

Appendix A:



Mi Via Standards

Service Descriptions in Detail

Effective July 1, 2022

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Mi Via Waiver Program

Service Descriptions and Provider Qualifications

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QUALIFICATIONS THAT APPLY TO ALL MI VIA INDIVIDUAL EMPLOYEES, PROVIDER AGENCIES, AND VENDORS

In order to be approved as an individual employee, a provider agency (excluding consultant providers which are covered later in this document) or a vendor, each entity must meet the general and service specific qualifications found in the Mi Via regulations and submit an employee or vendor enrollment packet, specific to the provider or vendor type, for approval to the Financial Management Agency (FMA). Participants, Employers of Record (EORs), employees, independent providers, provider agencies, and vendors must comply with all applicable Federal, State and Waiver regulations, policies and procedures.

In order to be an authorized provider for Mi Via and receive payment for delivered services, the provider must complete and sign an employee or vendor provider agreement and all required tax documents. The provider's credentials must be verified by the participant/employer of record (EOR) and the FMA.

I. General qualifications for individual employees and employees of vendors (provider agencies) who are employed by a Mi Via participant to provide direct services:

- a. be at least 18 years of age;
- b. Meet minimum qualifications and perform job / task / functions based on set standards for applicable position.
- c. be able to communicate successfully with the participant.
- d. Individual Employees: pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC prior to initial hire and every three years after initial hire.
- e. Employees of Vendors (Provider Agencies): pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
- f. Complete training as required by role
<https://www.nmhealth.org/publication/view/policy/3387/>

- g. complete participant specific training, as applicable; the evaluation of training needs is determined by the participant or their authorized representative; the participant is also responsible for providing and arranging for employee training and supervising employee performance; training expenses for paid employees cannot be paid for with the Mi Via participant's Authorized Annual Budget (AAB);
- h. meet any other service specific qualifications, as specified in the Mi Via regulations (8.314.6 NMAC); and
- i. maintain documentation of services provided per the Mi Via regulations (8.314.6.12 NMAC).

II. General qualifications for vendors (provider agencies), including those providing professional services:

- a. be qualified to provide the service;
- b. possess a valid business license, if applicable;
- c. maintain and adhere to training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- d. maintain financial solvency;
- e. develop and adhere to a records management policy which would include but not be limited to maintaining individual records for each participant within HIPAA compliance;
- f. develop and adhere to quality assurance policies and procedures;
- g. shall be in good standing with and comply with their New Mexico practice board or other certification or licensing required to render Mi Via services in New Mexico.
- h. if a consultant provider, meet all the qualifications set forth in 8.314.6.11 NMAC;
- i. must not have a DOH current adverse action against them;
- j. meet any other service specific qualifications, as specified in the Mi Via regulations (8.314.6 NMAC).
- k. maintain documentation of services provided per the Mi Via regulations (8.314.6.12 NMAC).

III. General qualifications for Legally Responsible Individuals (LRIs) who provide services:

- a. LRIs are the parent (biological, legal, or adoptive) of a minor child (under age 18) or the guardian of a minor child, who must provide care to the child, or a spouse of a Mi Via participant. LRIs may be hired and paid for provision of waiver services (except consultant services, customized community group supports, transportation services when requested for a minor, and related goods) under extraordinary circumstances in order to assure the health and welfare of the participant, to avoid institutionalization and provided that the state is eligible to receive federal financial participation (FFP).

Extraordinary circumstances include the inability of the LRI to find other qualified, suitable caregivers when the LRI would otherwise be absent from the home and, thus, the caregiver must stay at home to ensure the participant's health and safety.

LRIs may not be paid for any services that they would ordinarily perform for individuals of the same age who do not have a disability or chronic illness.

The initial hiring of LRIs must be approved in writing by the Department of Health (DOH). After the initial approval, ongoing approval is not required unless a participant requires changes or additional services that an LRI would need to provide. At that time, a new request for the use of an LRI must be approved in writing by the Department of Health (DOH). A request for LRI approval (initial or any changes) must be provided on the appropriate request form with only one service requested per form.

Services provided by LRIs must:

- i. meet the definition of a service or support and be specified in the participant's approved service and support plan (SSP) and IBA (Individual budget allotment)
- ii. be provided by a parent, guardian or spouse who meets the provider qualifications and training standards specified in the Mi Via regulations and these service descriptions and qualifications for that service; and
- iii. be paid at a rate that does not exceed that which would otherwise be paid to a provider of a similar service and be approved by the Third-Party Assessor (TPA).

Access to Non-Disability Services

Mi Via Waiver participants have the option to choose among community-based resources providing both disability and non-disability specific services and settings. Mi Via, as a self-directed Waiver program, offers participants the opportunity to select providers of direct services from all available community resources. Participants of the Mi Via program have access to non-disability services in that participants are not required to:

- select providers of direct services from a list of state identified/contracted providers; or
- to select providers that only provide services in what would be considered disability specific settings

Providers of Mi Via services are not required to provide services in settings specific to any type of population. Mi Via expects all participants to reside in homes/apartments that are privately owned, not provider controlled, unless there is a lease or other legal protections in place for the participant, located within their community. Mi Via also offers transportation supports for participants to encourage access to the community-based resources and services they wish to utilize. Mi Via affords participants the freedom of choice to access both disability and non-disability specific settings for all Mi Via services.

CONSULTANT SERVICES

PRE-ELIGIBILITY/ENROLLMENT

I. Definition

Consultant Pre-Eligibility/Enrollment Services are intended to provide information, support, guidance, and/or assistance to individuals during the Mi Via enrollment process and Medicaid eligibility process, which includes both financial and medical components. The level of support provided is based upon the unique needs of the individual for the sole purpose of helping them navigate the Medicaid eligibility and enrollment processes.

When an allocation for the Mi Via Waiver is offered to an individual, they must complete a Primary Freedom of Choice (PFOC) form. The purpose of this form is for individuals to select a consultant services provider agency. The chosen consultant services provider agency provides pre-eligibility/enrollment services as well as on-going consultant services. The pre-eligibility/enrollment service is designed to assist individuals through the Medicaid financial and medical eligibility processes as well as the Mi Via enrollment process. Once the individual is

determined eligible for Mi Via Waiver services, the consultant will continue to provide consultant services to the newly enrolled participant as set forth in the consultant service standards.

II. Scope of Service

Consultant pre-eligibility/enrollment services are delivered in accordance with the individual's identified needs. Based upon those needs, the consultant provider selected by the individual shall:

- A. Assign a consultant and contact the individual within five (5) working days after receiving the PFOC to schedule an initial orientation and enrollment meeting;
- B. 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:
 1. General program overview including key agencies and contact information;
 2. Discuss medical and financial eligibility requirements and offer assistance in completing these requirements as needed;
 3. Provide information on Mi Via participant roles and responsibilities documented by participant signature on the roles and responsibilities form.
 4. Discuss the Employer of Record (EOR) including discussion and possible identification of an EOR and completion of the EOR Questionnaire form;
 5. Review the processes for hiring employees and contractors and required paperwork;
 6. Review the process and paperwork for hiring Legally Responsible Individuals (LRI) as employees;
 7. Discuss the background check and other credentialing requirements for employees and contractors;
 8. Notify participant supports that the DOH Abuse, Neglect and Exploitation training is required to be taken annually.
 9. Discuss the process for accessing core training requirements through the DOH Training Database and the FMA online system *e*); and to obtain information on

the Financial Management Agency (FMA); and New Mexico Waiver Training Hub

10. Provide information on the service and support plan (SSP) including covered and non-covered goods and services, planning tools and community resources available and assist with the development of the SSP.
 11. Review the Mi Via Service Standards with the participant and either provide a copy of the Standards or assist the participant to access the Mi Via Service Standards online.
 12. 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
- C. Consultants will inform, support, assist, and monitor as necessary with the requirements for establishing Level of Care (LOC) within ninety (90) days of receiving the PFOC, to include:
1. Assistance with required LOC documentation and paperwork:
 - a. The Long-Term Care Assessment Abstract (LTCAA) forms (MAD 378 or DOH 378 as appropriate);
 - b. Current history and physical (H&P) and medical/clinical history;
 - c. The Comprehensive Individual Assessment (CIA) for those with I/DD and the Comprehensive Family Centered Review for MF. The consultant may be asked to assist with the in-home assessment (IHA) when necessary;
 - d. Norm-referenced adaptive behavioral assessment (for I/DD only)
 2. Assist with financial eligibility application and paperwork as needed;
 3. Inform the state, as requested on the progress with eligibility/enrollment activities and the assistance provided by the consultant;
 4. Prior to SSP development or during the development process, obtain a copy of the Approval Letter or verify that the county Income Support Division (ISD) office of the Human Services Department (HSD) has completed a determination that the individual meets financial and medical eligibility to participate in the Mi Via Waiver program; and,

5. Schedule SSP meeting within ten (10) days of the approval verification.

III. Contact Requirements

Consultants shall make contact with the participant at least monthly for follow up on eligibility and enrollment activities. This contact can either be face-to-face or by telephone.

