Appendix D. Accenture Findings and Recommendations

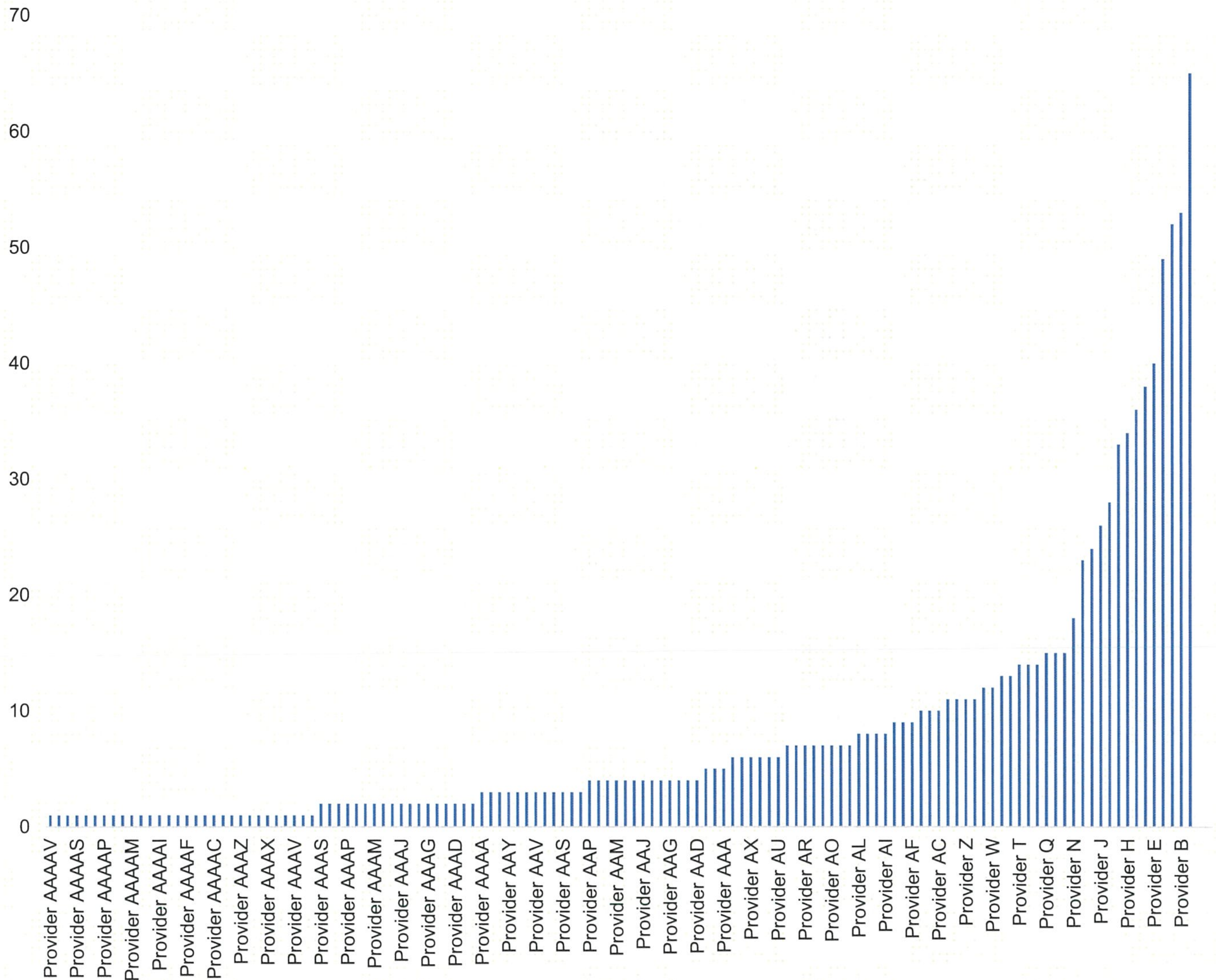
	Finding	Recommendation
People Themes	Interviews with consumers are "check the box" rather than a meaningful interaction with the consumer	Consider expanding the current case management model to include a broader social aspect to complement the current medical model, responding holistically to client, and embracing the neurodiversity model of care
	Case management tools are not person centric but focused on compliance requirements	Expand the initial and monthly assessment content to include more holistic items and narrative, introduce prompts with measurable responses, and include integrated ANE checklist to also show trends, trigger action
	Definitions of the key program concepts are individually interpreted, leading to behaviors that are variable and can be inconsistent with consumer safety and program goals	Create a unified DOH vision for operational guidance and to help drive culture change and alignment
		The following concepts need program level definitions that define expected behaviors. Definitions must include enough detail to determine that the consumer or representative can demonstrate informed decision making: 1. Dignity of Risk 2. Duty of Care, 3. Freedom of Choice
		In conjunction with more detailed definitions of these concepts, we recommend that there also be a process to assure that the consumer's wishes are respected and implemented through supported decision-making versus substituted decision making.
		Design the strategy for provider monitoring so it is built on shared understanding of program concepts and that targets behaviors in conflict with these key tenets. o Consider performance incentives for accurate performance or penalties for failure to comply with well-defined program processes o Consider creating a case management entity within DOH versus current agency structure.
	In DDSD there is potential tension between technical assistance and vendor oversight within the Social and Community Service Coordinator Role.	Consider creation of new DDSD roles to separate the technical assistance support tole from the provider oversight role
	Current DDSD workforce was heavily weighted to Jackson population management Now DD waiver and Mi Via staff report increasing workloads and not enough staff to complete the work timely and effectively.	Evaluate the process for selection and volume of needed monthly home visits. While there was evidence of minimal selection criteria, further investigation into the home visit data would be required to confirm that the criteria are being applied and that the criteria are applied and that the criteria accurately IDs consumers most at risk.
		There is a need for headcount rebalancing and upskilling and cross training across DOH and prover program staff.
	External stakeholder engagement is often done late in the process of designing and launching program changes, generally when the program is ready to launch vs earlier during program design (e.g. SIS tool situation)	Include stakeholders in initial stages of development. Engage early with providers, consumers, and family members and internal stakeholders to capture and include their needs and input during program design
Process and Program	Current program does not use an assessment of consumer risk to ID those most at risk for harm or delayed care and adjust the intensity and frequency of intervention with high risk consumers.	Consider leveraging current tools developed by UMASS to optimize training and additional tools and processes that support decision capacity, individual consumer risk assessment, and processes and policies that trigger a re-assessment when significant changes occur in a consumers circumstances that increase risk for safety.

