



HEALTH CARE
AUTHORITY



LEGISLATIVE HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH IMPROVEMENT AND DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION

OCTOBER 21, 2024

KARI ARMIJO, HCA SECRETARY, JENNIFER RODRIGUEZ, DDSD DIRECTOR AND DAN LANARI, DHI DIRECTOR

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Santa Cruz Lake, NM

Photo by HCA employee Jessica Gomez



HEALTH CARE
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Investing for tomorrow, delivering today.



HEALTH CARE
AUTHORITY

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



IMPROVE Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



SUPPORT Build the best team in state government by supporting employees' continuous growth and wellness.



ADDRESS Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



PROVIDE Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

TOPICS & SPEAKERS

- DD Provider Summit
- Provider Capacity
- Operational Improvements
- Health and Wellness Visits
- Incident Management System
- Updates of Interest
- Supports for Individuals with Complex Needs
- Waiver Eligibility and Allocation Process
- FY25 Appropriation



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MEET ANDREA*

- Andrea is a woman with an intellectual and developmental disability receiving services through the *Mi Via* self-directed Waiver.
- During a DDS health & wellness visit, it was discovered that Andrea's equipment needs were not being properly addressed by her direct support professionals (DSPs), so DDS reported suspected neglect.
- Additionally, Andrea's DSPs reported that Andrea struggled with substance use.
- Andrea feared she would not be able to find a Behavioral Support Consultant (BSC) who would work with her in her home in Taos due to talk about shortages in providers.
- Andrea's *Mi Via* Consultant was concerned that BSC services would take months to begin due to processing delays at the Medicaid third-party assessor.



* Based on a real HCA client, whose name and photo are changed.



AUGUST 2024 DEVELOPMENTAL DISABILITIES
PROVIDER SUMMIT

DEVELOPMENTAL DISABILITIES PROVIDER SUMMIT

- On August 29, Governor Michelle Lujan-Grisham and Health Care Authority Secretary, Kari Armijo, hosted a Developmental Disabilities Provider Summit.
- 50 guests attended ranging from people with intellectual and developmental disabilities (IDD), providers, family members, advocates, to legislators.
- Governor Lujan-Grisham and Secretary Armijo engaged in dialogue on subjects pertinent to the IDD community:
 - Provider capacity
 - Agency communication
 - Behavioral health
 - Wellness visits, quality of care, and ANE (abuse, neglect and exploitation)
 - Eligibility processes and customer service
 - Funding and rates
 - Administrative burden



HCA Sec. Armijo addressing Summit attendees



KEY THEMES AND HCA COMMITMENTS

1. Support provider capacity

- Utilize the Rural Health Care Delivery grant fund to expand services in rural communities.
- Expand StationMD telemedicine support to Mi Via and Medically Fragile waiver providers.
- Increase provider capacity and support choice for waiver clients.

2. Improve agency communication

- Collaborate and coordinate internally within the HCA – across four key divisions – to ensure greater consistency and better messaging to providers, families, and waiver clients.
- Utilize DDSD’s bi-monthly document distribution process for jointly and consistently sharing information with providers and stakeholders.
- Assure greater access to agency leadership through provider/stakeholder forums with open dialogue and constructive solutions.

3. Ensure additional behavioral health support and coordination

- Advance a partnership between DDSD and the Behavioral Health Services Division (BHSD) to provide additional resources to people with IDD, such as housing assistance programs, crisis supports, substance abuse treatment, and suicide prevention resources.
- Provide additional BH support/training for DSPs, with focus on crisis support.

4. Improve wellness visits, focus on quality of care, and reduce the risk of abuse, neglect and exploitation (ANE)

- Improve communication with the public on the process for addressing allegations of ANE and on what happens when a report of ANE is substantiated.
- Provide better training for the case management agencies and the provider network on Immediate Action and Safety Plans.
- Ensure high-quality wellness visit training for all DDSD and DHI staff who will conduct visits to include preparing for visits, what to do during visits, and reporting and follow-up expectations.