During the pre-eligibility phase, at least one (1) face to face visit is required to ensure participants are completing the paperwork for medical and financial eligibility, and to provide additional assistance as necessary. Consultants should provide as much support as necessary to assist with these processes.

IV. Reimbursement

- A. Consultant pre-eligibility/enrollment services shall be reimbursed based upon a per-member/per-month unit:
 1. 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;
 2. 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
 3. Consultant providers shall submit all consultant pre-eligibility/enrollment services billing through the Human Services Department (HSD) or as determined by the State.
- B. Consultants must obtain approval in writing from the DOH Mi Via Program Manager or their designate for any pre-eligibility phase exceeding the ninety (90) day timeframe for any participant. The consultant will submit an explanation of why the pre-eligibility phase has exceeded the 90-day timeline.
- C. It is the State's expectation that consultants will work with the participant to ensure that an approved service and support plan (SSP) is in effect within ninety (90) days of the start of Medicaid eligibility. Any exceptions to this timeframe must be approved by the State. The consultant will submit an explanation of why the plan could not be effective within the 90-day timeline. Approval must be obtained in writing from the DOH Mi Via

Program Manager or their designate for any plan not in effect ninety (90) days after eligibility is approved, prior to billing for that service.

D. Non-billable consultant services include:

1. Services furnished to an individual who does not reside in New Mexico;
2. Participation by the consultant in any educational courses or training;
3. Outreach activities, including contacts with persons potentially eligible for the Mi Via Waiver;
4. Consultant services furnished to an individual who is in an institution (e.g., ICF/IID, nursing facility, hospital) or is incarcerated, except for discharge planning services in accordance with MAD Supplement No. 01-22; and
5. Services furnished to an individual who does not have a current allocation to the Mi Via Waiver.

ONGOING CONSULTANT SERVICES

I. Definition of Service

Consultant services are intended to educate, guide, assist and monitor the participant to make informed planning decisions about services and supports. This leads to the development of a person-centered plan, called the Service and Support Plan (SSP), based on the participant's wants and assessed needs. The consultant assists the participants with implementation and quality assurance related to the SSP and Authorized Annual Budget (AAB). Consultant services provide support to participants to maximize their ability to self-direct their Mi Via services.

Consultant services help the participant identify supports, services and goods that meet their need for covered and noncovered waiver services and are specific to the participant's disability or qualifying condition and help prevent institutionalization.

Consultant services provide a level of support to a participant that is unique to their individual needs in order to maximize their ability to self-direct in the Mi Via Program.

Consultant services assist participants to transition from and to other waiver programs. Consultants monitor all aspects of the participant's Mi Via Waiver program to include: SSP development and implementation, budget development and utilization, LOC, health and safety and overall supports.

II. Scope of Service

Consultants are responsible for knowing the participants they serve and having an awareness of each of their participants' unique dreams, strengths, goals, health and safety needs and individualized support needs. Consultant services provide a level of support to a participant that is unique to their individual needs in order to maximize their ability to self-direct in the Mi Via Program. Participants may choose to work with any Mi Via approved consultant agency in their region.

- A. Consultant services and supports are delivered in accordance with the participant's identified needs. Based upon those needs, the consultant shall:
1. Provide the participant with information, support, and assistance during the annual Medicaid eligibility processes, including the medical level of care (LOC) evaluation and financial eligibility processes;
 2. Assist existing participants with annual LOC requirements within ninety (90) days prior to the expiration of the LOC;
 3. Schedule participant enrollment meetings within five (5) working days of receipt of a Waiver Change Form (WCF) for participants transitioning from another waiver. The actual enrollment meeting should be conducted within thirty (30) days. Enrollment activities include but are not limited to:
 - a. General program overview including key agencies and contact information;
 - b. Discuss eligibility requirements and offer assistance in completing these requirements as needed;
 - c. Discuss participant roles and responsibilities form;
 - d. Discuss Employer of Record (EOR) including discussion and possible identification of an EOR and completion of the EOR Questionnaire form;

- e. Review the processes for hiring employees and contractors and required paperwork;
 - f. Review the process and paperwork for hiring Legally Responsible Individuals (LRI) as employees, as applicable;
 - g. Discuss the background check and other credentialing requirements for employees and contractors;
4. Referral for accessing training for DOH Mi Via core trainings and through the FMA *online system see Appendix G* and to obtain information on the Financial Management Agency (FMA), New Mexico Waiver training hub. <https://www.nmhealth.org/publication/view/policy/3387/>
- a. Provide information on the Service and Support Plan including Mi Via covered and non-covered goods and services, planning tools and available community resources;
 - b. For those participants transitioning from other waivers, a transition meeting including the transfer of program information must occur prior to the SSP meeting; and
 - c. Schedule the date for the SSP meeting within ten (10) working days of the enrollment meeting.
5. Assist the participant in utilizing all program assessments, such as the in-home assessment, comprehensive individual assessment, and the level of care abstract, to develop the SSP.
6. Educate the participant regarding Mi Via covered and non-covered supports, services, and goods.
7. Review the Mi Via Service Standards with the participant and either provide a copy of the Standards or assist the participant to access the Mi Via Service Standards online.
8. Assist the participant to identify resources outside the Mi Via Program that may assist in meeting their needs.

9. Ensure that the SSP for each participant includes the following:
 - a. 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;
 - b. The purposes for the requested services, expected outcomes, and methods for monitoring progress must be specifically identified and addressed;
 - c. The twenty-four (24) hour emergency backup plan for services that affect health and safety of participants; and
 - d. The quality indicators, identified by the participant, for the services and supports provided through the Mi Via Program.
10. Ensure that the SSP is submitted in the appropriate format as prescribed by the state which includes the use of *FMA online system*.
11. Complete and submit revisions, requests for additional funding and justification for payment above the range of rates as needed, in the format as prescribed by the state, which includes the use of *the FMA online system*. No more than one revision is allowed to be submitted at any given time.
12. 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.
13. Provide a copy of the final approved SSP and budget documents to participants.
14. Provide a copy of TPA Assessments to the participant upon their request.
15. Assist the participant with the application for LRI as employee process; submit the application to the DOH.
16. Assist with the environmental modification process including submission of required forms to the TPA for their review.

17. Assist the participant to identify and resolve issues related to the implementation of the SSP.
18. Serve as an advocate for the participant, as needed, to enhance their opportunity to be successful with self-direction.
19. Assist the participant with reconsiderations of goods or services denied by the Third-party Assessor (TPA), submit documentation as required, and participate in Fair Hearings as requested by the participant or state.
20. Assist the participant with required quality assurance activities to ensure implementation of the participant's SSP and utilization of the authorized budget.
21. Assist participants to identify measures to help them assess the quality of their services/supports/goods and self-direct their quality improvement process.
22. Assist the participant to assure their chosen service providers are adhering to the Mi Via Service Standards as applicable.
23. Assist participants to transition to another consultant provider when requested. Transitions should occur within thirty (30) days of request on the Consultant Agency Change (CAC) form but may occur sooner based on the needs of the participant. Transition from one consultant provider to another can only occur at the first of the month. (Please refer to Mi Via Consultant Agency Transfer procedures for details).
24. 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).
25. 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.

