
Date: March 13, 2019

To: Charles Clayton, Program Director

Provider: Vision Case Management and Consulting, Inc.
Address: 1570 Pacheco Suite B-7
State/Zip: Santa Fe, New Mexico 87505

E-mail Address: charles@visionsnm.com

CC: Vonnie Sachse, Program Manager

E-Mail Address: vonnie@visionsnm.com

Region: Statewide

Survey Date: February 11 – 14, 2019

Program Surveyed: Mi Via Waiver
Service Surveyed: Mi Via Consultation Services
Survey Type: Routine

Team Leader: Crystal Lopez-Beck, BA, Deputy Bureau Chief, Division of Health Improvement/Quality Management Bureau

Team Members: Valerie V. Valdez, MS, Bureau Chief, Division of Health Improvement/Quality Management Bureau;
Monica Valdez, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Clayton:

The Division of Health Improvement/Quality Management Bureau Mi Via Survey Unit has completed a compliance survey of your agency. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Mi Via Waiver; and to identify opportunities for improvement. This Report of Findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider agreements. Upon receipt of this letter and Report of Findings your agency must immediately correct all deficiencies which place Individuals served at risk of harm.

Plan of Correction:

The attached Report of Findings identifies the deficiencies found during your agency's compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 45 business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction) from the receipt of this letter. During the exit interview of your on-site survey Attachment A on the Plan of Correction Process was provided to you. Please refer to Attachment A for specific instruction on completing your Plan of Correction. At a minimum your Plan of Correction should address the following for each Tag cited:

DIVISION OF HEALTH IMPROVEMENT

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>



QMB Report of Findings – Visions Case Management and Consulting, Inc. – Statewide – February 11 – 14, 2019

Survey Report #: Q.19.3.MiVia.D1667.6.RTN.01.19.072

Corrective Action:

1. How is the deficiency going to be corrected? (i.e. obtained documents, retrain staff, individuals and/or staff no longer in service, void/adjusts completed, etc.) This can be specific to each deficiency cited or if possible an overall correction, i.e. all documents will be requested and filed as appropriate.

On-going Quality Assurance/Quality Improvement Processes:

2. What is going to be done? (i.e. file reviews, periodic check with checklist, etc.)
3. How many individuals is this going to effect? (i.e. percentage of individuals reviewed, number of files reviewed, etc.)
4. How often will this be completed? (i.e. weekly, monthly, quarterly, etc.)
5. Who is responsible? (responsible position)
6. What steps will be taken if issues are found? (i.e. retraining, requesting documents, filing RORI, etc.)

Submission of your Plan of Correction:

Please submit your agency's Plan of Correction in the space on the right-hand column of the Report of Findings. (See attachment "A" for additional guidance in completing the Plan of Correction).

Within 10 business days of receipt of this letter your agency Plan of Correction must be submitted to the parties below:

1. **Quality Management Bureau**
Attention: Plan of Correction Coordinator
1170 North Solano Suite D Las Cruces, NM 88001
2. **Developmental Disabilities Supports Division**
Attention: Mi Via Program Manager
5301 Central Ave. NE Suite 200 Albuquerque, NM 87108

Upon notification that your Plan of Correction has been approved, you must implement all remedies and corrective actions to come into compliance. If your Plan of Correction is denied, you must resubmit a revised plan as soon as possible for approval, as your POC approval and all remedies must be completed within 45 business days of the receipt of this letter.

Failure to submit your POC within the allotted 10 business days or complete and implement your Plan of Correction within the total 45 business days allowed may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Billing Deficiencies:

If you have deficiencies noted in this report of findings under the *Service Domain: Medicaid Billing/Reimbursement*, you must complete a "Void/Adjust" claim or remit the identified overpayment via a check within 30 calendar days of the date of this letter to HSD/OIG/PIU, *though this is not the preferred method of payment*. If you choose to pay via check, please include a copy of this letter with the payment. Make the check payable to the New Mexico Human Services Department and mail to:

Attention: *Lisa Medina-Lujan*
HSD/OIG/Program Integrity Unit
1474 Rodeo Road
Santa Fe, New Mexico 87505

If you have questions and would like to speak with someone at HSD/OIG/PIU, please contact:

Lisa Medina-Lujan (Lisa.medina-lujan@state.nm.us)
OR
Jennifer Goble (Jennifer.goble2@state.nm.us)

Please be advised that there is a one-week lag period for applying payments received by check to Void/Adjust claims. During this lag period, your other claim payments may be applied to the amount you owe even though you have sent a

refund, reducing your payment amount. For this reason, we recommend that you allow the system to recover the overpayment instead of sending in a check.