KEY THEMES AND HCA COMMITMENTS

5. Streamline eligibility processes and improve agency customer service

- Improve the Consolidated Customer Service Center (CCSC) wait times for waiver participants and providers and expedite access to Income Support Division staff for help.
- Improve eligibility application and renewal processing time for waiver participants.
- Uncouple the Level of Care (LOC) from the eligibility renewal process (December 2024)

6. Ensure updated rates and timely payments

- Conduct comprehensive rate studies every 2 years (next one FY25).
- Improve the HCA's internal planning process and organization to ensure earlier submission of rate approval documents to federal regulators and faster implementation for providers.

7. Reduce provider administrative burden

- Work together with providers to address issues more expediently and to reduce redundant meetings.
- Ensure appropriateness and accuracy of Unified Program Integrity Contractor (UPIC) audits and expertise of auditors.



SUPPORTING PROVIDER CAPACITY

THE HCA IS IMPLEMENTING STRATEGIES TO INCREASE THE CAPACITY AND NUMBER OF WAIVER PROVIDERS

Strategies HCA is implementing now to increase provider capacity and choice for waiver recipients include:

- Allowances for parents of minors, legal spouses, certain family members, and non-corporate guardians to serve as paid supports in response to valuable feedback from our stakeholders and to mitigate provider shortage concerns.
- DDS solicits providers through a "Call for Providers" on a continuous basis when specific provider types are needed.
- HCA is one of the state agencies collaborating on the Direct Care Workers federal grant NM received aimed at addressing workforce challenges related to recruitment, retention, and compensation.
- DDS is engaged with NM higher education institutions by presenting information on our programs and employment opportunities for new employees or providers.
- Preparations are underway to launch a social media campaign in 2025 to entice providers to work in NM with our IDD community.
- Telehealth allowances have been implemented to allow certain services to be provided remotely at the request of the individual in services and is used as a strategy to see more clients.
- Rural Health Care Delivery Fund information has been shared with providers so they can apply for funding to support their infrastructure in underserved communities.