26. The consultant provider shall participate in required trainings at the frequency determined by DDS. <https://www.nmhealth.org/publication/view/policy/3387/>

III. Contact Requirements

Consultant providers shall contact the participant at least monthly for a routine follow up. This contact is required to be face to face. The monthly contacts are for the following purposes:

1. Monitor the participant's access to services and whether they were furnished per the SSP;
2. Review the participant's choice of provider;
3. Monitor whether services are meeting the participant's needs;
4. Monitor whether the participant is receiving access to non-waiver services as outlined in the SSP;
5. Follow up on complaints against service providers or vendors;
6. Document change in status;
7. Monitor the use and effectiveness of the emergency back up plan;
8. Document and provide follow up (if needed) if challenging events occurred;
9. Assess for suspected abuse, neglect or exploitation and report accordingly, if not reported, take remedial action to ensure correct reporting;
10. Monitor and document progress on any time sensitive activities outlined in the SSP;

11. Monitor if health and safety issues are being addressed appropriately;
12. Monitor budget utilization and discuss/assist with any concerns;

Consultant providers are required meet in person with the participant at a minimum of twelve (12) monthly visits per year. At least four visits per year, one per quarter, must be conducted in the participant's residence with the participant.

The monthly, twelve (12) face to face visits are for the following purposes:

1. Review and monitor progress on implementation of the SSP;
2. Monitor any usage and the effectiveness of the twenty-four (24) hour Emergency Backup Plan;
3. Review SSP/budget spending patterns (over and underutilization);
4. Monitor and access quality of services, supports and functionality of goods in accordance with the quality assurance section of the SSP and any applicable Mi Via Service Standards;
5. Monitor the participant's access to related goods identified in the SSP;
6. Review any incidents or events that have impacted the participant's health and welfare or ability to fully access and utilize support as identified in the SSP; and
7. Identify other concerns or challenges, including but not limited to complaints, eligibility issues, health and safety issues as noted by the participant and/or representative.
8. Assess the home environment and service settings to ensure adherence to the CMS Final Rule settings requirements.

Consultant contacts and visits will be conducted to include monitoring of the following,;

- Health and safety to include monitoring of current health status, recommended appointments, and any medical follow up needed;
- Progress of the SSP/budget implementation;

- Spending patterns;
- Purchase of goods, environmental modifications, assistive technology, personal support technology, and coordination with MCO to ensure receipt of durable medical equipment needs,
- Usage and effectiveness of the twenty-four (24) hour emergency backup plan;
- ANE training and reporting, or incidents;
- Resources and assistance to participants where needed;
- Service setting and HCBS settings requirements;
- Informed choice and decision making;
- Self-direction of program by participant;
- Access to the community;
- Access to non-disability specific settings;
- Lease or legal agreement for housing, as applicable
- Access to competitive employment; and
- Coordination of services: issues with vendors or employees.

IV. Critical Incident Management Responsibilities and Reporting Requirements

The consultant provider is required to take the DDS Abuse, Neglect and Exploitation Awareness training on an annual basis. <https://www.nmhealth.org/publication/view/policy/3387/>

- A. The consultant provider shall report incidents of abuse, neglect, exploitation, suspicious injuries, any participant death as well as any environmentally hazardous conditions which creates an immediate threat to health or safety as directed by the state.
- B. The consultant provider will maintain a critical incident management system to identify, report, and address critical incidents. The consultant provider is responsible for follow-up and assisting the participant to help facilitate health and safety when the health and safety of a participant is determined to be at risk.

Regional Office Request for Assistance (RORA)

DDSD has statewide Regional Offices to provide information and technical assistance to anyone at any time. Specifically, each Regional Office is staffed with generalists and program area experts (e.g. Mi Via Liaisons, Community Inclusion Coordinators, Nurses, Behavior Specialists, Trainers, and Crisis Specialists) to assist with any specific Mi Via Waiver questions and to provide technical assistance.

DDSD's RORA system is the mechanism to track any formal requests for Regional Office assistance. The system operates as follows:

1. Provider Agencies, vendors or employees can make requests for assistance for various reasons.
2. Typical requests are listed in specific categories on the RORA template available on the DOH website <https://nmhealth.org/about/ddsd/>.
3. The RORA form should be completed in its entirety by the requestor and submitted to the appropriate Regional Office via Therap S-Comm or via fax.

C. Critical incident reporting requirements:

1. For individuals on the Mi Via Waiver, critical incidents should be immediately reported to:
 - a. The Department of Health/Division of Health Improvement (DOH/DHI) for persons 18 years or older for critical incidents involving abuse, neglect and/or exploitation, suspicious injuries, participant death as well as any environmentally hazardous condition which creates an immediate any threat to health or safety.
 - b. The Department of Health/Division of Health Improvement (DOH/DHI) and/or Children, Youth and Families Department/Child Protective Services for persons under 18 years of age for critical incidents involving abuse, neglect and/or exploitation, suspicious injuries, participant death as well as any environmentally hazardous condition which creates an immediate any threat to health or safety;
 - c. Critical incidents shall be called into the DOH/DHI hotline, and the Consultant shall also collaboratively work with the DOH/DHI Intake to create and help implement an Immediate Action and Safety Plan for the consumer as appropriate.
 - d. A copy of the Division's abuse, neglect, exploitation or report of death form must be submitted to DOH/DHI within 24 hours of the verbal report.
 - e. Anyone may report an incident; however, the person with the most direct knowledge of the incident is the individual who is required to report the incident.

V. Administrative Requirements

- A. Consultant agencies and their individual consultants shall comply with all applicable federal, state and waiver regulations, all policies and procedures governing consultant services, all terms of their provider agreement and shall meet all of the following requirements, as applicable:
1. Have a current business license issued by the state, county, or city government as required;
 2. Maintain financial solvency;
 3. Ensure all employees or sub-contractors providing consultant services under this standard attend all state-required trainings and demonstrate knowledge of and competence with the Mi Via policies and procedures, philosophy of self-direction, financial management processes and responsibilities, needs assessments, person-centered planning and service plan development, the CMS HCBS Settings Requirements and other federal regulations, and adhere to all other training requirements as specified by the state;
 4. Ensure that all Consultants are trained and competent in the use of the fiscal management and *FMA online system*;
 5. Ensure all employees providing services under this scope of service and all other staff paid with Mi Via funds, are trained on how to identify and where to report abuse, neglect and exploitation, as well as how to report suspicious injuries, environmental hazards as well as death; and
 6. Ensure compliance with the Caregivers Criminal History Screening Requirements (7.1.9 NMAC) for all employees.
- B. The consultant provider shall develop a quality management plan to ensure compliance with regulatory and program requirements and to identify opportunities for continuous quality improvement.
- C. The consultant provider shall conduct an annual participant satisfaction survey. A copy of a report summarizing the results of this survey must be submitted to the New Mexico Department of Health, Developmental Disabilities Supports Division upon provider renewal or as requested by the state.

- D. The consultant provider shall ensure that participants have access to their consultant. This requirement includes, but is not limited to the following:
1. The consultant provider must maintain a presence in each region for which they are providing services;
 2. The consultant must maintain a consistent way (for example, phone, email, and fax) for the participant to contact the consultant during typical business hours which are 8:00 a.m. to 5:00 p.m. Monday through Friday;
 3. The consultant must maintain a consistent way (for example phone, email, and fax) for the participant to leave messages with the consultant during non-business hours: prior to 8:00 a.m. and after 5:00 p.m. MST on weekdays and on weekends and for emergency purposes;
 4. The consultant provider must assure that consultants and other staff will respond to participant and/or participant representative communications within three (3) working days except in emergency situations where a response is needed within twenty-four (24) hours during the work week.
 5. The consultant provider must provide a location to conduct confidential meetings with participants when it is not possible to do so in the participant's home. This location must be convenient for the participant and compliant with the Americans with Disabilities Act (ADA);
 6. The consultant provider must maintain an operational fax machine at all times; and
 7. The consultant must maintain an operational email address, internet access, and the necessary technology to access Mi Via related systems.
- E. The consultant provider shall maintain a current local/state community resource manual that is accessible to a participant.
- F. The consultant provider shall adhere to Medicaid General Provider Policies NMAC 8.302.1.
- G. The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to:
1. Current and historical SSPs and budgets;
 2. Contact log that documents all communication with the participant;
 3. Completed/signed monthly (12) face to face visit form(s);

4. TPA documentation of approvals/denials, including budgets and requests for additional funding;
5. TPA correspondence; (requests for additional information; requests for additional funding, etc.);
6. Assessor's individual specific health and safety recommendations;
7. Notifications of medical and financial eligibility;
8. Approved Long Term Care Assessment Abstract with level of care determination and Individual Budgetary Allotment from the TPA;
9. Budget utilization reports from the FMA;
10. Environmental modification approvals/denials;
11. Legally Responsible Individual (LRI) approvals/denials;
12. Certificate of completion on employee training on reporting abuse, neglect, and exploitation awareness. New Mexico Waiver training hub agency compliance reports.
13. Consultant will need to register with New Mexico Waiver Hub to track trainings and compliance.
14. Copy of legal guardianship or representative papers and other pertinent legal designations; and
15. Primary Freedom of Choice form (PFOC) and/or, Waiver Change Form (WCF) and/or Consultant Agency Change Form (CAC) as applicable.