Request for Informal Reconsideration of Findings (IRF):

If you disagree with a finding of deficient practice, you have 10 business days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief
5301 Central Ave NE Suite #400
Albuquerque, NM 87108
Attention: IRF request

See Attachment "C" for additional guidance in completing the request for Informal Reconsideration of Findings. The request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 total business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction). Providers may not appeal the nature or interpretation of the standard or regulation, the team composition or sampling methodology. If the IRF approves the modification or removal of a finding, you will be advised of any changes.

Please call the QMB Plan of Correction Coordinator at 575-373-5716 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

Crystal Lopez-Beck, BA

Crystal Lopez-Beck, BA
Team Lead/Deputy Bureau Chief
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date: February 11, 2019

Contact: **Visions Case Management and Consulting Services, Inc.**
Charles Clayton, Program Director

DOH/DHI/QMB
Valerie V. Valdez, MS, Bureau Chief

On-site Entrance Conference Date: February 12, 2019

Present: **Visions Case Management and Consulting Services, Inc.**
Charles Clayton, Program Director / Consultant
Vonnie Sachse, Program Manager / Consultant

DOH/DHI/QMB
Crystal Lopez-Beck, BA, Team Lead/Deputy Bureau Chief
Valerie V. Valdez, MS, Bureau Chief
Monica Valdez, BS, Healthcare Surveyor

Exit Conference Date: February 14, 2019

Present: **Visions Case Management and Consulting Services, Inc.**
Charles Clayton, Program Director / Consultant
Vonnie Sachse, Program Manager / Consultant

DOH/DHI/QMB
Crystal Lopez-Beck, BA, Team Lead/Deputy Bureau Chief
Valerie V. Valdez, MS, Bureau Chief
Monica Valdez, BS, Healthcare Surveyor

Administrative Locations Visited	Number:	1
Total Sample Size	Number:	30
Participant Records Reviewed	Number:	30
Consultant Staff Records Reviewed	Number:	10

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Participant Program Case Files
- Personnel Files
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Quality Assurance / Improvement Plan

QMB Report of Findings – Visions Case Management and Consulting, Inc. – Statewide – February 11 – 14, 2019

Survey Report #: Q.19.3.MiVia.D1667.6.RTN.01.19.072

CC: Distribution List:

DOH - Division of Health Improvement
DOH - Developmental Disabilities Supports Division
DOH - Office of Internal Audit
HSD - Medical Assistance Division
MFEAD – NM Attorney General

Attachment A

Provider Instructions for Completing the QMB Plan of Correction (POC) Process

Introduction:

After a QMB Compliance Survey, your QMB Report of Findings will be sent to you via e-mail.

Each provider must develop and implement a Plan of Correction (POC) that identifies specific quality assurance and quality improvement activities the agency will implement to correct deficiencies and prevent continued deficiencies and non-compliance.

Agencies must submit their Plan of Correction within ten (10) business days from the date you receive the QMB Report of Findings. (Providers who do not submit a POC within 10 business days may be referred to the Internal Review Committee [IRC] for possible actions or sanctions).

Agencies must fully implement their approved Plan of Correction within 45 business days (10 business days to submit your POC for approval and 35 days to implement your approved Plan of Correction) from the date they receive the QMB Report of Findings (Providers who fail to complete a POC within the 45 business days allowed will be referred to the IRC for possible actions or sanctions.)

If you have questions about the Plan of Correction process, call the Plan of Correction Coordinator at 575-373-5716 or email at AmandaE.Castaneda@state.nm.us. Requests for technical assistance must be requested through your Regional DDSD Office.

The POC process cannot resolve disputes regarding findings. If you wish to dispute a finding on the official Report of Findings, you must file an Informal Reconsideration of Findings (IRF) request within ten (10) business days of receiving your report. Please note that you must still submit a POC for findings that are in question (see Attachment "C").

Instructions for Completing Agency POC:

Required Content

Your Plan of Correction should provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and information that ensures the regulation cited is in compliance. The remedies noted in your POC are expected to be added to your Agency's required, annual Quality Assurance Plan.

If a deficiency has already been corrected, the plan should state how it was corrected, the completion date (date the correction was accomplished), and how possible recurrence of the deficiency will be prevented.