WAIVER PROVIDER DATA

New provider agency types who contracted with DDS in the last year

4-Speech Language Pathology

1-Occupational Therapy

3-Physical Therapy

3-Adult Nursing

3-Customized Community Supports-Group

5-Customized Community Supports-Individual

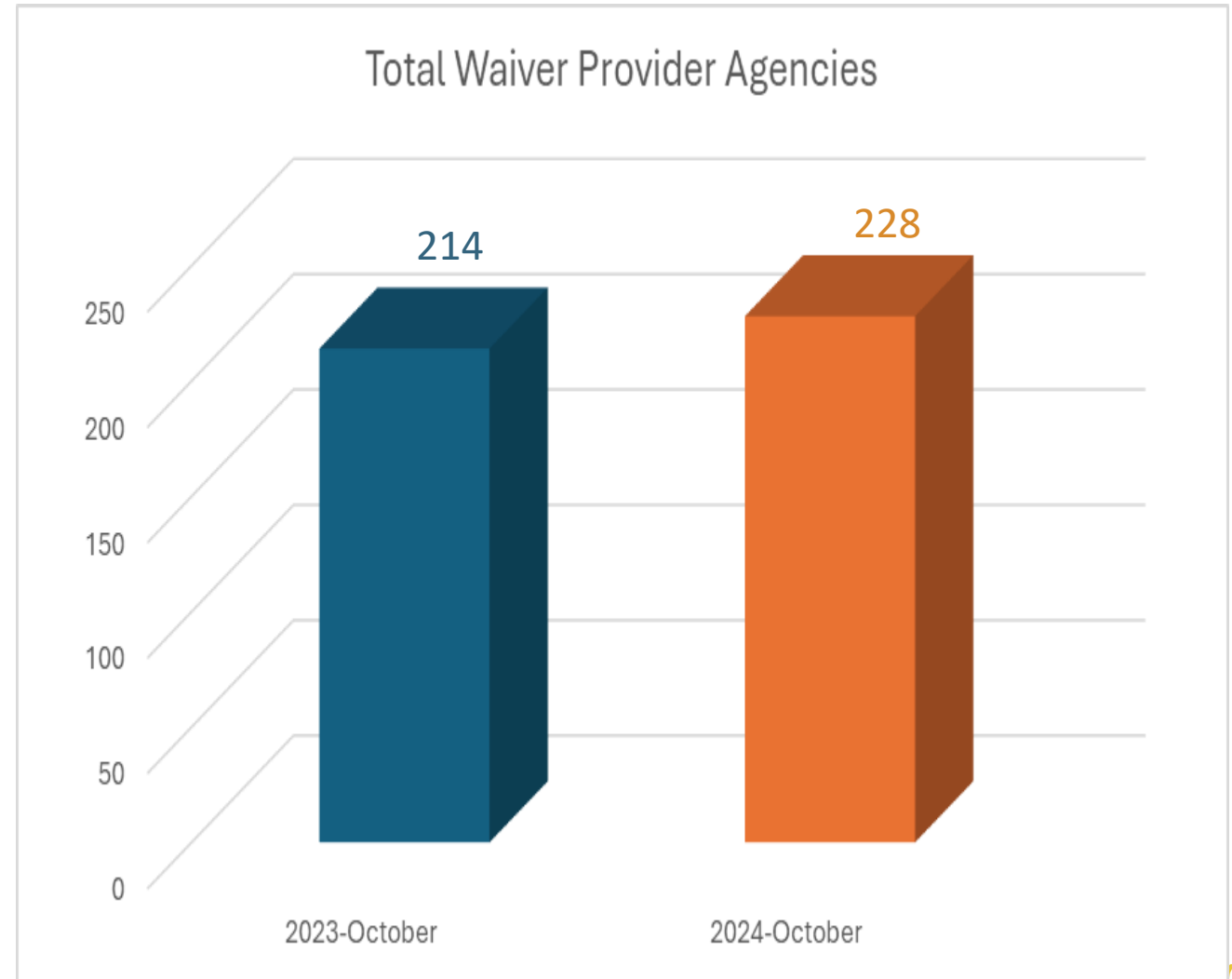
3-Supported Living

1-Family Living

1-Respite

2-Community Integrated Employment

1-Mi Via Consulting



IMPROVING AGENCY OPERATIONS

THE HCA IS IMPROVING OPERATIONAL EFFICIENCIES TO SUPPORT WAIVER CLIENTS & PROVIDERS

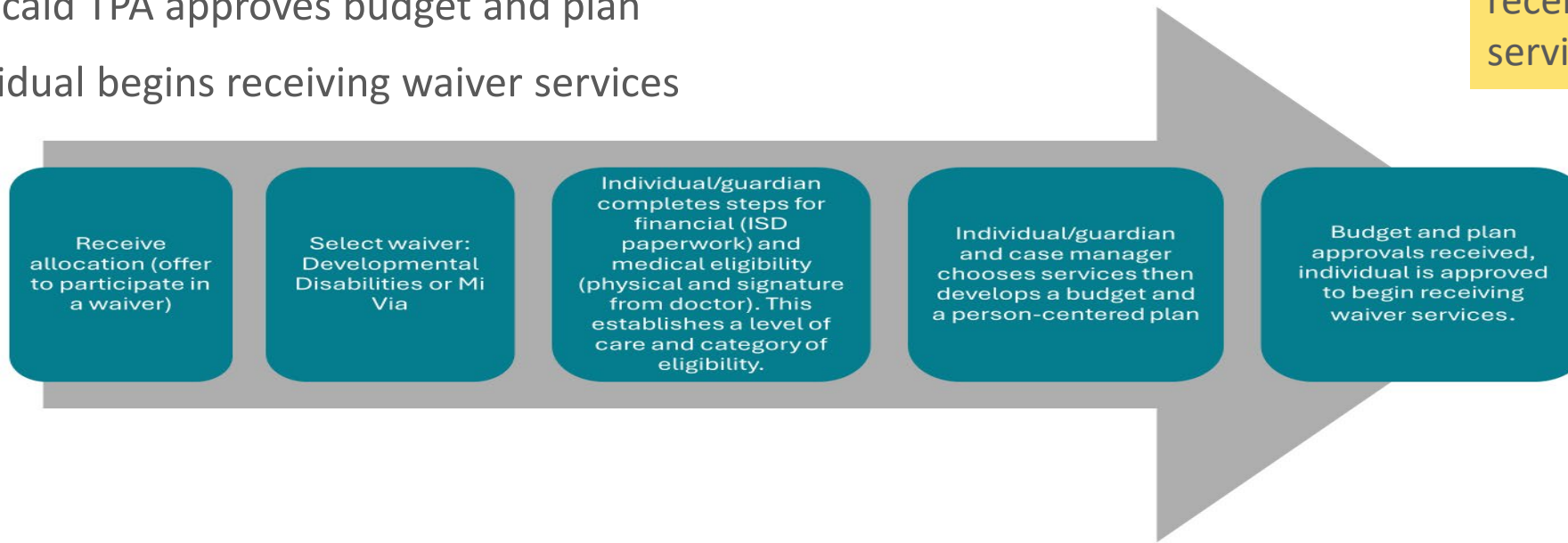
- Improved Income Support Division (ISD) - Institutional Care Waiver (ICW) application processing timelines
- Improved Medicaid third-party assessor contractually required turn around times (was 20+ days; now 10 days)
- System updates to ensure Level of Care delays do not result in gaps in coverage for individuals renewing coverage
 - Uncouple the Level of Care (LOC) from the eligibility renewal process (December 2024)
- Call center improvements:
 - Wait times May 2024 = 52 minutes
 - Wait times Sept 2024 = 2 minutes, 12 seconds



GETTING INTO WAIVER SERVICES

1. Individual with IDD and/or their guardian receives an allocation (a spot on a waiver of their choice)
2. Individual and/or guardian select waiver (DD or Mi Via)
3. Individual and/or guardian completes paperwork and steps for eligibility determination
 - A. Financial determination-Income Support Division
 - B. Medical determination-Medicaid third-party assessor (TPA)
4. Individual gets an 095 or 096 Category of Eligibility for waiver services
5. Individual and/or guardian select services and service providers