H. The consultant provider shall ensure the development and implementation of a written grievance procedure in compliance with 7.26.4 NMAC.

I. The consultant provider shall meet all of the qualifications set forth in 8.314.6.11 NMAC.

VI. Qualifications

A. Consultants must be employed by an enrolled Mi Via Consultant agency. Consultant providers shall ensure that all employees providing consultant services meet the criteria specified in this section:

1. Consultant providers shall:

- a. Be at least 21 years of age;
 - b. Possess a minimum of a Bachelor's degree in social work, psychology, human services, counseling, nursing, special education or a closely related field;
 - c. Have one (1) year of supervised experience working with people living with disabilities;
1. Complete all required training;
<https://www.nmhealth.org/publication/view/policy/3387/> and;
 - d. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.

OR

2. Consultant providers shall:

- a. Be at least 21 years of age;
- b. Have a high school diploma or GED and a minimum of six (6) years of direct experience related to the delivery of social services to people living with disabilities;
- c. Complete all required training @
<https://www.nmhealth.org/publication/view/policy/3387/> and;
- d. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
- e. In extraordinary circumstances, a consultant agency may need to request an exception to the standards. An exception may be based on individual circumstances or extenuating circumstances at the agency. Any exception to the standards needs prior approval from DDS according to the following:

1. For exceptions to standards that directly impact a person in service, the exception may be granted by the consultant submitting the request, along with supporting documentation to the DDS Mi Via Unit for review and determination.
2. For exceptions to the standards related to service and/or agency requirements, the exception may be granted through a review of specific circumstances by designated DDS staff, which requires the agency to submit the request to the Mi Via Unit for review and determination.
3. All exceptions must be approved prior to implementing.
4. Federal and state requirements are considered when reviewing any requests for exceptions.
5. Any Consultant Provider Agency operating under an approved exception must have supporting documentation on file for quality review activities.
6. Exceptions may be time limited or revoked based on individual and/or agency circumstances.

VII. Conflict of Interest

Mi Via Consultant agencies shall not engage in any activities in their capacity as a provider of services to an eligible participant that may be a conflict of interest.

Consultant Agencies are required to mitigate real or perceived conflict of interest issues. Consultants are agents responsible for the development of the SSP and as such must also adhere to the following:

1. Consultant Agency owners and their employed or contracted Consultants may not:
 - a. Be related by blood or affinity to the person supported, or to any paid caregiver of the individual supported.
 - b. Have material financial interest in any entity that is paid to provide DD Waiver or Mi Via services. A material financial interest is defined as anyone who has, directly or indirectly, any actual or potential ownership, investment, or compensation arrangement.
 - c. Be empowered to make financial or health related decisions for people on their caseload.
 - d. Be related by blood or affinity to any Mi Via Waiver providers, vendors or employees for individuals on their caseload. Provider Agencies are identified as Mi Via consultants, Mi Via vendors, BSC's and therapists.
2. A Mi Via Consultant may not serve as the EOR, personal representative or authorized representative for an eligible participant for whom he or she is the consultant.
3. A Consultant Agency may not be a Provider Agency, vendor, or employee for any other Mi Via Waiver service.
4. A Consultant Provider Agency must disclose to, both DDS and to people supported by their agency, any familial relationships between the agency's employees/subcontracting

consultants and employees or subcontractors of Provider Agencies, vendors, or employees of other Mi Via Waiver services.

5. A Consultant or Director of a Consultant Agency may not serve on the Board of Directors of any Mi Via Waiver Provider Agency or vendor agency.
6. Consultant Agency staff and subcontractors must maintain independence and avoid all activity which could be perceived as a potential conflict of interest.
7. A Consultant Agency may not provide guardianship services to an individual receiving Consultant services from that same agency.

A Consultant may not provide training to staff of Mi Via Waiver, vendors, or employees. Mi Via Waiver Consultant Agencies must mitigate any conflict of interest issues by adhering to at least the following:

1. Any individual who is an employee or subcontractor of an entity that is compensated for providing Mi Via Waiver services to an individual must not serve as guardian or Power of Attorney for that individual, except when related by affinity or consanguinity [§ 45-5-31(1) A NMSA (1978)]. Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement.
2. Mi Via Waiver Consultant Agencies may not employ or subcontract with a spouse or domestic partner to support the person in services.

Conflict-Free Service and Support Coordination

Mi Via Waiver Provider Agencies are responsible for assuring person centered planning occurs, including considerations for conflict free service planning which:

1. prevents program-centered versus person-centered planning;
2. avoids patterns of Provider Agency, vendor, or employee budget requests being made prior to the SSP development;
3. avoids undue influence of the Mi Via Waiver Provider Agency, vendor or employee on the person's schedule and/or choice of activities; and

If any of the above have occurred or appear to be occurring, Mi Via Waiver Provider Agencies, vendors, employees, and Employer of Records (EORs) have the right to use the Regional Office Request for Assistance (RORA) process.

- VIII. Consultants are required to follow a Mi Via Consultant Code of Conduct. The Mi Via Consultant Code of Conduct is required to be reviewed and signed by each individual Consultant and kept in each Consultant Agency's personnel files. This ensures all Consultants are acting in accordance with DDS expectations and professional standards.

IX. Staff Ratio Requirements

- A. The consultant provider must assure that the number of participants assigned to consultants do not exceed an average (mean) of fifty (50) participants. Caseload is not to exceed more than 50 individuals across DD Waiver, Supports Waiver, Medically Fragile and Mi Via. The actual number of participants on each case load shall be determined based upon the unique needs of each individual.

The consultant/agency must ensure that all required consultant functions (and support guide functions as applicable) are met and that there is adequate time to provide the necessary supports unique to each participant.

X. Reimbursement

- A. Consultant services shall be reimbursed based upon a per-member/per-month unit.
 - 1. There is a maximum of twelve (12) billing units per participant per SSP year.
 - 2. A maximum of one unit per month can be billed per each participant receiving consultant services.
- B. Consultant records must be sufficiently detailed to substantiate the nature, quality, and amount of consultant services provided. Months for which no documentation is found to support the billing submitted shall be subject to non-payment or recoupment by the state.
- C. The consultant provider/agency shall provide the level of support required by the participant and a minimum of twelve (12) monthly face to face visits per SSP year. One of the monthly visits must include the development of the annual SSP and assistance with the LOC assessment.
- 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.
- E. Consultant providers shall submit all billing through the Mi Via FMA as determined by the State.
- F. Non-Billable services Include:

1. Services furnished to an individual who does not reside in New Mexico.
2. Services furnished to an individual who is not eligible for the Mi Via Program.
3. Outreach activities, including contacts with persons potentially eligible for the Mi Via Program.
4. Consultant services furnished to an individual who is in an institution (e.g., ICF/IID, nursing facility, hospital) or is incarcerated, except for discharge planning services in accordance with MAD Supplement No. 01-22

BEHAVIOR SUPPORT CONSULTATION

- I. Behavior Support Consultation Services:** Behavior support consultation services consist of functional support assessments, positive behavior support plan/treatment plan development and training and support coordination for a participant related to behaviors that compromise a participant's quality of life. Services are provided in an integrated, natural setting or in a clinical setting.

The State prohibits the use of any restraints, restrictive interventions and/or seclusion in the implementation of Mi Via Waiver services. Examples of these could include the use of forced physical guidance, over correction, isolation, physical restraint, mechanical restraint and/or chemical restraint designed as aversive methods to modify behavior. Mi Via participants have the right to be free from restraint, restrictive interventions, seclusion and coercion.