The Plan of Correction must address the six required Center for Medicare and Medicaid Services (CMS) core elements to address each deficiency cited in the Report of Findings:

1. How the specific and realistic corrective action will be accomplished for individuals found to have been affected by the deficient practice.
2. How the agency will identify other individuals who have the potential to be affected by the same deficient practice, and how the agency will act to protect individuals in similar situations.
3. What QA measures will be put into place or systemic changes made to ensure that the deficient practice will not recur
4. Indicate how the agency plans to monitor its performance to make sure that solutions are sustained. The agency must develop a QA plan for ensuring that correction is achieved and sustained. This QA plan

must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the agency quality assurance system; and

5. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.

Note: Instruction or in-service of staff alone may not be a sufficient plan of correction. This is a good first step toward correction, but additional steps must be taken to ensure the deficiency is corrected and will not recur.

Completion Dates

- II. The plan of correction must include a **completion date** (entered in the far right-hand column) for each finding. Be sure the date is **realistic** in the amount of time your Agency will need to correct the deficiency; not to exceed 45 total business days.
- III. Direct care issues should be corrected immediately and monitored appropriately.
- IV. Some deficiencies may require a staged plan to accomplish total correction.
- V. Deficiencies requiring replacement of equipment, etc., may require more time to accomplish correction but should show reasonable time frames.

Initial Submission of the Plan of Correction Requirements

- C. The Plan of Correction must be completed on the official QMB Survey Report of Findings/Plan of Correction Form and received by QMB within ten (10) business days from the date you received the report of findings.
- D. For questions about the POC process, call the POC Coordinator, Amanda Castaneda at 575-373-5716 or email at AmandaE.Castaneda@state.nm.us for assistance.
- E. For Technical Assistance (TA) in developing or implementing your POC, contact your Regional DDSD Office.
- F. Submit your POC to Amanda Castaneda, POC Coordinator in any of the following ways:
 - 1) Electronically at AmandaE.Castaneda@state.nm.us (*preferred method*)
 - 2) Fax to 575-528-5019, or
 - 3) Mail to POC Coordinator, 1170 North Solano Ste D, Las Cruces, New Mexico 88001
- G. Do not submit supporting documentation (evidence of compliance) to QMB until after your POC has been approved by the QMB.
- H. QMB will notify you when your POC has been “approved” or “denied.”
 - 1) During this time, whether your POC is “approved,” or “denied,” you will have a maximum of 45 business days from the date of receipt of your Report of Findings to correct all survey deficiencies.
 - 2) If your POC is denied, it must be revised and resubmitted as soon as possible, as the 45 business day limit is in effect.
 - 3) If your POC is denied a second time your agency may be referred to the Internal Review Committee.
 - 4) You will receive written confirmation when your POC has been approved by QMB and a final deadline for completion of your POC.
 - 5) Please note that all POC correspondence will be sent electronically unless otherwise requested.
- I. Failure to submit your POC within 10 business days without prior approval of an extension by QMB will result in a referral to the Internal Review Committee and the possible implementation of monetary penalties and/or sanctions.

POC Document Submission Requirements

Once your POC has been approved by the QMB Plan of Correction Coordinator you must submit copies of documents as evidence that all deficiencies have been corrected, as follows.

1. Your internal documents are due within a maximum of 45 business days of receipt of your Report of Findings.

2. It is preferred that you submit your documents via USPS or other carrier (scanned and saved to CD/DVD disc, flash drive, etc.). If the documents do not contain protected Health information (PHI) the preferred method is that you submit your documents electronically (scanned and attached to e-mails).
3. All submitted documents must be annotated; please be sure the tag numbers and Identification numbers are indicated on each document submitted. Documents which are not annotated with the Tag number and Identification number may not be accepted.
4. Do not submit original documents; Please provide copies or scanned electronic files for evidence. Originals must be maintained in the agency file(s) per DDSD Standards.
5. In lieu of some documents, you may submit copies of file or home audit forms that clearly indicate cited deficiencies have been corrected, other attestations of correction must be approved by the Plan of Correction Coordinator prior to their submission.
6. When billing deficiencies are cited, you must provide documentation to justify billing and/or void and adjust forms submitted to Xerox State Healthcare, LLC for the deficiencies cited in the Report of Findings.

Revisions, Modifications or Extensions to your Plan of Correction (post QMB approval) must be made in writing and submitted to the Plan of Correction Coordinator, prior to the due date and are approved on a case-by-case basis. No changes may be made to your POC or the timeframes for implementation without written approval of the POC Coordinator.