	Risk is not continually assessed in subsequent visits which would enable the organization to shift resources in response to a consumer's change in condition or circumstance.	
	No clear accountable or responsible party for addressing ANE incident findings nor for ensuring conclusive actions are taken.	ID the accountabilities and criteria for key risk and safety behaviors across processes that support the waiver programs
		Assess resource capacity to support assignment of actions to specific roles
		Update job descriptions with enhanced role details and clear responsibilities and actions
		Develop communication, change management and training across agencies outlining key accountabilities and owners per program
	Waiver standard documents do not have sufficient process detail necessary to help waiver staff achieve efficient and timely intervention and remediation. Departments vary in the level and extent of process documentation. Process activities are also not optimized between department from "end to end or tracked over time to validate whether all activities deliver value.	Create holistic process visuals and orient people to the overall process handoffs and key points of risk
		Define program level metrics that measure the performance of the entire process, agnostic of department boundaries
		ID and confirm a central repository for process documentation
		Communicate changes in decision making behavior and reinforcement tactics
		Include updated process training in core training and onboarding for new hires.
	Provider monitoring is mostly manual process with outputs documented in a variety of digital formats as well as paper forms that do not work well to provide insights or help surface trends overtime.	Design and document a provider monitoring process that IDs variations in process and noncompliance with program standards.
		Transfer all current data to appropriately vetted digital business systems
		Ensure data is available to DOH, DHI and DDSD staff that require this information
		Incentivize desired provider behaviors and outcomes based on reporting elements that can be tracked over time. Example: decreased transitions, increased consumer satisfaction
	DHI investigation and survey cycles in conjunction with DDSD RORAs can be repetitive and lengthy with time to action delayed potentially putting consumers at risk before interventions occur	Comprehensive provider monitoring requires the collection of key performance indicator data that can be used to determine next best actions for provider management
		Develop additional program KPIs targeted toward provider incident reporting
	Differing interpretations of standards during program operations result in misinformation given to providers related to addressing deficiencies	Develop and expand training related to incident management, quality management, standards and policy guidance, and reporting
		Using refreshed process documentation, develop or expand training related to: o Incident Management o Quality Management o Standards and policy guidance o Reporting – using data and insights to determine Next Best Actions o Develop post-session knowledge checks to assess understanding and include in performance metrics

	Strategic planning has not been occurring annually delaying needed program updates including for modernization to meet the needs of a growing younger consumer population and the influx of new waiver participants since the waiting list has been cleared.	Develop a forward looking framework for the DD waiver and Mi Via programs that IDs needed improvements focused on 4 key goals: expanding access to services, ensuring equitable distribution of resources, improving quality and enhancing the use of data and evidence to improve program outcomes. Consider past strategic planning model as well as industry best practices to design and execute refreshed Strategic Planning process. Within Strategic Planning process, consider the priority and urgency of waiver program model optimiza7 Consider past strategic planning model as well as industry best prac7ces to design and execute refreshed Strategic Planning process. o Within Strategic Planning process, consider the priority and urgency of waiver program model optimization
Technology	DOH does not have a unified business system for waiver programs and oversight leading to the lack of knowledge of current consumer addresses.	DOH should own a single platform that houses or connects waiver related data sources to ensure all data is digitized where key consumer information can be captured in a single record for providers and consumers even if it is managed or updated in a separate case management system. Constitute a cross-functional design team and RFP to support identifying program technology needs and begin to develop requirements for a platform
	The Therap system used by DD waiver teams is not sufficient for best practice case management practices and reporting due to the lack of integrated data platforms	The department must move to a technology platform that can address key gaps
		Solution development should be prioritized by capability that best provides safety and care to consumers. This can build on the recently validated data from the home visitation effort to create a tracking database. Implement care management platform across the programs to capture longitudinal experience and progress toward life goals that can be shared across all departments. Automate reporting starting with key performance indicators and regulatory reporting.