II. Scope of Services:

- a. Inform and guide the participant, family, employees and/or vendors toward understanding the contributing factors to the participant's behavior;
- b. Identify support strategies to enhance functional capacities, adding to the provider's competency to predict, prevent and respond to interfering behavior and potentially reducing interfering behaviors;
- c. Support effective implementation based on a functional assessment and subsequent service and support plans;

- d. Collaborate with medical and ancillary therapies to promote coherent psychotherapeutic medications and to limit the need for psychotherapeutic medications; and
- e. Monitor and adapt support strategies based on the response of the participant and their family, employees and/or vendors in order for services to be provided in the least restrictive manner.

III. Behavior Consultant Qualifications – Individual:

- a. Provide a tax identification number;
- b. Maintain a participant file within HIPAA guidelines to include:
 - i. Participant’s service and support plan;
 - ii. Reports as requested in the service and support plan;
 - iii. Contact notes; and
 - iv. Training roster(s).

IV. Licensure:

1. A mental health professional that wants to provide BSC services must possess one of the following licenses approved by the New Mexico Regulation and Licensing Department and/or applicable New Mexico Licensing/Practice Board:

- a. Psychiatrist licensed by the New Mexico practice board;
- b. Licensed Clinical Psychologist;
- c. Licensed Independent Social Worker (LISW);
- d. Licensed Professional Clinical Counselor (LPCC);
- e. Licensed Clinical Nurse Specialist (CNS) or Certified Nurse Practitioner (CNP) who is certified in psychiatric nursing by a national nursing organization who can furnish services to adults or children as certification permits.
- f. Licensed Practicing Art Therapist (LPAT);
- g. Licensed Marriage and Family Therapist (LMFT).

2. **A supervisory-level practice license:** Professionals licensed at this level are approved in one-year increments and require direct clinical supervision by an independently licensed mental health professional.

- a. Professional clinical mental health counselor (LPC) (until December 31, 2012)
- b. Licensed Master Social Worker (LMSW); or
- c. Licensed Psychologist Associate (PA-master's or Ph.D. Level).

V. Behavior Consultant Qualifications - Provider Agency:

- a. Provide a tax identification number; and
- b. Current business license issued by state, county, or city government, if required.
- c. Meet financial solvency;
- d. Adhere to agency training requirements;
- e. Develop and adhere to a records management policy which would include but not be limited to maintaining individual records for each participant within HIPAA compliance;
- f. Develop and adhere to quality assurance rules and requirements;
- g. Maintain a participant file within HIPAA guidelines to include:
 - i. Participant's service and support plan;
 - ii. Reports as requested in the service and support plan;
 - iii. Contact notes; and
 - iv. Training roster(s).

1. Ensure therapists have and maintain a current New Mexico license with the appropriate professional field licensing body; current licensure may be any of the following:

- a. Psychiatrist licensed by the New Mexico practice board;
- b. Licensed Clinical Psychologist;
- c. Licensed Independent Social Worker (LISW);
- d. Licensed Professional Clinical Counselor (LPCC)
- e. Licensed Clinical Nurse Specialist (CNS) or Certified Nurse Practitioner (CNP) who is certified in psychiatric nursing by a national nursing organization who can furnish services to adults or children as certification permits.
- f. Licensed Practicing Art Therapist (LPAT);

- g. Licensed Marriage and Family Therapist (LMFT).

2. **A supervisory-level practice license:** Ensure professionals licensed at this level are approved in one-year increments and require direct clinical supervision by an independently licensed mental health professional.

- a. Licensed Professional clinical mental health counselor (LPC) (until December 31, 2012)
- b. Licensed Master Social Worker (LMSW); or
- c. Licensed Psychologist Associate (PA-master's or Ph.D. Level).

COMMUNITY DIRECT SUPPORT

I. Community Direct Support Services: Community Direct Support (CDS) Services deliver supports that assist the participant to identify, develop, nurture, and maintain community connections. Community Direct Support also assists the participant to maintain community connections and access social, educational, recreational and leisure activities in the community. Community Direct Support Services promote the development of valued social relationships and build connections within local communities. Community Direct Support Services aid the participant outside of the participant's residence. CDS supports ensure each individual has a choice of and access to non-disability specific settings. This service does not include formal educational (including home schooling and tutoring related activities) or vocational services related to traditional academic subjects or vocational training.

The Community Direct Support Provider may be a vendor, skilled independent contractor or a hired employee depending on the level of support needed by the participant to access the community. Community Direct Support Services do not include services such as life skills coach, tutoring/home schooling or goods such as zoo memberships or event tickets.

- II. Scope of Services:** Community Direct Support Services include, but are not limited to the following:
- a. Instruct and model social behavior necessary to interact with community members or in groups;
 - b. Promote the development of social relationships and build connections within local communities;

- c. Promote self-determination, enhance the participant’s ability to interact with and contribute to their community.
- d. Provide assistance with ancillary tasks related to community membership;
- e. Provide attendant care;
- f. Assist the participant to schedule, organize and meet expectations related to chosen community activities;
- g. Promote choice of and access to non-disability specific settings;
- h. Support the participant in having frequent opportunities to expand meaningful roles in the community to increase and enhance natural supports, networks, friendships and build a sense of belonging; and
- i. Assist in the development of skills and behaviors that strengthen an individual’s connection with his or her community. The individual will be supported to create such connections individually, not as a part of a group of people with disabilities.
- j. The skills to assist someone in a community setting may be different than those for assisting a person at home. The provider will:
 - i. demonstrate knowledge of the local community and resources within that community that are identified by the participant on the SSP; and
 - ii. be aware of the participant’s barriers to communicating and maintaining health and safety while in the community setting.

III. Community Direct Support Qualifications - Individual Provider:

- a. Be at least 18 years of age;
- b. Be qualified to perform the service and demonstrate capacity to perform required tasks;
- c. Be able to communicate successfully with the participant;
- d. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC prior to initial hire and every three years after initial hire.
- e. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant’s AAB; and
- f. Meet any other service qualifications, as specified in the Mi Via regulations.

IV. Community Direct Support Qualifications - Provider Agency:

- a. Possess a current business license;
- b. Provide a tax identification number;
- c. Meet financial solvency;
- d. Adhere to training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- e. Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain a confidential case file for each individual that includes but is not limited to documentation of activities, progress and scope of work outlined in the participant's service and support plan;
- f. Develop and adhere to quality assurance rules and requirements; and
- g. Ensure all assigned staff meet the following qualifications:
 - i. Be at least 18 years of age;
 - ii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iii. Be able to communicate successfully with the participant;
 - iv. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
 - v. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant's AAB; and
 - vi. Meet any other service qualifications, as specified in the Mi Via regulations.

CUSTOMIZED COMMUNITY GROUP SUPPORTS

- I. Customized Community Group Support Services:** Customized Community Group Supports (CCGS) can include participation in congregate community-based day programs, community centers, and adult day programs that offer functional meaningful

activities that assist with acquisition, retention, or improvement in self-help, socialization, and adaptive skills. This service is to be provided in an integrated community-based setting that supports opportunities for participants to access, as well as actively engage with, their preferred community resources and activities that include others in their community. Customized Community Group Supports are expected to be provided in integrated community settings such as community-based adult day programs and community centers and can take place in non-institutional and non-residential settings including typical integrated community settings as specified in the participant's service and support plan (SSP). CCGS supports ensure each individual has a choice of and access to non-disability specific settings Services are available at least four (4) or more hours per day one (1) or more days per week as specified in the participant's SSP. Customized Community Group Supports include adult day habilitation and other day support models and do not duplicate community direct support services, employment support services or any other waiver service. Customized Community Group Support services are only provided through a provider agency.

II. Scope of Services: Customized Community Group Supports services include, but are not limited to the following:

- a. Provide supports in congregate and integrated settings within the community which can include day programs and community centers that assist with the acquisition, retention or improvement in self-help, socialization and adaptive skills.
- b. Supports and provides opportunities for participants to access and engage with community resources and activities with others in their community.
- c. Promote choice of and access to non-disability specific settings.

III. Customized Community Group Supports Qualifications - Provider Agency:

- a. Possess a current business license, if applicable;
- b. Provide a tax identification number;
- c. Meet financial solvency;
- d. Adhere to training requirements
<https://www.nmhealth.org/publication/view/policy/3387/>
- e. Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain a confidential case file for each individual that includes but is not limited to

documentation of activities, progress and scope of work outlined in the participant's service and support plan;

- f. Develop and adhere to quality assurance rules and requirements; and
- g. Ensure all assigned staff meet the following qualifications:
 - i. Be at least 18 years of age;
 - ii. Have at least one (1) year of experience working with people with disabilities;
 - iii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iv. Be able to communicate successfully with the participant;
 - v. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
 - vi. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant's AAB; and
 - vii. Meet any other service qualifications, as specified in the Mi Via regulations.