6. Waiver case manager develops a budget and person-centered service plan
7. Medicaid TPA approves budget and plan
8. Individual begins receiving waiver services

*Together HCA divisions are working to simplify this process, so it is easier and faster for individuals to start receiving waiver services.



HEALTH AND WELLNESS VISITS

HEALTH & WELLNESS VISITS

- Only HCA staff from DDSD and DHI are conducting health and wellness visits
- Comprehensive Abuse, Neglect and Exploitation Training is required of all DDSD and DHI staff annually
- A Health & Wellness Visit toolkit exists for staff to use during visit preparation and also provides guidance on required documentation of visits and resources to consider for individual needs and follow up activities from visits.
- DDSD is developing a formal training for all staff on how to prepare for, conduct, and complete follow up on Health and Wellness Visits
- DDSD is finalizing a new Health and Wellness Visit Policy and Procedure and will be completed by the end of October.
- To date: >20,000 visits have been completed

Signs of Trauma in a Child or Adult With an Intellectual Disability (IDD)



Behavioral Effects

Many signs of trauma are similar for disabled and non-disabled people, including behavioral effects like aggression, irritability, and withdrawal from others.



Physical Effects

Physical symptoms like stomach aches, headaches, a change in appetite, nightmares or sleep problems can result from trauma.



Repetitive Trauma Play

Repetitive play or stories or phrases with trauma themes can be a sign of trauma in younger children or those with a more severe disability.