Source: Accenture

Appendix E. Regional Office Requests for Assistance by Provider



Source: DDSD

Appendix F. Excerpts from the Waldrop Settlement

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEW MEXICO

John and Karin Waldrop as parents and legal guardians of B.W., The Arc of New Mexico as legal guardians and next friends of S.K. and L.D., Lynda and Joseph Petros as grandparents and legal guardians of A.J., Daniel and Blanca Sarabia as parents and legal guardians of D.S., Lynette Jaramillo as parent and legal guardian of A.C., Doris Johnson as parent and legal Guardian of C.J., Sharranna and Richard Friedman as parents and legal guardians of S.F., Disability Rights New Mexico and the Arc of New Mexico,

Plaintiffs,

v. CIV No. 14-047 JCH/KBM

NEW MEXICO HUMAN SERVICES DEPARTMENT; NEW MEXICO DEPARTMENT OF HEALTH; SIDONIE SQUIER, Secretary, New Mexico Human Services Department, in her official capacity; RETTA WARD, Secretary, New Mexico Department of Health, in her official capacity; CATHY STEVENSON, Director, Developmental Disabilities Supports Division of the New Mexico Department of Health, in her official capacity;

Defendants.

SETTLEMENT AGREEMENT AND RELEASE

Plaintiffs John and Karin Waldrop, as Parents and Legal Guardians of B.W., The ARC of New Mexico, as Legal Guardians and Next Friends of S.K. and L.D., Lynda and Joseph Petros as Grandparents and Legal Guardians of A.J., Daniel and Blanca Sarabia, as Parents and Legal Guardians of D.S., Lynette Jaramillo, as Parent and Legal Guardian of A.C., Doris Johnson, as Parent and Legal Guardian of C.J., Sharranna and Richard Friedman, as Parents and Legal Guardians of S.F., Disability Rights of New Mexico and The ARC of New Mexico, and Defendants New Mexico Human Services Department; New Mexico Department of Health; Sidonie Squier, Secretary, New Mexico Human Services Department, in Her Official Capacity; Retta

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MAS
JDH

Supported Living Services. The parties agree that no notice of right to appeal needs to be included with this letter.

D. Letter to all DDW Participants except (a) newly allocated DDW Participants after November 1, 2012, and (b) Jackson class members.

By July 1, 2015, the Defendants will send via first class United States mail a letter requesting notification of any perceived lost services. *See* "catch-all" letter yet to be drafted and approved.

E. Instructions to Case Managers (yet to be drafted and approved) regarding individuals whose ISP and budget expired prior to October 31, 2015.

For individuals with an ISP and Budget that expires prior to October 31, 2015, the ISP and Budgets will be renewed and revised, if needed, according to current procedures (including access to therapies allowed under the Director's Release). These individuals may apply under the DOH "Group H" policy and procedure for Family Living, Supported Living, or additional "day" services if the IDT can justify the clinical need for these services, regardless of the individuals' DDW Group assignment.

II. Performance of SIS Assessment

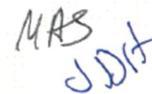
Each DDW Participant will receive a periodic SIS assessment at an interval of approximately three years. Prior to each SIS assessment, DDW Participants—and guardians (if applicable) —will receive a Pre-SIS Letter. *See* Attachment 6.

Until a DDW Participant receives a new SIS assessment through the regular cycle, his or her IDT will use the existing SIS assessment and other information for planning purposes.

SIS assessments will be conducted in the same manner as previously performed, utilizing AAIDD-certified SIS assessors employed by Defendants' outside contractor or contractors. DDW Participants may, if desired, have counsel present to observe the performance of the SIS assessment. However, counsel will not participate in or interrupt the performance of the SIS assessment. Additionally, the SIS assessors will be available to participate in Fair Hearings if the Outside Reviewer relied on the SIS assessment in the denial of any service at issue in the case.

III. Verification

The verification process will operate as currently conducted until the Outside Review process is fully operational and will not result in lower benefits than would have been assigned through the SIS assessment process. Once the Outside Review process is in place, the Outside Review contractor will perform the functions currently performed in the verification process.



IV. Requests for Reassessment

Defendants shall use the present criteria for SIS reassessment – change in circumstances and problems with protocol – and the Pre-SIS letter will address how to make protocol concerns heard during the assessment. Any request for reassessment must be postmarked within 30 days of the date of the DDW Planning Packet cover letter (Attachment 7).

V. DDW Planning Process

A. DDW Planning Packet

Each DDW Participant, case manager, and guardian (as applicable), will receive a DD Waiver Planning Packet containing the following:

- Informational Instructions Cover Letter *(Attachment 7)*
- Notice that the DD Participant's existing services and benefits will continue in effect until the resolution of the procedures described below.
- A report called *My Supports Profile* created by AAIDD for that DDW Participant.
- Notice of the DDW Group assignment and associated service package.
- Notice of the proposed annual budget for that DDW Participant.
- A copy of the DDW Group Assignment Decision Rules.

B. Roles and Responsibilities of the IDT

- The IDT should consider the DDW Group's suggested service packages and proposed budget with the understanding that the focus must always be on the individual's DD Waiver support needs that can be clinically justified.
- The ISP must include specific clinical justification of the services and supports requested, and the IDT must compile and attach any documents necessary to justify the requested services and supports.
- Once the IDT prepares the ISP setting forth specific clinical justifications for requested services, the Case Manager shall develop a requested budget for submission to the Outside Reviewer.