EMERGENCY RESPONSE SERVICES

I. Emergency Response Services: Emergency Response Services (ERS) provide an electronic device that enables a participant to secure help in an emergency at home and thereby avoids institutionalization. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center when a "help" button is activated. The response center is staffed by trained professionals.

II. Scope of Services:

- a. Testing and maintaining equipment;
- b. Training participants, caregivers and first responders on the use of the equipment;
- c. Twenty-four (24) hour monitoring for alarms;

- d. Checking systems monthly or more frequently if warranted (e.g., electrical outages, severe weather, etc.);
- e. Reporting emergencies and changes in the participant’s condition that may affect service delivery; and
- f. Initial set-up and installation of ERS devices is not a covered service.

III. Emergency Response Qualifications – Vendor/Agency:

- a. Comply with all laws, rules and regulations of the state of New Mexico; and
- b. Comply with all laws, rules and regulations from the Federal Trade Communication Commission (FCC) for telecommunications.

EMPLOYMENT SUPPORTS

New Mexico is an Employment First state and Consultants have requirements to document strategies to support Employment First in the SSP.

1. Assessment: The first step in making an informed choice about employment starts with the assessment process. What is known about the persons likes, dislikes, interests, hobbies, strengths and needs related to how they would like to spend their time?
2. Experience: If a person has no volunteer or work history, then the participant and guardian should consider trying new experiences in the community to determine interests, skills, abilities, and needs. These new experiences must be clearly documented in the SSP, as well as any reason(s) not to pursue new experiences.
3. Opportunity for Trial Work or Volunteering: The employer/vendor must also offer/provide the person with access to job exploration activities including volunteering and/or trial work opportunities, if the participant and guardian are interested. These opportunities must be documented in the SSP.
4. Once the first three steps have been fulfilled, then the person, in conjunction with a legal guardian, if appropriate, can determine whether employment shall be pursued.
5. If employment is the preferred option, then the Consultant should have a discussion of potential impact on the person’s benefits and services. This process may require accessing community resources to determine the potential impact. Details of the discussion must be documented in the SSP.
6. If a person is retired, then this information must be clearly documented in the SSP. The reasons for the choice to retire, the retirement date, , and other pertinent information shall be included in the SSP.

Employment Support Services: Employment support services provide support to the participant in achieving and maintaining employment in jobs of their choice in their community. The objective of Employment Support Services is to provide supports that result in community employment in jobs which increase economic independence, self-reliance, social connections, and the ability to grow within a career. Employment Support services are geared to place and support individuals with disabilities in competitive, integrated employment situations with non-disabled co-workers within the general workforce; or assist the individual in business ownership. Employment Supports include job development and job coaching supports. Employment Support Services through the Mi Via Waiver can only be accessed when services are not otherwise available to the participant under either special education and related services as defined in section 602(16) and (17) of the Education of the Handicapped Act (20 U.S.C. 1401(16) and (17) or vocational rehabilitation services available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

- I. Employment services are to be individualized to meet the needs of the participant and not the needs of a group.

Waiver funding is not available for the provision of vocational services (e.g., sheltered work performed in a facility) where individuals are supervised in producing goods or performing services under contract to third parties (Centers for Medicare and Medicaid Service Technical Guidance January 2015).

Employment Supports will be provided by staff at current or potential work sites. When employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting. Federal Financial Participation (FFP) is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that is not directly related to an individual's supported employment program.

FFP cannot be claimed to defray expenses associated with starting up or operating a business.

Requests to utilize the Mi Via Waiver for job development must have prior approval by DDS.

If job development services cannot be accessed through special education or vocational rehabilitation services as defined above, the following must be provided:

1. Written documentation from the vocational rehabilitation or special education agency on their agency letter head that specifies why services are not otherwise available.
2. The Consultant must provide a letter of justification addressed to the Supported Employment Lead or Designee to include:
 - a. The number of job development hours to be requested (not to exceed 30 hours/month for more than 6 months);
 - b. Anticipated duration of the service;
 - c. The reason for the job development supports; and,
 - d. Anticipated employment outcome/goal based on the participant's interests, skills and desired outcome as defined in the SSP.
3. Failure to follow partner agency requirements does not constitute justification for services being otherwise unavailable (i.e., does not want to use these services, missing appointments, etc.)

II. Employment supports include the following services:

- a. **Job Development:** Job development services are provided to individuals when the services are not otherwise available for the individual under a program funded under the Rehabilitation Act of 1973, the Division of Vocational Rehabilitation or through the New Mexico Department of Education. Job development is a service provided to participants by skilled staff. The service can include but not be limited to: job identification and development activities; employer negotiations; job restructuring; job sampling; and job placement.
- b. **Job Coaching:** Job coaching is a service provided to individuals when the services are not otherwise available for the individual under a program funded under the Rehabilitation Act of 1973, the Division of Vocational Rehabilitation or through the New Mexico Department of Education. Job coaching services are available 365 days a year, twenty-four (24) hours a day. Services are driven by the participant's service and support plan and job. Medicaid funds are not used to pay the participant. Job coaches will adhere to the specific supports and expectations negotiated with the participant and employer prior to service delivery.

III. Scope of Job Development Services: Job development is a service provided to participants by a skilled individual. The service has several components:

- a. Conducting Situational and or Vocational Assessments;
- b. Developing and/or identifying community-based job opportunities that are in line with the individual's skills and interests;
- c. Supporting the individual in gaining the skills or knowledge to advocate for themselves in the workplace;
- d. Promoting career exploration based on interests within various careers through job sampling, job trials or other assessments as needed;
- e. Arranging for or providing benefits counseling;
- f. Facilitating job accommodations and use of assistive technology such as communication devices;
- g. Providing job site analysis (matching workplace needs with those of the individual);
- h. Assisting the individual in gaining and/or increasing job seeking skills (interview skills, resume writing, work ethics, etc.).

IV. Scope of Job Coach Services: The job coach provides the following services:

- a. Training to perform specific work tasks on the job;
- b. Vocational skill development,;
- c. Employer consultation specific to the participant;
- d. Co-worker training;
- e. Job site analysis;
- f. Education of the participant and co-workers on rights and responsibilities;
- g. Assisting with or utilizing community resources to develop a business plan if the participant elects to start their own business,
- h. Conduct market analysis and establish the infrastructure to support a business; and

- i. Increase the participants' capacity to engage in meaningful and productive interpersonal interactions co-workers, supervisors and customers.

V. Job Developer Qualifications – Individual Provider:

- a. Be at least 21 years of age;
- b. Experience developing and using job task and analyses;
- c. Knowledge of and/or experience working with the Division of Vocational Rehabilitation, a DD waiver employment provider, an independent living center or organization that provides employment supports or services for people with disabilities;
- d. Knowledge of and/or experience with the purposes, functions and general practices of entities such as:
 - i. Division of Vocational Rehabilitation;
 - ii. Department of Workforce Solutions Navigators;
 - iii. One-Stop Career Centers;
 - iv. Chamber of Commerce;
 - v. Job Accommodation Network;
 - vi. Small Business Development Centers;
 - vii. Retired Executives;
 - viii. Local Businesses;
 - ix. Community Agencies; and
 - x. DDS Resources
- e. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC prior to initial hire and every three years after initial hire.
- f. Knowledge of Americans with Disabilities Act (ADA);
- g. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant's AAB; and
- h. Meet any other service qualifications, as specified in the Mi Via regulations.

VI. Job Coach Qualifications – Individual Provider:

- a. Be at least 18 years of age;
- b. Have a high school diploma or GED;

- c. Be qualified to perform the service and demonstrate capacity to perform required tasks, experience with providing employment supports and training methods;
- d. Be able to communicate successfully with the participant and with the employer and the participant's coworkers to develop/ encourage natural supports on the job.
- e. Knowledgeable about business and employment resources;
- f. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC prior to initial hire and every three years after initial hire;
- g. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant's AAB; and
- h. Meet any other service qualifications, as specified in the Mi Via regulations.