Increases in Difficulties

Another sign is an increase in difficulties related to their condition (communication, motor skills, social skills, daily living) that are still present 12 months post-trauma



Cognitive Effects

Cognitive effects like memory problems or difficulties learning new skills can be due to trauma.

www.wtcsb.org



WHY THE HCA IS COMMITTED TO HEALTH AND WELLNESS VISITS

Home and Community based services and home visits can play a crucial role in preventing ANE and ultimately result in safer living environments for people with IDD.

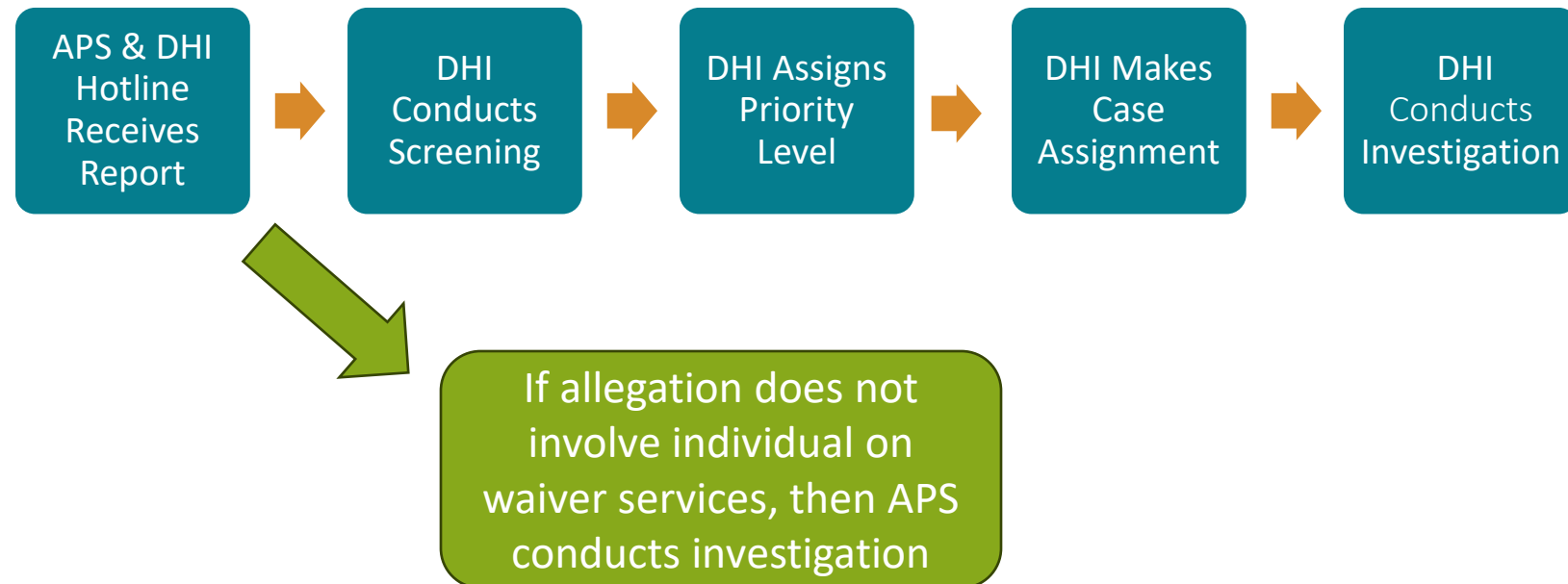
- 1. Improved Oversight**-visits in waiver recipients' homes can help identify potential issues early by detecting the signs of neglect and abuse
- 2. Increased Social Support**-social support through home visits can reduce isolation and improve overall well-being
- 3. Case Management Effectiveness**-leads to better outcomes in terms of safety and well-being, and reduces incidents of neglect and exploitation
- 4. Community Engagement**-people with strong support networks have lower rates of abuse



INCIDENT MANAGEMENT SYSTEM

ABUSE, NEGLECT, EXPLOITATION INTAKE PROCESS

- Adult Protective Services (APS) and Division of Health Improvement (DHI) share the same hotline number **(1-866-654-3219)**
- After-hours intake is shared between DHI and APS. Investigators are also on call during nights/weekends by region for timely response.
- DHI screens for authority (Individuals receiving waiver services)
 - If not, the case gets referred to APS