VI. Outside Review

Defendants will contract with an independent third party (the "Outside Reviewer") to provide clinical review of the requested services. The DDW Participant, case manager, and/or guardian may submit to the Outside Reviewer additional information relating to support needs.

The Outside Reviewer will make a written clinical determination on whether the requested supports are needed, and will recommend whether the requested annual budget should be approved. The DDW Participant, case manager, and guardian (if applicable) will be provided with this written determination and notice of an opportunity to request a fair hearing.

Plaintiffs may provide input in developing the scope of work, clinical criteria, and qualifications for the Outside Reviewer with Defendants having the final decision-making for all three areas. Plaintiffs will respond within seven (7) calendar days of Defendants providing drafts of each.

Overview of Outside Review Process:

1. The IDT is responsible for compiling information to identify the needs and to justify the requested services and budget.

2. The Case Manager submits proposed ISP and budget to the Outside Reviewer approximately sixty (60) days prior to the expiration of the ISP with all necessary justification.

3. The Outside Reviewer will review every proposed DDW ISP and budget within ten (10) business days of receipt.

4. The Outside Review Program Coordinator confirms that the packet is technically complete and assigns it to an Outside Review team for review or returns it to the case manager for additional justification. If clinical justification is absent for a specific requested service, the Outside Review Team will send a request for additional information for justification to the Case Manager with a copy to the DDW Participant and guardian, if applicable (RFI).

5. If the Outside Review Program Coordinator sends an RFI to the Case Manager, the Case Manager must provide additional justification within ten (10) business days of transmission. If justification is received within ten (10) business days of transmission, the packet is forwarded for clinical review. If justification is not received by the eleventh day, the services for which there is insufficient justification will be technically denied.

6. The Outside Review Team Lead reviews the packet and convenes the appropriate Outside Review Team.

7. The Outside Review Team completes a review of the Outside Review packet (i.e. proposed ISP, requested budget, and supporting materials) and renders its decision (i.e. approval, denial, or partial denial) within ten (10) business days from the date of receipt of the packet from the Program Coordinator.

8. If the Outside Review Team approves in whole or part the requested ISP and budget, it must send the approved portion of the budget to the State's Third Party

Assessor, and the Third Party Assessor must enter the budget into the Medicaid Management Information System and issue a prior authorization to the Case Manager within ten (10) business days. The Outside Reviewer will send an approval letter to the Case Manager.

9. If there is a denial in part or whole, the Outside Review Team's decision must be in writing, identify the materials reviewed, and state the reasons for any denial of requested services. The DDW Participant, case manager, and guardian (if applicable) will be provided with this written determination and notice of an opportunity to request a fair hearing. More specifically, the decision will include:

    a. A list of all documents and input considered by the Outside Review Team during their review;

    b. Specific and comprehensive justification for the denial of any requested DDW service, including the clinical, factual basis for the decision.

    c. A notice of the opportunity to request a fair hearing contesting the Outside Review Team's decision as well as an Agency Review Conference ("AC"). *See* Part VII.

10. The decision of the Outside Review Team is binding on the State. However, the State may agree to overturn a decision to deny services at a requested AC.

11. Anticipated Timeline for implementation of the Outside Review Process shall be as follows:

May	Create SOW for UNM to consider
June 1	Meet w/ UNM or other contractor
July	Create SOPs for DDW Outside Reviewer
June-Oct	Train DDSD & MAD staff, train Case Manager's, Providers, and Clients on clinical justification, train Outside Reviewer Staff/Qualis
Nov 1	Outside Reviewer begins reviewing ISPs & Budgets based on expiration of ISP (Dec. ISPs)

<u>VII. Agency Review Conference</u>

An agency review conference (AC) means an optional conference offered by the DOH to provide an opportunity to informally resolve a dispute over the denial, suspension, reduction, termination or modification of DDW benefits or services. An AC will be attended by the DDW Participant and/or the authorized representative and by a representative of the DOH. The DDW Participant may also bring whomever they wish to assist them during the AC. The AC is optional and shall in no way delay or replace the fair hearing process or affect the deadline for a fair hearing request.

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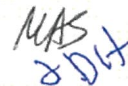

An authorized representative means any individual designated by the DDW Participant or his or her guardian, if applicable, to represent and act on behalf of the DDW Participant. The authorized representative must provide formal documentation authorizing him or her to access the identified case information for this specific purpose. An authorized representative may be, but need not be, a guardian or an attorney representing the DDW Participant.

If a resolution is reached through the AC, DOH will issue written notification within seven (7) business days of the AC to the DDW Participant, the guardian (if applicable), and the case manager. Unless the fair hearing request is withdrawn by the DDW Participant or guardian, any requested fair hearing will proceed. The case manager will then prepare a budget for submission to the Third Party Assessor based on that resolution.

VIII. Fair Hearing

DDW Participants will be given a Notice of a Right to Appeal when the Outside Reviewer issues its decision, and DDW Participants may request a fair hearing consistent with the timelines and procedures in the New Mexico Administrative Code.

