

**Statewide Case Management Director's Quarterly Meeting Minutes
7-21-22**

Attendees

Andrea Gonzales	Cristina Rascon	Frank Gaona
Melinda Broussard	LaRisa Rodges	Christine Fuller
Gabriela Ramos	Melanie Bienviaje	Jacqueline Marquez
Kimberly Hawkins	Jenni Mcnab	Jacoba Viljoen
Dawnmarie Martinez	Marcia Battle	Dianne Castro
Sarah Herrington	Steven Gutierrez	Sabrina James
Kristin Martin	Linda Murray	Anysia Fernandez
Sarah Martinez	Guy Irish	Demarre Sanchez
Daniel Romero	Brandi Rede	Robin Leinwand
Julia McSweeney	Magdelyn Montoya	MaryBeth Schubauer
Carrie Lyon	Aaron Joplin	Pat Norris
Natasha Rakoff Ruiz	Tim Gardner	Elizabeth Finley
Scott Newland	Scott Doan	
Charles Clayton	Michele Groblebe	
Louann Cruz	Michael Driskell	
Evangeline Yanez	Michelle Lyon	
Christina Hill	Angie Brooks	
Marie Velasco	Angela Pacheco	
Selina Leyba	Isabel Casaus	

Speaker/Topic	Notes
10:00-10:15: Introductions	New Community Program Bureau (CPB) staff: Welcome Anysia Fernandez, Supports Waiver Program Manager and Evangeline (Vangie) Yanez, CPB Bureau Chief. For those that are not aware Jennifer Rodriguez is the new Deputy Director for CPB.
10:15-10:30-HSD Updates Christina Rascon/HSD Updates and LaRisa Rodges/TPA <ul style="list-style-type: none"> ➤ TPA-Close Out Budgets (SW to DDW) https://www.nmhealth.org/publications/view/guide/6283/ ➤ HSD Updates 	HSD: Eligibility issues have been identified and HSD is working with Omnicaid contract managers to resolve these issues. If Case Managers are having any issues, please reach out to Melanie Bienviaje and Cristina Rascon. TPA Items: <ul style="list-style-type: none"> - The TPA has notified HSD that there are individuals that are transferring from the DDW to Mi Via but are unable to do so because there is not a close out budget for DDW. CMs please remember to close out DDW budgets.
10:30-11:15: Clinical Service Bureau:	Jacoba: <ul style="list-style-type: none"> - Will be reaching out to Case managers to respond to her requests with the correct documents. Case

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Jacoba Viljoen, Aspiration Risk Management Coordinator/Nurse Consultant & Demarre Sanchez, Statewide SLP Clinical Consultant:

- AT Fund Process
- CARMP in Therap and CM Responsibilities
- Change in Therapy Agency - Transferring remaining units with no revision to the TDF
- JCM - Clinical Exception Process

DDW BB AT Fund Application

<https://www.nmhealth.org/publication/view/for m/4512/>

JCM Clinical Exception Application

<https://www.nmhealth.org/publication/view/for m/4054/>

JCM Clinical Exception – Budget Request Process

<https://www.nmhealth.org/publication/view/for m/4794/>

2022 CARMP Template

<https://www.nmhealth.org/publication/view/for m/3967/>

2022 CARMP Template Instructions

<https://www.nmhealth.org/publication/view/for m/3968/>

Managers need to send only what is being requested.

Demarre-

- AT Budget based application
 - CMs sections are 4,5,6
 - Please doublecheck that this is filled out only if it is related to DDW.
 - There is a requirement that IDT members discuss and prioritize AT requests.
 - Teams are to explore other options prior to submission of AT Requests.
 - After discussing other funding options, please be aware of any other funding denials that will provide proof that the services were denied from other sources.
 - These denials are required for high-cost items.
 - If other funding options can be explored but the CM needs information on who or what is covered, the CM can contact the individual's MCO Care Coordinators.

Q- With the denials is that something that needs to be submitted to the OR?

A- Yes, that is something that needs to be sent to the OR for clinical review.

Q- This can be as simple as an email.

Clarification that the denials or non-coverage of AT items need to be identified in the ISP that funding sources were explored.

If Case Managers are having a hard time getting information from MCO Care coordinators, CMs are to file a RORA.

- Clinical Exception

If individuals are requesting more than the maximum allowed limits, the CM will need to request an exception.