Attachment C

Guidelines for the Provider Informal Reconsideration of Finding (IRF) Process

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated "Document Request," or "Administrative Needs," etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <https://nmhealth.org/about/dhi/cbp/irf/>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Crystal Lopez-Beck at crystal.lopez-beck@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request; the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

Agency: Visions Case Management and Consulting Services, Inc. – Statewide Program: Mi Via Waiver Service: Consultant Services Survey Type: Routine Survey Date: February 11 - 14, 2019			
Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI, Responsible Party	Date Due
Agency Record Requirements:			
TAG #MV 108 Primary Agency Case File			
Mi Via Self-Directed Waiver Program Service Standards effective March 2016 Appendix A: Service Descriptions in Detail 2015 Waiver Renewal <u>Ongoing Consultant Services: V.</u> Administrative Requirements: G. The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: <ul style="list-style-type: none"> i. Current and historical SSPs and budgets; ii. Contact log that documents all communication with the participant; iii. Completed/signed monthly and quarterly visit form(s); iv. TPA documentation of approvals/denials, including budgets and requests for additional funding; v. TPA correspondence; (requests for additional information; requests for additional funding, etc); 	Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 1 of 30 participants. Review of the Agency’s participant case files revealed the following items were not found, incomplete, and/or not current: Guardianship Documentation or Representative Paperwork <ul style="list-style-type: none"> • Not Found (#15) 	Provider: State your Plan of Correction for the deficiencies cited in this tag here <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> → Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here <i>(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> → 	

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Survey Report #: Q.19.3.MiVia.D1667.6.RTN.01.19.072