DDW Participants will be scheduled for a fair hearing before an ALJ with the Fair Hearings Bureau of HSD. At the fair hearing, DDW Participants will not be limited in the information and issues that they may choose to present or raise. DOH and/or HSD will assure the presence of all necessary witnesses, including, when relevant to a denial of services or when requested by the DDW Participant, the SIS assessor, a representative(s) of the Outside Reviewer who has knowledge of the reasons for the denial in whole or part of any requested services, and necessary witnesses within DOH's control. No ex parte communications with an ALJ are permitted by any DDW Participant or counsel regarding any pending case. The MAD Director shall not have ex parte communications regarding any pending case with any DDW Participant or counsel involved in that case. The MAD Director's decision shall be limited to an on the record review.

Once any fair hearing has concluded, the IDT will develop an ISP and budget for submission to the third party assessor based on the outcome of the fair hearing.

IX. Appeals from Third Party Assessor decisions related to budget submissions

Until the Outside Review process is fully implemented, a DDW Participant will have the right to appeal any decisions under the current process made by the existing Third Party Assessor (Qualis letters subject to approval).

X. Miscellaneous

Training:

By May 28, 2015, Plaintiffs will provide to Defendants a list of suggested topics for training.

Rules and Regulations:

DOH and HSD shall amend the relevant rules under the NMAC to implement the provisions set forth above. To the extent that existing rules may conflict with the terms of this Agreement, this Agreement shall control. Plaintiffs will provide within seven (7) calendar days written comments to draft regulations provided to them by Defendants prior to formal public notice.

"H" Process:

Defendants agree that access to residential services will be available through "Group H" policy and procedure if clinical criteria are met. Defendants will review their current "Group H" policy and, if necessary, modify that policy to allow access to residential services regardless of an individual's Group Assignment based upon clinical demonstration of need. DDW Participants, guardians, if applicable, and case managers will be informed of any changes to the policy. The parties recognize that once the Outside Review process has been implemented, there may be a reduction of requests for additional services through "Group H." Defendants will instruct Case Managers that a "Group H" application must be initiated if the guardian or DDW Participant requests it.

XI. Court Approval and Dismissal of Lawsuit/Appeal

Court Approval:

This executed Agreement shall be submitted to the Court for its consideration. If the Agreement is approved, the Court shall enter an Order Approving the Settlement Agreement, and the Order shall include a finding that the terms of the Agreement constitute compliance with the Order of Preliminary Injunction and satisfy Constitutional Due Process requirements. The Order entered by the Court will specifically provide that the Court will retain jurisdiction to enforce the terms of this Agreement based upon the time limitations contained in the following paragraph.

Period of Enforcement:

If this Agreement is approved by the Court, all parties shall be bound by the terms of the Agreement for a period of only two years from the date that the Outside Reviewer receives the first Outside Review packet. During this time, all terms of this Agreement shall remain in effect. If there are changed circumstances that require a

Dear DD Waiver Participants and Guardian, if applicable:

The purpose of this letter is to inform you of changes to the DDW as a result of a court-approved settlement agreement in the *Waldrop* lawsuit against the State brought by Disability Rights New Mexico and the ARC of New Mexico.

The State will continue to use the Supports Intensity Scale (SIS) for person centered planning and to establish group assignments with suggested service packages and a proposed budget. The IDT should consider the DDW Group's services and budget along with additional documentation when developing the ISP and identifying services. Your IDT will get a DDW Planning Packet that includes your My Supports Profile Report, and you will also receive information on the DDW Group assignments and suggested service packages. If the IDT determines you need services not included in your suggested service package, you may request those services with appropriate clinical justification.

The New Mexico Department of Health (DOH) and the Human Services Department (HSD) will implement a **new** process for the review of all DDW participants' ISPs, budgets and required documentation to determine whether **all** requested services are clinically justified based on established criteria.

The DOH will contract with an independent third party (the "Outside Reviewer") to conduct a clinical review of all requested services. The Outside Reviewer will make a written clinical determination on whether the requested supports are needed and will recommend whether the requested ISP and budget should be approved. If the Outside Reviewer denies any part of your budget, you will have an opportunity to request a fair hearing.

These changes will require system-wide training for DDW participants, families, guardians, case managers, providers and DDSD staff. The DOH and HSD will be sending out additional communication regarding the new Outside Review process and training timelines.

The Outside Review process will begin in Fall 2015 and will be based on annual ISP expiration dates. Once all parties have been trained, your case manager will be your primary point of contact.

For individuals with an ISP and Budget that expire prior to October 31, 2015, the ISP and Budgets will be renewed and revised, if needed, according to current procedures, including access to up to three therapy disciplines. These individuals may apply under the DOH "Group H" policy and procedure for Family Living, Supported Living or additional "day" services if the IDT can justify the clinical need for these services, regardless of the individuals' DDW Group assignment.

If you are a Mi Via Waiver participant, you have the right to exercise your freedom of choice to return to the Traditional DDW.

Thank you for your patience as we implement these changes. If you have any questions, please contact your local DDSD Regional Office.