ABUSE, NEGLECT, EXPLOITATION INTAKE PROCESS

- **Emergency (ES):** Harm or potential for harm that is life threatening or could result in long term disability, or an unexpected death.
- **Priority One (P1):** Harm or potential for harm that is moderate to serious but not life threatening.
- **Priority Two (P2):** Low or minimal potential for harm

Priority Levels During Intake	Response Time
ES- Emergency	Initiation of investigation within 3 hours
P1-Priority One	Initiation of investigation within 24 hours
P2- Priority	Initiation of investigation with 5 calendar days



SUBSTANTIATION OF ANE

ANE as defined by the definitions listed in *NMAC* 8.370.10:

“Abuse” including verbal abuse, means:

- knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish;
- the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person;
- or sexual abuse, including criminal sexual contact, incest, and criminal sexual penetration.

“Neglect” means the failure of the caretaker to provide basic needs of a person (i.e. clothing, food, shelter, supervision, and care for the physical and mental health of that person).

“Exploitation” means an unjust or improper use of a person's money or property for another person's profit or advantage, financial, or otherwise.

Preponderance of Evidence

- ANE investigations follow the standard used in civil matters
- 51% rule of thumb: Preponderance is based on the more convincing evidence and its probable truth or accuracy
- Differs from the standard “beyond a reasonable doubt” used in criminal case investigation.



ACTIONS AFTER A SUBSTANTIATION

- Immediate Action Safety Plan must be submitted by the provider.
- Plans must be approved by DHI.
- Criminal cases are referred to local law enforcement and/or New Mexico Department of Justice. DHI investigative reports are provided.
- If applicable, the employee is placed on the Employee Abuse Registry (EAR)

Employee Abuse Registry (EAR) Quick Facts

- Referral is made by DHI Manager after substantiation.
- Letter of contemplated action goes out to the employee.
- Employee has 30 days to appeal and request a hearing.
- If employee gets placed on database, a provider may not employ or contract with that individual.
- Providers are required to query the EAR database prior to any employment.
- Employees made file a petition for removal after 3 years.



RATE INCREASES

RATE INCREASES

1. Waiver amendments for Developmental Disabilities (DD), *Mi Via* and Medically Fragile Waivers submitted to Centers for Medicare and Medicaid Services (CMS) 9/30/24
 - 2023 rate study recommended increases for:
 - DD Waiver (14.65% *average* rate increase)
 - Mi Via Waiver (77.87% *average* rate increase)
 - Medically Fragile Waiver (21.57% *average* rate increase)
2. Rate study Request for Proposal (RFP) published 10/7/24

Date	Action
Feb/Mar - April	Waiver Amendment Finalized Pending Governor Approval of Full Budget Request- <i>Please note that this timeline can be longer if the signed budget is different than what was requested by HCA, since rates will need to be adjusted to align with the final budget.</i>
April - May	Routing for DDSD/MAD Approvals
May	Tribal Notification Period Begins (min 60 days prior to submission to CMS)
June	Public Comment Period Begins (30 days)
July	Public Hearing to be Held/Tribal Consultation & Public Comment Period Ends
July	Review & Respond to All Comments Received, Revise Waiver as Needed
July - August	Routing for Approvals
August	Submit Waiver Amendment to CMS (90 days for CMS review. This can be longer if CMS submits an Informal Request for Additional Information (IRAI) to the state).
November	CMS Approval & Retroactive Claims Adjustment of New Rates