VII. Job Coach and/or Job Developer Qualifications – Provider Agency:

- a. Possess a current business license, if applicable;
- b. Provide a tax identification number;
- c. Meet financial solvency;
- d. Adhere to training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- e. Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain a confidential case file for each individual that includes but is not limited to documentation of activities, progress and scope of work outlined in the participant's service and support plan;
- f. Develop and adhere to quality assurance rules and requirements;
- g. Ensure job developers have the following qualifications:
 - i. Be at least 21 years of age;

- ii. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
- iii. Experience developing and using job task and analyses;
- iv. Knowledge of Americans with Disabilities Act (ADA);
- v. Knowledge of and/or experience with working with the Division of Vocational Rehabilitation, a DD Waiver employment provider, an independent living center or organization that provides employment supports or services for people with disabilities;
- vi. Knowledge of and/or experience with the purposes, functions and general practices of entities such as:
 - 1. Division of Vocational Rehabilitation
 - 2. Department of Workforce Solutions Navigators;
 - 3. One-Stop Career Centers;
 - 4. Chamber of Commerce;
 - 5. Job Accommodation Network;
 - 6. Small Business Development Centers;
 - 7. Retired Executives;
 - 8. Local Businesses
 - 9. Community Agencies
 - 10. DDS Resources

h. Ensure job coaches have the following qualifications:

- i. Be at least 18 years of age;
- ii. Be qualified to perform the service and demonstrate capacity to perform required tasks, experience with providing employment supports and training methods;
- iii. Be able to communicate successfully with the participant and with the employer and the participant's coworkers to develop/encourage natural supports on the job.
- iv. Have a high school diploma or GED;

- v. Knowledgeable about business and employment resources;
- vi. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
- vii. Complete training
<https://www.nmhealth.org/publication/view/policy/3387/>
- viii. Complete participant specific training; the evaluation of training needs are determined by the participant or their legal representative: participant is also responsible for providing and arranging for provider training and supervising provider performance: training expenses for paid providers cannot be paid for with the Mi Via participant's AAB; and
- ix. Meet any other service qualifications, as specified in the Mi Via regulations.
- x. Meet any other service qualifications, as specified in the Mi Via regulations.

ENVIRONMENTAL MODIFICATION SERVICES

- I. Environmental Modification Services:** Environmental modification services include the purchase and/or installation of equipment and/or making physical adaptations to a participant's residence that are necessary to ensure the health, welfare, and safety of the participant or enhance the participant's level of independence. All services shall be provided in accordance with applicable federal, state, and local building codes. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the participant, such as fences, storage sheds or other outbuildings. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation.

The environmental modification provider must ensure proper design criteria is addressed in the planning and design of the adaptation, be a licensed and insured contractor(s) or approved vendor(s) to provide construction/re-modeling services, provide administrative and technical oversight of construction projects, provide consultation to family members, waiver providers and contractors concerning environmental modification projects to the participant's residence, and inspect the final environmental modification project to ensure that the adaptations meet the approved plan submitted for environmental adaptation.

Environmental modifications are managed by professional staff available to provide technical assistance and oversight to environmental modification projects.

Environmental modification services are limited to five thousand dollars (\$5,000.00) every five (5) years including those previously accessed through any other Medical Assistance Division (MAD) program. Environmental modifications will not be paid for under related goods.

II. Scope of Services: Environmental Adaptations include the following:

- a. Installation of ramps and grab-bars;
- b. Widening of doorways/hallways;
- c. Installation of specialized electric and plumbing systems to accommodate medical equipment and supplies;
- d. Installation of lifts/elevators;
- e. Modification of bathroom facilities (roll-in showers, sink, bathtub, and toilet modifications, water faucet controls, floor urinals and bidet adaptations and plumbing);
- f. Turnaround space adaptations;
- g. Installation of specialized accessibility/safety adaptations/additions;
- h. Installation of trapeze and mobility tracks for home ceilings;
- i. Installation of automatic door openers/doorbells;
- j. Installation of voice-activated, light-activated, motion-activated, and electronic devices;
- k. Installation of fire safety adaptations;
- l. Installation of air filtering devices;
- m. Installation of heating/cooling adaptations;
- n. Installation of glass substitute for windows and doors;
- o. Installation of modified switches, outlets or environmental controls for home devices; and
- p. Installation of alarm and alert systems and/or signaling devices.

III. Environmental Modification Qualifications – Individual Contractor and Agency Contractor:

- a. Current business license;
- b. Appropriate New Mexico plumbing, electrician, contractor license; and/or
- c. Appropriate technical certification or other New Mexico licensure/certification to perform the modification.

HOME HEALTH AIDE

- I. Home Health Aide Services:** Home Health Aide services provide total care or assist a participant 21 years and older in all activities of daily living. Home Health Aide services assist the participant in a manner that will promote and improve the participant's quality of life and provide a safe environment for the participant. Home Health Aide services can be provided outside the participant's home. Home Health Aide services are only provided through an agency provider. This service is not to be provided in homes or apartments owned/leased by provider agencies. Waiver participants in all living arrangements are assessed individually and service plan development is individualized. The TPA will assess the service plans of participants living in the same residence to determine whether or not there are services that are common to more than one participant living in the same household in order to determine whether one or more employees may be needed to ensure that individual cognitive, clinical, and habilitative needs are met.

Medicaid State plan home health aide services are intermittent and are provided primarily on a short-term basis; whereas, in Mi Via, Home Health Aide services are hourly services for participants who need this service on a more long-term basis. Waiver participants in all living arrangements are assessed individually and service plan development is individualized. Two or more eligible recipients living in the same residence, who are receiving services and supports from the mi via program will be assessed both independently and jointly to determine coverage of services and supports that are shared. Services and supports will be approved based on common needs and not individual needs unless the TPA has assessed that the eligible recipient has an individual need for the services.

Home Health Aides may provide basic non-invasive nursing assistant skills within the scope of their practice. Homemakers do not have this ability to perform such tasks. Home Health Aides do not administer medication(s), adjust oxygen levels, perform any intravenous procedures or perform sterile procedures. Home health aide services are not duplicative of homemaker/direct support services.

II. Scope of Services:

- a. Provide personal hygiene (e.g., sponge bathing, showering, shaving, oral hygiene, dressing) and associated supports (e.g., linen change, laundry, bed shampooing, cleaning);
- b. While under the supervision of a licensed physical therapist or licensed nurse (RN or LPN), assist with ambulation, transfer, and range of motion exercises;
- c. Assist with menu planning, meal/snack preparation and assist participant with eating as necessary;
- d. As ordered by a physician and under supervision of a licensed nurse (RN or LPN), they will assist with bowel and bladder elimination with activities such as: catheter care, colostomy care, enemas, insertion of non-prescribed suppository, prosthesis care and vital signs.
- e. Pick up medication(s);
- f. Assist or prompt participant in self-administration of medication(s);
- g. Observe general condition of participant and report changes to supervisor;
- h. Document participant's status and services furnished, infection control procedures; and
- i. Recognize emergencies and adhere to emergency procedures.

III. Home Health Aide Qualifications – Agency Provider:

- a. Licensed in New Mexico as a home health agency, rural health clinic or federally qualified health center license;
- b. Provide a tax identification number;
- c. Possess current business license;
- d. Meet financial solvency;
- e. Adhere to training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- f. Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain a confidential case file for each individual that includes but is not limited to documentation of activities, progress and scope of work outlined in the participant's service and support plan;
- g. Develop and adhere to quality assurance policies and processes; and
- h. Supervision must be performed by a Registered Nurse (RN) licensed in New Mexico. Such supervision must occur at least once every sixty (60) calendar days in the participant's home and shall be in accordance with the New Mexico Nurse

Practice Act NMSA 1978 Section 61-3-4 et. seq and be specific to the participant's SSP. Contact must be made with family members during supervision as applicable.

- i. Ensure all assigned staff meet the following qualifications:
 - i. Be at least 18 years of age;
 - ii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iii. Have successfully completed a home health aide training program, as described in 42 CFR 484.36(a)(1) and (2); or have successfully completed a home health aide training program pursuant to 7.28.2.30 NMAC. Copies of Certified Nurse Aide (CNA) certificates must be maintained in the personnel file of the home health aide;
 - iv. Be able to communicate successfully with the participant;
 - v. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
 - vi. Meet any other service qualifications, as specified in the Mi Via regulations.