ATTACHMENT 1

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)

DIRECTOR'S RELEASE (DR) **EFFECTIVE DATE:** ~~May 2015~~ June 1, 2015

Signature Date:	May 2015
FROM:	**Signature on File** **Cathy Stevenson, DDSD Director**
TO:	All DD Waiver providers, DDSD staff and DHI surveyors
SUBJECT:	Allowance of three therapy disciplines

I. SUMMARY:

The purpose of this Director's Release is to remove restrictions in the current DD Waiver which limit the amount of therapy a DD Waiver recipient receives and to allow every DD Waiver recipient to receive services from up to three (3) therapy disciplines (Physical Therapy, Occupational Therapy and Speech and Language Pathology,) through the Developmental Disabilities Home and Community Base Waiver (Developmental Disabilities Waiver or DD Waiver) if clinical criteria are met.

II. REQUIREMENT AMENDMENTS OR CLARIFICATIONS:

A. All three therapy disciplines: Physical Therapy (PT,) Occupational Therapy (OT,) and Speech and Language Pathology (SLP) will be available to all DD Waiver recipients if they and their Interdisciplinary Team (IDT) determine the therapy disciplines are necessary.
B. PT, OT, and SLP, with the exception of the initial therapy assessment and evaluation, must have prior authorization using the Therapy Services Prior Authorization Request (TSPAR-attached.) No changes have been made to the TSPAR process.
C. The case manager is responsible for submitting the revised budget worksheet and the TSPAR to the Medicaid Third Party Assessor.

III. DEFINITIONS:

CASE MANAGER: The individual responsible for service coordination for individuals with intellectual and/or developmental disabilities (I/DD) on the Medicaid Developmental Disabilities Waiver (DDW). The Case Manager is external to and independent from all other direct services provided to the individual.

INTERDISCIPLINARY TEAM (IDT) MEMBERS: The interdisciplinary team (IDT) is responsible for the development of the individual service plan (ISP) and for identifying the agencies and individuals responsible for providing the services and supports identified in the ISP. The IDT shall consist of the following core members: individual, case manager, guardian, helper,

ATTACHMENT 3

key community service provider staff, direct service staff, service coordinator, ancillary service providers, designated healthcare coordinator, and others.

NEW MEXICO MEDICAID THIRD PARTY ASSESSOR (TPA): The contractor that determines and re-determines Level of Care (LOC) and medical eligibility as well as review and approval of Individual Service Plans and prior authorization and utilization management activities for the Developmental Disabilities (DD) Waiver Program.

PRIOR AUTHORIZATION: The process for submitting a request for approval of services for budgeting and billing purposes.

PHYSICAL THERAPY: Physical therapy is a skilled licensed therapy service involving the diagnosis and management of movement dysfunction and the enhancement of physical and functional abilities. PT addresses the restoration, maintenance and promotion of optimal physical function, wellness and quality of life related to movement and health.

OCCUPATIONAL THERAPY: Occupational therapy is a skilled licensed therapy service involving the use of everyday life activities (occupations) for the purpose of evaluation, treatment and management of functional limitations. OT addresses physical, cognitive, psychosocial, sensory and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being and quality of life.

SPEECH AND ~~LANGAUGE~~ LANGUAGE PATHOLOGY: Speech and language services is a skilled therapy service provided by a SLP that involves the non-medical application of principles, methods and procedures for the diagnosis, counseling and instructions related to the development of and disorders of communication including speech, fluency, voice, verbal and written language, auditory comprehension, cognition, swallowing dysfunction and sensorimotor competencies.

THERAPY SERVICE PRIOR AUTHORIZATION REQUEST (TSPAR): DDSD form to request prior authorization for on-going therapy services.

IV. REFERENCES
None

& AC info

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Options Letter to 200+
Date

Dear DD Waiver Participant/Guardian:

According to our records, you were an adult 18 years or older enrolled in the DD Waiver Program as of November 1, 2012, and you were receiving Family Living or Supported Living services under an approved ARA budget at that time. You later received a needs assessment utilizing the Supports Intensity Scale® (SIS®) and were assigned to a DD Waiver Group A, B, C, D, E, F or G. As a result of that transition, you are no longer receiving Family Living or Supported Living services, and you may also have seen a reduction in Day Services.

The New Mexico Department of Health/Developmental Disabilities Supports Division (DOH/DDSD) and the Human Services Department (HSD) will restore your Family Living or Supported Living services to you but **only if** you choose to have those Family Living or Supported Living services returned to you. DOH/DDSD and HSD need to hear from you about your preference.

No matter which option you and your guardian select in terms of your living situation at this time, at your next ISP, your IDT must consider both your most recent SIS assessment and additional information in planning for your service needs. This planning may or may not result in the continuation of Family Living and Supported Living Services in the future. You will also be required to undergo a needs assessment utilizing the Support Intensity Scale® (SIS®) following the regular three-year cycle.

ATTACHMENT 4

In regards to your Day Services, you and your guardian need to decide if you want to return to your level of service from your last ISP prior to November 1, 2012 (under your old ARA budget) or stay at the level authorized in your current ISP and budget. Please talk to your case manager if you have questions about any of these decisions.

You and your guardian (if applicable) are required to meet with your case manager and your IDT to review this letter and the enclosed Decision Form for Family Living, Supported Living, and Day Services.

With regard to your living situation, you and your guardian (if applicable) must choose between:

1) returning to Family Living or Supported Living, or,
2) remaining in your current living care arrangement under the current services and budget.

