as distribution of plans, reports, assessment, and other required documentation. Guardian's have accounts available to them through one of two routes, if they are corporate guardians, they are granted access through oversight, if they are related to the individual, they can gain access through that individual's primary provider. Please contact Therap Unit (DOH-DDSD.Therap.Unit@state.nm.us).</p>
85	<p>Clarification for sending Immediate Action and Safety Plans. Powerpoint said they need to be sent to case manager when ANE is reported. Requirement is to send to CM, CSC or Consultant depending on waiver. Same goes for requirements that follow reporting the incident.</p>	<p>This is correct</p>
86	<p>Reason I ask, is that after moving from one agency to another, my THERAP is still listed for the previous agency in many cases, and I no longer have access to that THERAP account.</p>	<p>First contact your previous agency's Therap administrator and your former supervisor to ask that your account be deactivated as you are no longer an employee. If they do not respond to you within a reasonable amount of time, 5 business days. Please contact the Therap Unit at (DOH-DDSD.Therap.Unit@state.nm.us)</p>
87	<p>Does someone utilizing family living have to use EVV if it his his guardian and wife caring for him?</p>	<p>No, EVV is only required for Respite and Customized In Home Supports.</p>
88	<p>When will the smart sheet form for the annual reports be finalized and sent out to provider agencies?</p>	<p>Within two weeks from this presentation 11/30/22</p>

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89	Please describe the norm referenced assessment. is that the CIA, ABS or vinland? Which form will be used and who will provide that to case management agencies to complete?	The Vineland is a norm referenced tool . The CIA is not.
90	What changed in the Appendix A. That was skipped	The slidedeck previously reviewed what was added to the Client File Matrix.
91	Respectfully, I understand all the information you have provided and the requirements. I believe you live unrealistically we are lucky if we find out a medication change within a month, we are lucky if we find out about an urgent care, ER visit, hospitalization within a week. Immunizations mostly never until we ask which is usually several months later! It doesnt matter how many times we advise the FLP/care provider it is the same! How about suggestions on how to get the care provider/ FLP to actually be compliant. I am almost certain timely knowledge only occurs in supportive where the nurse has full control.	This is the responsibility of the Family Living Porvider Agency and should be covered during Home Study process and as part of the contract the agency has with the family living subcontractor. This is a fundamental responsibility of the Family Living Agency. If you are having issues in supporting an individual to meet the individual requirements of the service, please contact your regional office and file a RORA. Remember to keep a communication log of your good faith efforts to provide supports and services. All services on the waiver require at least monthly visitation and/or monitoring.

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92	What's the process for making sure IDT members are added to a client's Therap caseload so that, for example, they can contribute to the CARMP?	<p>Provider Agencies with their own Therap accounts (CCS, CIE, Adult Nursing, and Living Supports) provide access and assign caseloads to their employees/contractors that support and those who oversee those supports (DSP to Agency Head) as well as family guardians. These providers must complete the Therap referral process with Case Management providers, admitting through that referral process for the individual's records within that account to be linked. If there are issues during this process, please contact the Therap Unit immediately for assistance and resolution. CCS Nursing should be granted temporary access for the CARMP process only to the primary provider's account.</p> <p>Clinical supports (ST, OT, PT, Nutrition) and Behavioral Supports (BSC) have accounts through DDS's oversight and must notify the Therap Unit (use 'Therap Unit' in compose field) within 7 days of assignment of the individual to their caseload.</p> <p>Other providers are given general SComm only accounts as they are usually services provided for a short term base and do not contribute to the IDT directly nor require access private health information at providers.</p> <p>Corporate guardians can seek access through the Therap Unit as well, please contact the unit by email (DOH-DDSD.Therap.Unit@state.nm.us) without using private health information of those in your agency's guardianship.</p>
93	On the annual and semi annual reports can we put refer to Therap since all the information is already there?	Information from Therap must be placed in the report.
94	On pg. 300 (Chapter 21 re: billing) it states the maximum allowable amount for non-medical transportation mileage is \$850 per ISP year. Is the correct amount \$810 or \$850?	Thank you for catching the error, change will be made on PPT. Correct amount is \$810
95	CARMP question ? I've been told LPN's upload the CARMP for the team to review for the new ISP year and whenever there's a change. Is this the responsibility of the case manager ? We are told It is the responsibility of the LPN. Please clarify Thanks much	Any author can upload the most recent approved CARMP. If you need assistance or further information, please contact Jacoba Viljoen at jacoba.viljoen@state.nm.us