<ul style="list-style-type: none"> vi. Assessor's individual specific health and safety recommendations; vii. Notifications of medical and financial eligibility; viii. Approved Long Term Care Assessment Abstract with level of care determination and Individual Budgetary Allotment from the TPA; ix. Budget utilization reports from the FMA; x. Environmental modification approvals/denials; xi. Legally Responsible Individual (LRI) approvals/denials; xii. Documentation of participant and employee training on reporting abuse, neglect and exploitation, suspicious injuries, environmental hazards and death; xiii. Copy of legal guardianship or representative papers and other pertinent legal designations; and xiv. Copy of the approval form for the personal representative. xv. Primary Freedom of Choice form (PFOC) and/or, Waiver Change Form (WCF) and/or Consultant Agency Change Form (CAC) as applicable. <p>NMAC 8.314.6.15 SERVICE DESCRIPTIONS AND COVERAGE CRITERIA:</p> <p>11. Consultant pre-eligibility and enrollment services: Consultant pre-eligibility</p>			
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<p>and enrollment services are intended to provide information, support, guidance, and assistance to an individual during the Medicaid financial and medical eligibility process. The level of support provided is based upon the unique needs of the individual. When an opportunity to be considered for mi via program services is offered to an individual, he or she must complete a primary freedom of choice form. The purpose of this form is for the individual to select a consultant provider. The chosen consultant provider offers pre-eligibility and enrollment services as well as on-going consultant services. Once the individual is determined to be eligible for mi via services, the consultant service provider will continue to render consultant services to the newly enrolled eligible recipient as set forth in the consultant service standards.</p>			
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<p>annual SSP to the Third Party Assessor (TPA) at least thirty (30) days prior to the expiration of the plan so that sufficient time is afforded for TPA review.</p> <p>Assist participants to transition from and to other waiver programs. Transition from one waiver to another can only occur at the first of the month. The DOH will review the LOC expiration date prior to or upon receipt of the Waiver Change Form (WCF). If a participant is within ninety (90) days of the expiration of the LOC, the DOH Regional Office or appropriate program manager will advise the participant they must wait until the LOC is approved before initiating the transfer. (Please refer to Mi Via Waiver Transition procedures for further details).</p> <p>It is the State's expectation that consultants will work with participants transferring from another waiver to ensure that an approved services and supports plan (SSP) is in effect within ninety (90) days of the waiver change. Any exceptions to this timeframe must be approved by the State. Approval must be obtained in writing from the DOH Mi Via Program Manager or their designate for any plan not in effect within ninety (90) days of the waiver change. The consultant request must contain an explanation of why the ninety (90) day timeline could not be met.</p> <p>IX. Reimbursement: D. It is the State's expectation that consultants will work with participants transferring from another waiver to ensure that an approved services and supports plan (SSP) is in effect within ninety (90) days of a waiver change. Consultants must obtain approval in writing from the DOH Mi Via Program Manager or their designate for any transfers occurring over the ninety (90) day timeframe.</p>			
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<p>identify other sources of support outside the SSP process. This service is available to participants one (1) time per SSP/budget year.</p> <p>Appendix A: Service Descriptions in Detail 2015 Waiver Renewal Consultant/Support Guide <u>Pre-Eligibility/Enrollment Services: II. Scope of Service</u></p> <p>The actual enrollment meeting should be conducted within 30 days of receiving the PFOC. The enrollment process and activities include but are not limited to:</p> <p>Ensure the completion and submission of the initial SSP within sixty (60) days of eligibility determination so that it can be in effect within ninety (90) days.</p> <p><u>Ongoing Consultant Services: II. Scope of Service</u></p> <p>Consultant services and supports are delivered in accordance with the participant's identified needs. Based upon those needs, the consultant shall:</p> <p>Ensure that the SSP for each participant includes the following:</p> <ol style="list-style-type: none"> i. The services and supports, covered by the Mi Via program, to address the needs of the participant as determined through an assessment and person-centered planning process; ii. The purposes for the requested services, expected outcomes, and methods for monitoring progress must be specifically identified and addressed; 			
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<p>iii. The twenty-four (24) hour emergency backup plan for services that affect health and safety of participants; and</p> <p>iv. The quality indicators, identified by the participant, for the services and supports provided through the Mi Via Program.</p> <p>Ensure that the SSP is submitted in the appropriate format as prescribed by the state which includes the use of FOCOsonline.</p> <p>Ensure the completion and submission of the annual SSP to the Third Party Assessor (TPA) at least thirty (30) days prior to the expiration of the plan so that sufficient time is afforded for TPA review.</p> <p>It is the State's expectation that consultants will work with participants transferring from another waiver to ensure that an approved services and supports plan (SSP) is in effect within ninety (90) days of the waiver change. Any exceptions to this timeframe must be approved by the State. Approval must be obtained in writing from the DOH Mi Via Program Manager or their designate for any plan not in effect within ninety (90) days of the waiver change. The consultant request must contain an explanation of why the ninety (90) day timeline could not be met.</p> <p>Appendix B: Service and Support Plan (SSP) Template</p>			
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Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI, Responsible Party	Date Due
Medicaid Billing/Reimbursement:			
TAG #MV1A12 All Services Reimbursement	No Deficient Practices Found		
<p>Mi Via Self-Directed Waiver Program Service Standards effective March 2016 - Appendix A: Service Descriptions in Detail 2015 Waiver Renewal</p> <p><u>Consultant/Support Guide: Pre-Eligibility / Enrollment Services: IV. Reimbursement</u> Consultant pre-eligibility/enrollment services shall be reimbursed based upon a per- member/per-month unit:</p> <p>A maximum of one (1) unit per month can be billed per each participant receiving consultant services in the pre-eligibility phase for a period not to exceed three (3) months;</p> <p>Provider records must be sufficiently detailed to substantiate the nature, quality, and amount of consultant pre-eligibility/enrollment services provided and be in compliance with the Medicaid documentation policy NMAC 8.302.1; and</p> <p>Consultant providers shall submit all consultant pre-eligibility/enrollment services billing through the Human Services Department (HSD) or as determined by the State.</p> <p><u>Ongoing Consultant Services: IX. Reimbursement</u> Consultant services shall be reimbursed</p>	<p>Based on record review, the Agency maintained all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving for 30 of 30 individuals.</p> <p><i>Contact notes and billing records supported billing activities for the months of November, December 2018 and January 2019.</i></p>		

<p>based upon a per-member/per-month unit. There is a maximum of twelve (12) billing units per participant per SSP year.</p> <p>A maximum of one unit per month can be billed per each participant receiving consultant services.</p>			
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Date: May 21, 2019

To: Charles Clayton, Program Director
Provider: Vision Case Management and Consulting, Inc.
Address: 1570 Pacheco Suite B-7
State/Zip: Santa Fe, New Mexico 87505

E-mail Address: charles@visionsnm.com

CC: Vonnie Sachse, Program Manager
E-Mail Address yonnie@visionsnm.com

Region: Statewide
Survey Date: February 11 – 14, 2019

Program Surveyed: Mi Via Waiver
Service Surveyed: Mi Via Consultation Services
Survey Type: Routine

Dear Mr. Clayton:

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

The Plan of Correction process is now complete.

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

Amanda Castañeda

Amanda Castañeda
Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.19.3.MiVia.D1667.6.RTN.09.19.141