With regard to your Day Services, you and your guardian (if applicable) must choose between:

1) returning to the level of your previous Day Services, or
2) remaining in your current level of Day Services under the current services and budget.

In the future, your Interdisciplinary Team (IDT) will need to develop a person-centered Individual Service Plan (ISP) with a focus on your DD Waiver support needs that can be clinically justified. The ISP must include specific clinical justification for the services and supports requested, and the IDT must attach any documents appropriate to justify the recommended services and supports. The ISP and the requested budget prepared by the IDT will be subject to a new outside clinical review process. **It is possible that the IDT planning process or the outside clinical review process could potentially result in a reduction or loss of some of your benefits or services.**

However, no matter which options you select in terms of your living situation or day services, **those services that you choose will remain in effect until (a) your next ISP and budget have received final approval or (b) the final resolution of any fair hearing or appeal.**

Once you and your guardian (if applicable) meet with your case manager and IDT and review the options regarding your living situation and day services, please complete, sign and date the attached Decision Form. Your case manager will submit the signed and completed Decision Form, but please make sure that you and your guardian receive a copy of the completed, signed and dated Decision Form with the case manager's attestation.

HSD and DOH appreciate your immediate attention to this matter and would like to thank you in advance for your timely cooperation. **If we do not receive your completed Decision Form by July 31, 2015, you will continue your currently authorized services until your next ISP.** If you have any questions or concerns about this letter, please contact your case manager.

Sincerely,

Cathy Stevenson, Director
Developmental Disabilities Support Division

JDH:CS:bad
Enclosures: Decision Form for Family Living or Supported Living Services
cc: Case Management Agency

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SUSANA MARTINEZ, GOVERNOR

RETTA WARD, CABINET SECRETARY

[Letter date]

[Individual/Guardian Name]
[Address]

Subject line (DDW 001): Notice of New Mexico Department of Health/Developmental Disabilities Supports Division (DOH/DDSD) use of the Supports Intensity Scale®(SIS), NM DDW Group Assignments, DDW Service Packages, and individual right to appeal

Dear [Individual/Guardian],

The University of New Mexico, Center for Development and Disability ("CDD") is scheduling a support needs assessment called the Supports Intensity Scale® (SIS) for you. You will be receiving a phone call soon to schedule your SIS assessment. The SIS measures the pattern and intensity of support needs an individual with Intellectual or Developmental Disability (I/DD) has to live life in the community. The SIS is required for adults receiving DD Waiver services. Your SIS results are used in two ways:

1. Your SIS results are used by your Interdisciplinary Team (IDT) to help plan for the use of natural and community supports.

2. DOH/DDSD uses the SIS as a tool along with other information to place ~~to~~ you in a NM DDW Group. Your SIS results will be reported in standard scores and percentiles which describe your support needs compared to a representative sample of individuals with I/DD. Knowing how your needs compare to others helps DOH/DDSD share resources in a fair way with many people in need in New Mexico.

Each NM DDW group describes individuals with a similar pattern of support needs. Each NM DDW group also has an array of service options available that generally meet the needs of the majority of individuals in that group.

The New Mexico Department of Health and the New Mexico Human Services Department use both the SIS and an outside clinical review process when developing annual service plans and budgets for each DD Waiver participant. **Please be aware that this process may result in a reduction or increase in services and benefits previously utilized by you. However, your existing services and benefits will remain in effect until (a) your annual Individual Service Plan and budget have received final approval or (b) the final resolution of any fair hearing decision or appeal.**

Prior to attending the SIS assessment, you may wish to educate yourself concerning how the SIS assessment is conducted. After your SIS assessment has been scheduled by CDD, CDD will mail

you a packet of information regarding the SIS assessment. Here are additional resources for more information about the SIS:

Access Community Together (ACT) New Mexico: http://actnewmexico.org

CDD website regarding SIS: http://www.cdd.unm.edu/sis/index.html

AAIDD website regarding SIS: http://aaidd.org/sis

DDSD Regional Offices (contact information at http://actnewmexico.org/contacts.html)

It is in everyone's best interest that your SIS assessment be successful. During the SIS assessment, the SIS assessor is available to answer any questions that you may have. If you do not understand the meaning of any question or score, or if you have any other questions for the SIS assessor, you should immediately ask the SIS assessor for clarification during the SIS assessment. At the end of the SIS assessment, you will be asked to complete the SIS assessment checklist regarding how the SIS assessment was conducted. This SIS assessment checklist will also provide you with an opportunity to note any additional questions or areas of disagreement.

Following your SIS assessment, and prior to developing your ISP, you will receive a DD Waiver Planning Packet that contains materials including your SIS results; information on how to request a SIS reassessment under certain circumstances; information on how to develop and submit your Individual Service Plan for outside clinical review; and notice of your fair hearing rights.

Sincerely,

Christina Hill
SIS Program Manager

Cc w/encls: [case manager]

Enclosure:

Notice of Right to Appeal

DDW 00001
Page 2 of 2

5/9/15 4:45pm

Draft of DD Waiver Planning Packet cover letter

Date:

[DDW Participant name, address]

[Legal Guardian name and address]

Dear DD Waiver Participant [and Legal Guardian (if applicable)]:

The New Mexico Department of Health and the New Mexico Human Services Department use both the Supports Intensity Scale ("SIS") and an outside clinical review process when developing annual service plans and budgets for each DD Waiver participant. The Interdisciplinary Team ("IDT") will have information from the SIS available to consider when developing a person-centered Individual Service Plan ("ISP"). The ISP and requested budget prepared by the IDT are then subject to the outside clinical review process.