SUPPORTS FOR INDIVIDUALS WITH COMPLEX NEEDS

HCA SUPPORTS FOR INDIVIDUALS WITH COMPLEX NEEDS

Support Type	Provider	How it benefits DD Waiver Clients
Bureau of Behavioral Support (BBS)	DDSD	Technical assistance to waiver providers
BBS Provider Crisis Line	DDSD	After hours and weekend support for waiver providers to receive technical assistance
Behavior Support Consultants	DDSD contracted providers	Provide direct supports to waiver recipients, their families, and providers on strategies to mitigate challenging behaviors
Preliminary Risk Screening Consultation	DDSD contracted providers	Waiver service that address continued risk of sexually inappropriate and/or offending behavior in people who exhibit or have a history of exhibiting risk factors for these types of behaviors.
Socialization and Sexuality Education Consultation services	DDSD contracted providers	A waiver service that is provided through a class format called the Friends & Relationship Course that promotes increasing social networks with health and meaningful relationships and increasing personal safety.
Transdisciplinary Evaluation and Support Clinic services	UNM	Specialized evaluation for unclear or highly complex situations of a medical and/or behavioral nature
988	Behavioral Health Supports Division	Emergency emotional distress and behavioral or mental health crisis support
StationMD	StationMD	Telemedicine specializing in people with IDD
Continuum of Care services	UNM	Primary clinical service provider for people with IDD

ADDITIONAL SUPPORTS FOR INDIVIDUALS WITH COMPLEX NEEDS

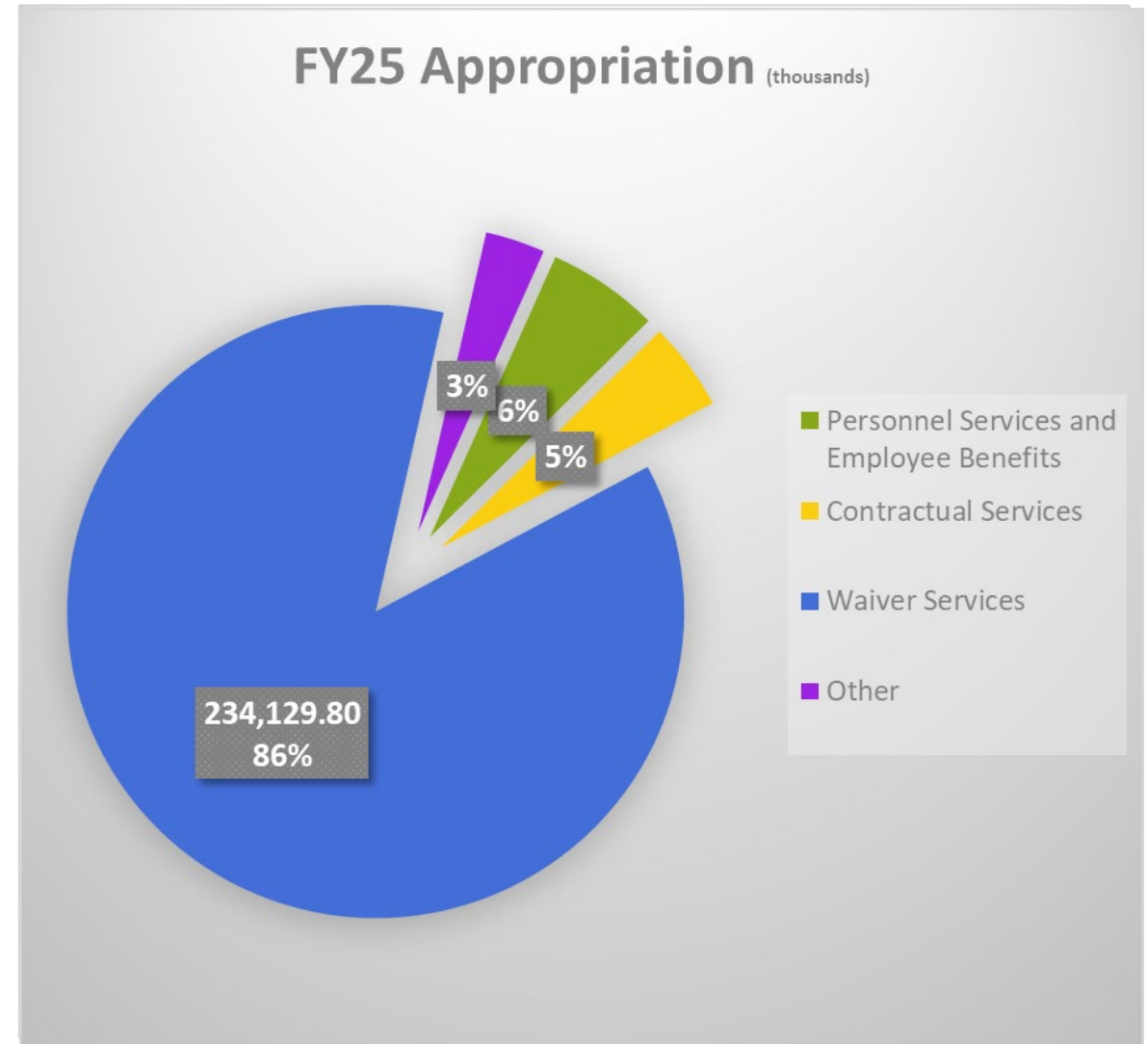
Support Type	Provider	How it benefits DD Waiver Clients
UNM Center for Development and Disability	UNM	NM's Center for Excellence in Developmental Disabilities, Education, Research, and Service and is intended to build the capacities of NM and its communities to respond to the needs of individuals with developmental disabilities and their families.
Developmental Disabilities Mental Illness Clinic services	UNM Continuum of Care	A multidisciplinary visiting team who works with local practitioners to address the psychiatric recovery for people with intellectual and developmental disabilities.
NM Systemic, Therapeutic, Assessment, Resources, Treatment	UNM Center for Development and Disability	An evidence-informed model of integrated community crisis prevention & intervention services for individuals ages 6 and older with intellectual and developmental disabilities and mental health needs.
NM Crisis and Access Line	HCA, Behavioral Health Services Division	Statewide mental and behavioral health crisis line for anyone who resides in the state of New Mexico and is concerned with thoughts of harming themselves or someone else, thoughts of suicide, drug and alcohol concerns, grief, depression, isolation, psychosis, or just needing to talk to someone regarding any emotional, mental, or behavioral health matter.
911	NM Department of Homeland Security and Emergency Management	Emergency medical, fire, and law enforcement services