Clarification: The therapist is responsible to submit the request to CSB and the approval is sent to the CM to submit to TPA. The process has not changed.

- This exception is then reviewed by the DDSD Deputy director.
- This is for JCMs only.

- CARMP and CARMP Process

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- CARMP in Therap.
- We train therapists that it is their responsibility to ensure that they have access to Therap, access to their case load and complete the CARMP in therap.
- Timelines and trainings
- If you are doing a decision consultation process- please do not submit the CARMP before you do the decision consultation process. You can share with the guardian but please do not submit until process in complete,
- Training
- Please make sure that the trainings are completed these are competency based.
- The requirement is that the CARMP training is completed thirty days after the ISP has begun.
- When changes are made, the trainings must be completed thirty days after the change has been made.

Instructions to the CARMP Template:

- If there is not information for that specific person in a strategy area please put N/A. This is to make sure that DDSD does not assume that this is incomplete.
- Each item must identify one lead contact for each area. The CM can send this back if there are areas that are not complete.
- Documenting the Decision Consultation process.
- Use Strikethrough function when editing the CARMP.
- Make sure that the date is left blank until the CM submits the CARMP.
- CM needs to review the CAMP for inconsistencies. The CM can request clarification for inconsistencies that are identified.
- There can only be one level. If there are multiple levels and no justification the Case Manager needs to push this back to the Author

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<p>11:15-11:45: Supported Employment</p> <p>Frank Gaona, Supported Employment Statewide Lead and Christine M. Fuller from DVR</p> <ul style="list-style-type: none"> ➤ Email from DVR counselors to Individual/Guardian/CM on projected transition date from DVR funding to DDW funding. ➤ DVR Case follow up/Point of Contact. ➤ Release of info. 	<p>Christine Fuller</p> <ul style="list-style-type: none"> - DVR is checking all new referrals that are being sent to DVR. - Will the CM upload the ISP and the ROI? This helps DVR process the referrals. ‘ - In the MOU, it is the job developers to notify the CM that they found a job. - DVR is working on sending the CM when the individual gets a job with information of start date and transition date. The CM will need to use this in order to start requesting funds. - The MOU says that the file will be closed on the 90th day. The law states that the individual file needs to stay open for an additional 90 days to ensure successful transition to long term supports. - DVR is responsible for following up with the individual 2 times a week. If DVR is unable to contact the individual, they will contact the CM to get a status of transition. - DVR.State.NM.US is the website to enter ISP and ROI information.
<p>11:45-12:15 Lunch Break</p>	
<p>12:15-1:00: OR</p> <p>Selina Leyba, Waiver Project Manager</p>	<ul style="list-style-type: none"> ➤ Transfer of OR to Marie effective 7-29-22. Please have CM's contact Marie Velasco for OR issues/concerns after 7-29-22. ➤ Reviewed Dashboard information ➤ Cisco -Work around for when system is down. ➤ Kudos-Late Budget Submission ➤ RFI-Working on less RFI submissions
<p>1:00-1:15: Bureau of Behavior Supports</p> <p>Sabrina James, Statewide Crisis Coordinator</p> <ul style="list-style-type: none"> ➤ Reminder to reach out to BBS 	<p>Reminder to CMs that if there are difficult allocations, please contact BBS. BBS can assist Case Managers to facilitate these transitions.</p>
<p>1:15-2:00: CPB DDW Initiatives and Updates</p> <p>Marie Velasco, DDW Program Manager</p>	<ul style="list-style-type: none"> ➤ DDW Allocation Letters: 6/21/22- 690 letters sent. Next batch will be on 3/17/22 9-26-22 and potentially 710 letters. ➤ Numbers for current COVID provided ➤ Removal of CCS KPI reporting requirement for Case Manager for 2022. Still have to report on Case Note,

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but not as an aggregate on annual report. Chris Futey will be sending out the link for the annual report soon.

➤ Clarification of DDW Caseload Memo:



DDSD-DDCV-Memo-
Regarding-Work-Rest

Please refer to page 93 of the DDW Service Standards Chapter 8.3.4

It is at the discretion of the CM Director to determine what a Case Manager can handle in terms of a case load. However, CM directors need to understand that they are utilizing an average of 30 DD Waiver cases per CM across the agency. What this means is that if for example a CM agency has 10 cm's then there can be no more than 300 DDW participants in that agency. How the cases are distributed to the cm's are based on the decision of the CM director. The max for a CM is 50 whether they have an all DDW caseload or if it is a mixed caseload. The agency director must still maintain the 30 averages for DDW individuals. Need to emphasize that it is at the discretion of the CM Director to determine what a Case Manager can handle in terms of a case load.