Enclosed is your New Mexico DD Waiver Planning Packet. This packet includes information and resources to assist you in developing your annual ISP and submitting your ISP and requested budget to the outside reviewer. **Your existing services and benefits will remain in effect until (a) your annual Individual Service Plan and budget have received final approval or (b) the final resolution of any fair hearing decision or appeal.**

New Mexico uses a standard system to group individuals with similar supports needs together based on their SIS assessments. The services and supports provided in your DDW Group are generally appropriate for individuals with service and support needs similar to yours.

The IDT should consider the DDW Group's suggested service packages and proposed budget with the understanding that the focus must always be on the individual's DD Waiver support needs that can be clinically justified. The ISP must include specific clinical justification for the services and supports requested and the IDT must attach any documents appropriate to justify the recommended services and supports.

This New Mexico DD Waiver Planning Packet contains the following:

ATTACHMENT 7

1. *My Supports Profile* report—This report summarizes your current SIS assessment and profile results. This report also includes responses to Supplemental Questions and information about how your SIS results can be used in planning.

2. NM SIS Assessment Checklist. This is a quality assurance mechanism which is completed by respondents during your SIS assessment. It is used to help verify that key elements of the NM Scheduling and Interview Guidelines were followed.

3. NM DD Waiver Group Assignment Decision Rules.

4. Notice of your NM DDW Group assignment, associated service package, and proposed annual budget amount.

5. Instructions for submission of proposed Individual Service Plan and requested budget for outside clinical review.

6. Information on how to request a SIS reassessment.

7. Notice of Right to Appeal.

For more information on this and related topics, please refer to the ACT New Mexico website at http://actnewmexico.org/index.html. If you have questions, or if you want paper copies of instructions or information, please contact your Case Manager or your DDSD Regional Office.

Sincerely,

Roberta Duran

Bureau Manager

Cc: [_______], Case Manager

Appendix G. Responsibilities of Employers of Record

Responsibilities of the Mi Via Participant or Employer of Record

In General:
Comply with the program rules and regulations
Maintain an open relationship with the consultant to determine support needs, develop an appropriate service and support plan, receive necessary assistance with carrying out the plan and with documenting service delivery
Designate an employer of record (if using non vendor services)
Communicate with consultant at least once a month, including reporting any concerns with Mi Via to consultant
Use program funds appropriately by only requesting services covered by Mi Via and only purchasing after the request is approved by the third party assessor
Comply with the approved plan and not spend more than the authorized budget
Work with the third party assessor to schedule meetings and in home assessments and to provide documentation as
Respond to requests for additional documentation within the required deadlines
Report to the income support division with 10 days of any change in circumstance
Report to the third party assessor and consultant if hospitalized more than 3 nights
Communicate with Mi Via service providers, contractors, and state personnel
Responsibilities Related to being an Employer of Record:
Submit all required documents to the fiscal management agency by the timelines established
Report any incidents of abuse, neglect, or exploitation by any employer or service provider to the state
Arrange for delivery of services, goods and supports
Hire, train, schedule, supervise and dismiss service providers
Maintain employee service records and documentation
Manage the program budget
Request assistance from consultants if necessary

Source: Mi Via Service Standards

Appendix H. Supported Living Cost Explanation

LFC analyzed participant expenditures made for supported living costs in FY24. In order to calculate actual expenditures compared to anticipated expenditures based upon published DDSD rates, LFC utilized published DDSD rates, which in FY24 rose as high as $481.94 for category 4 participants, with the addition of both a cost of living adjustment and ARP funding. Based upon 340 allowable, billable days, expenditures are not expected to exceed $163,859.60. For those exceeding this amount (with individuals expending as much as $233 thousand), the difference between actual expenditures and the expected rate was found, with these differences added for all individuals who exceeded published rates. This was repeated for categories 1-3, totaling $26 million over expected amounts. While fiscal years do not align directly with budget years, and therefore billing in one fiscal year may exceed these rates based upon timing, three year rolling averages were also calculated, with individuals averaging as high as $200 thousand per year over a three-year time frame.

Supported Living Expected Annual Rates (EAR) vs. Actual Expenditures

	Category 1	Category 2	Category 3	Category 4	Total
FY24 Daily Rate	$232.62	$286.07	$374.99	$481.94	
Expected Annual Rate (340 Days)	$79,090.80	$97,263.80	$127,496.60	$163,859.60	
# Exceeding EAR	28	159	295	547	**1,029**
Upper Range	$99,954.66	$128,229.30	$170,977.90	$233,261.46	
Cost for those exceeding EAR	$2,571,565	$18,189,899.60	$44,445,852.10	$105,324,347.10	
Expected Cost (# times EAR)	$2,214,542	$15,464,944.20	$37,611,497	$89,631,201.20	
Difference	$357,022.6	$2,724,955.41	$6,834,355.07	$15,693,145.92	**$25,610,479**

Note: Expenditures based upon 88 percent of the year reporting

Source: DDSD