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96	Letter A of section 5.5.2 of the standards includes "Dietician Spelling? except for Risky Eating Behaviors, without the presence of nutritional or weight related needs." How does one know if nutritional or weight needs apply? Is there a specific criteria? Thank you.	Please refer to DD Waiver Service Standards 10.3.3.
97	As a CCS facility, I still do not have access to my clients' documents in Therap. How do I get access?	Please contact Justin Stewart with Therap Unit at justin.stewart@state.nm.us
98	When does the Therap MAR go into effect? Now?	All Provider Agencies must be in compliance by 11-1-2022.
99	I am a contractor nurse I bill assessments, quarterly, semi-annual and annual assessments if I cannot bill for these, I think I need to find another job as I also need to be able to pay my bills. I do not know many who can afford to work for free.	If your contract covers you to do this work that is fine. The agency may not bill those hours.
100	If natural family otp's out, do they still have to use the MAR on THERAP?	The MAR is required if any services are provided by non-related family members. These supports are required to sign off on the MAR when assisting with medication delivery.
101	Therapists and agencies are required to send out their reports to the team. It is NOT the responsibility of the case manager.	Correct, all authors are required to distribute their reports, assessments, plans, and other documents within a timely manner per specific standards via SComm to the entire IDT.
102	Also, not everyone can access each other in Therap. This needs to be updated	All members of the IDT do have Therap available to them. All paid providers have requirement to use Therap. CCS, CIE, and Living Supports are required to provide access to all their support staff, this includes DSP. In the new standards DSP will be required to enter directly into the MAR online in Therap. Clinical and Behavioral Supports gain access through oversight account, they can contact the Therap Unit (DOH-DDSD.Therap.Unit@state.nm.us) to request an account. If you need more information, please contact the Therap Unit.
103	Does the assistance with medications need to be documented as it's assisted with or can it be documented on a paper MAR and then entered into THERAP at the end of shift?	Yes. It is required to be entered online as medication is assisted with, step 9 of the AWMD 11 step process. No, it should not be documented on a paper MAR and then entered at the end of shift.
104	IASP needs to be sent to the Case Manager? What if the allegation is against the Case Manager?	An IASP is developed by the responsible provider so in that case the Case Management agency is responsible for developing the IASP and distributing to the IDT as well as modifying the IASP according to DHI if needed.

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105	Will there be guidance as to what privileges to give DSP on therap and do we make each individual a caseload and assign to DSP?	The Therap unit will distribute through the provider distribution email list by the Provider Enrollment Unit, the NM Therap Page, and directly to Provider Administrators. The Therap Unit will be sending a Smartsheet Form to provider contacts to complete with their agency's upper management for QA, Agency Therap Admin, and Nursing contacts by December 1, 2021. This will be distributed directly to the list through Smartsheet and followed up in email by Justin Stewart (justin.stewart@state.nm.us).
106	We had wanted to ask, do ADMIN staff need to have back ground checks?	Yes, all employees must complete the CCHS and EAR screenings.
107	CARMP standards have a flow of which team member goes first, second, and so on - Consider deleting you just gave contradicting information regarding this process - please clarify	The standards does not have the order of flow for revision. The cm and team must decide the order that the CARMP must be reviewed and revised in CARMP draft. For more detailed information and technical assistance please contact Kotie Viljoen at (jacoba.viljoen@state.nm.us).
108	Do we still have Supp Dental?	Yes. There have been no users of this service in the last few years
109	There is the mobile MAR that we utilize if needed	Therap does have a mobile MAR that is free to use for all NM DDSD providers. It was turned on for all providers January 2021.
110	Clarification needs to be provided for what an agency can and cannot bill. Clarification for what is bundled in ?	Refer to applicable service chapters and Chapter 21 for Billing Requirements.
111	Is there a mar app for the dsps to do live mar entries since majority if dsp in ccs are in the community	The Therap App includes MAR access at no charge. The MAR is also available via mobile browser.
112	Since we are moving to electronic mars what about the controlled substance mars that come with the bubblepacks that the BOP want to be used.	The MAR should include all medications (scheduled, unscheduled, as needed, treatment, controlled, over the counter, etc.). If you mean the individual narcotic log (controlled substance log) or doing shift counts of controlled PRNs, you can set up MAR entries for these just be sure to consult with your consultant pharmacist before proceeding. The MAR is set up for the entire provider agency (Living Support, CCS, and CIE) no matter what services and programs, it is individual based and the same through all program access. The same MAR being available to all services at the agency allows for consistency across those services.