➤ DDW Transition from Med Frag:

DDSD is experiencing some issues with transitions into DD Waiver from 095. Reminder to CM's to speak with MFW Case Managers for anyone with 095 eligibility.

Please be advised that persons receiving EPSDT services are being dropped by their providers as soon as they see 096 in the portal. Essential services may be lost. DDSD urges transitional planning and meetings for all that are EPSDT. Parents need to be communicating with their care coordinators and MF nurse case manager and whomever is involved on the Community Benefits side.

➤ Increase of COVID cases and CM In Person visits:

At this time remote visits must have exception approvals by RO. However, in order to try and make the exception request less

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time consuming, a cm can submit one exception request to RO listing the names of the individuals on one document that cm is requesting the exception due to COVID-19 exposure, quarantine or positive cases. CM does not need to list the reason for each individual person on the list but rather write requesting exception due to COVID-19 exposure, quarantine, or positive case. CM can also include the JCM on the list so that cm does not have to complete two face to face visits. DDSD understands that this is not ideal, but hopefully it can alleviate some of the burden of having to submit multiple exception requests.

➤ **Mask Clarification:**

DSP not wearing masks, please let RO know the agencies not following guidance and DDSD will follow up. DDSD has issued Civil Monetary Penalties against agencies who continue to not follow the COVID-19 mask mandate. Reminder: As per the Public Health Order (PHO), the indoor mask mandate applies to Community Homes and Congregate Care facilities. Mask is required in SL homes and Day Program Facilities. DSP's do not have to wear masks during transportation, out in the community and during CCS-I services. DDSD encourages DSPs to utilize a mask at all times when working with individuals. Providers if they wish can issue more stringent requirements for their DSP if they choose.

➤ **Reporting of new CM's contact information:**

Please send contact information for new CM's to your Regional Office. Monthly you may be requested to send list of cm's and contact information.

➤ There are some concerns that Providers on SFOC are unable to attend IDT meetings. Please reach out to RO. Can attend through telehealth.

➤ **Children's Site Visit:**

At this time children are not able to be entered in Therap and therefore Case Notes are not available for children. Please utilize the attached Children's site visit form until further notice. DDSD will be working towards improving children's documentation. Request from cm directors to please include them during any committees or task force to improve children's documentation. DDSD will ensure there is input from case managers.



SiteVisitFormsMemo6
2010.pdf



DDSD CHILDREN'S
SITE VISIT FORM 6-20

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Rate Increases
Update 7-7-22.pdf

- Rate Increase Memo:

- OTHER ISSUES/CONCERNS (Brought forth by CM Directors)
 - 1) Due to Super Allocation, there was a question as to whether there could be an allowance to modify the end date of the ISP?
 - 2) Request allowance for CM to be able to conduct IDT meetings remotely. At this time CM's are having to conduct meetings in an individual's home or at a location, but sometimes it is only the case manager, guardian and individual meeting in person. Other team members will request to attend remotely.
 - 3) Can there be allowance for cm to have the choice of conducting monthly visits with individuals remotely. Right now, it is impossible to conduct visits outdoor due to the extreme heat. Wearing a mask in an individual's home that has swamp cooler is very difficult.
 - 4) Request to remove 2 monthly visits for JCM's.

Resources:

[Tips for Getting the Most Out of Your Next Telehealth Visit \(carewell.com\)](https://www.carewell.com)

[Get the Most Out of Your Telehealth Visit - Simply Well \(simplywellblog.org\)](https://www.simplywellblog.org)

[Five Tips for a Successful Telehealth Visit | University Health Center \(unl.edu\)](https://www.unl.edu)

[Telemedicine Treatment and Care for Patients with Intellectual Disability - PMC \(nih.gov\)](https://www.nih.gov)

[Telehealth and Individuals with IDD: Challenges and Best-Practices | UNH Today](https://www.unh.edu)

Meeting Schedule Case Management Directors for 2022

- Thursday, January 20, 2022 @ 10:00 AM to TBD
- Thursday, April 21, 2022 @ 10:00 AM to TBD
- Thursday, July 21, 2022 @ 10:00 AM to TBD
- Thursday, October 20, 2022 @ 10:00 AM to TBD