FY 25 APPROPRIATION

FY25 APPROPRIATION

- 86% of DDSD's budget is designated for direct services supporting HCBS Waiver participants.
- Of the \$234.1M GF appropriated, DDSD anticipates expenditures of:
 - \$20.4M for Provider Rate Increases
 - \$3.6M for maintaining no waitlist
 - \$210.1M Program Expenditures
- Waiver amendments with rate increases occurring now, and comprehensive rate studies occur every 2 years (next one 2025.)
- Increased funding has been requested for FY26 to support and sustain the growth in the waiver programs due to eliminating the waitlist.



ANDREA TODAY

- The Division of Health Improvement's Incident Management Bureau investigated the report of suspected neglect and Andrea received the repairs to her wheelchair that were needed.
- Neglect was substantiated and the DSPs were retrained on reporting requirements and Andrea's person-centered plan. They were also required to re-take the DDS Abuse, Neglect and Exploitation Training before working with Andrea again.
- The HCA Behavioral Health Services Division was consulted for substance use resources. Andrea is now attending a support program to assist her in overcoming her substance use issues. She has been in recovery for 2 weeks.
- Andrea's Consultant assisted her to find a new Behavioral Support Consultant (BSC) in Taos, who was new to working with the waiver but learned about it through a DDS call for providers.
- The Medicaid third-party assessor decreased its review times for budget reviews and Andrea's budget request was approved within the standard 10-day period. Andrea meets with her BSC weekly in her home.
- Andrea is grateful that she can self-direct her services and supports, live the life she chooses, and have a functioning wheelchair in which to navigate her community.



** Story based on a real HCA client, name and photo have been changed*





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THANK YOU & QUESTIONS

INVESTING FOR TOMORROW, DELIVERING TODAY.