HOMEMAKER/DIRECT SUPPORT

- I. Homemaker/Direct Support:** Homemaker/Direct Support Services are provided on an episodic or continuing basis to assist the participant with activities of daily living, performance of general household tasks, provide companionship to acquire, maintain, or improve social interaction skills in the community and enable the participant to accomplish tasks they would normally do for themselves if they did not have a disability. Homemaker/Direct Support services are provided in the participant's own private home and in the community, depending on the participant's needs and choice. This service is not to be provided in homes or apartments owned/leased by provider agencies, unless the participant has a lease or other type of legal protection in place for that residence. The participant identifies the Homemaker/Direct Support worker's training needs. If the participant is unable to do the training for him or herself, the participant arranges for the needed training. Waiver participants in all living arrangements are assessed individually and service plan development is individualized. The TPA will assess the service plans of participants living in the same residence to determine whether or not there are services that are common to more than one participant living in the same household in order to determine whether one or more employees may be needed to ensure that individual cognitive, clinical, and habilitative needs are met.

Participants who access this service may not access In-home Living Support Services.

Providers will bill for services in shared households within state guidelines. Waiver participants in all living arrangements are assessed individually and service plan development is individualized. Two or more eligible recipients living in the same residence, who are receiving services and supports from the Mi Via Waiver will be assessed both independently and jointly to determine coverage of services and supports that are shared. Services and supports will be approved based on common needs and not individual needs unless the TPA has assessed that the eligible recipient has an individual need for the services.

Services are not intended to replace supports available from a primary caregiver or other natural, or unpaid supports.

This service is not available for participants under age 21, because personal care services are covered under the Medicaid state plan as expanded EPSDT benefits for waiver participants under age 21.

- II. Scope of Services:** Homemaker/Direct Support Services include but are not limited to the following:

- c. Assist the participant with activities of daily living such as grooming, bathing, dressing, oral care, eating, transferring, mobility, and toileting;
- a. Perform general household tasks;
- b. Provide companionship to acquire, maintain or improve social interaction skills in the community; and
- c. Utilize the state approved EVV system to meet EVV requirements

III. Homemaker/Direct Support Qualifications – Individual Provider:

- a. Be at least 18 years of age;
- b. Be qualified to perform the service and demonstrate capacity to perform required tasks;
- c. Be able to communicate successfully with the participant;
- d. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC prior to initial hire and every three years after initial hire.
- e. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant’s AAB; and
- f. Meet any other service qualifications, as specified in the Mi Via regulations.

IV. Homemaker/Direct Support Qualifications – Agency Provider:

- a. Must be a home health agency must hold a New Mexico home health agency license; or
- b. Must be a homemaker agency certified by the Human Services Division (HSD)/Medical Assistance Division (MAD); and
- c. Possess a current business license, if applicable;
- d. Provide a tax identification number;
- e. Meet financial solvency;
- f. Adhere to training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- g. Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain

a confidential case file for each individual that includes but is not limited to documentation of activities, progress and scope of work outlined in the participant's service and support plan;

- h. Develop and adhere to quality assurance rules and requirements;
- i. Ensure all assigned staff meet the following qualifications:
 - i. Be at least 18 years of age;
 - ii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iii. Be able to communicate successfully with the participant;
 - iv. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
 - v. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for employee training and supervising employee performance; training expenses for paid employees cannot be paid for with the Mi Via participant's AAB; and
 - vi. Meet any other service qualifications, as specified in the Mi Via regulations.

IN-HOME LIVING SUPPORTS

**** Mi Via participants are not allowed to reside in provider owned or operated homes unless the participant has a lease or other legal protection in place for that residence.**

**In-Home Living Support services are provided by vendor agencies only, not employees.

In-Home Living Supports

In-home Living Supports are individually designed services and/or supports that are related to the participant's qualifying condition or disability. These services enable the participant to live in their apartment or house or family home that is owned or leased, in the community of their choice, for the purpose of preventing institutionalization. **This service is not to be provided in homes or apartments owned/leased by provider agencies unless the participant has a lease or other legal protection in place for that residence.** Services are individually designed to instruct or enhance home living skills as well as address health and safety. More than one (1)

participant may reside in the home or apartment. Waiver participants in all living arrangements are assessed individually and service plan development is individualized. The TPA will assess the service plans of participants living in the same residence to determine whether or not there are services that are common to more than one participant living in the same household in order to determine whether one or more employees may be needed to ensure that individual cognitive, clinical, and habilitative needs are met.

In-home Living Supports must be indicated in the participant's SSP and will be based on assessed needs. This service is provided on a regular basis; at least four (4) or more hours per day one or more days per week. The numbers of hours of support are based on the needs of participant(s) and may be up to twenty-four (24) hours per day. The hours and days must be specified in the service plan. In-home Living providers must assure twenty-four (24) hour response capability to address scheduled or unpredictable needs for health, safety, or security concerns. IHLS vendor is NOT responsible for finding or providing a physical residence for the participant. This service does NOT provide:

- Service coordination
- Residential placements (a home)
- Nursing (separate line item in budget if needed)

Participants receiving In-home Living Supports must be 18 years of age and may not use Homemaker/Direct Support, Home Health Aide or Respite services because they duplicate In-home Living Supports.

Because In-home Living Support Services are paid at a daily rate, they may not be provided by an hourly employee. If the participant wishes to hire an hourly employee to perform this type of service, they will utilize Homemaker/Direct Support Services instead.

II. Scope of Services: Services and/or supports provided under In-home Living Supports include but not limited to:

- a. Assist/instruct the participant with activities of daily living including grooming, bathing, dressing, oral care, eating, transferring, mobility, and toileting;
- b. Assist the participant with the acquisition, restoration, and/or retention of independent living skills such as shopping, banking, money management, health care and medication management;
- c. Assist/instruct the participant in the performance of general household tasks including housekeeping and meal preparation; and
- d. Provide assistance in the acquisition or maintenance of social interaction skills, community involvement and transportation.

- e. Utilize the state approved EVV system to meet EVV requirements

III. In-Home Living Supports Qualifications - Individual Provider:

- a. Meets the requirements to serve as an Independent Contractor to provide this service as determined by the Internal Revenue Service (IRS);
- b. Be at least 18 years of age;
- c. Have at least one (1) year of experience working with people with disabilities;
- d. Be qualified to perform the service and demonstrate capacity to perform required tasks;
- e. Be able to communicate successfully with the participant;
- f. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC prior to initial hire and every three years after initial hire.
- g. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant's Authorized Annual Budget (AAB);
- h. Meet any other service qualifications, as specified in the Mi Via regulations

IV. In-Home Living Supports Qualifications - Provider Agency:

In-Home Living Supports may be provided by a state approved Medicaid provider. The In-Home Living Provider Agency must meet requirements including:

- a. Possess a current business license, if applicable;
- b. Provide a tax identification number;
- c. Meet financial solvency;
- d. Adhere to training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- e. Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain a confidential case file for each individual that includes but is not limited to documentation of activities, progress and scope of work outlined in the participant's service and support plan;
- f. Develop and adhere to quality assurance rules and requirements;

- g. Ensure all assigned staff meet the following qualifications:
 - i. Be at least 18 years of age;
 - ii. Have at least one (1) year of experience working with people with disabilities;
 - iii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iv. Be able to communicate successfully with the participant;
 - v. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
 - vi. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant's AAB; and
 - vii. Meet any other service qualifications, as specified in the Mi Via regulations.

NUTRITIONAL COUNSELING

I. Nutritional Counseling Services: Nutritional counseling services are designed to meet the unique food and nutritional needs of Mi Via participants. This does not include oral-motor skill development services, such as those provided by a speech pathologist.

II. Scope of Services:

- a. Assessment of nutritional needs;
- b. Development and/or revision of the participant's nutritional plan; and
- c. Counseling and nutritional intervention and observation and technical assistance related to implementation of the nutritional plan.

III. Nutritional Counseling Qualifications - Individual Provider:

- a. Be licensed per the New Mexico Regulation and Licensing Department; Nutrition and Dietetics Practice Act, NMSA 1978, Section 61-7A-7 et.seq.; current registration as a dietician by the Commission on Dietetic Registration of the American Dietetic Association.

IV. Nutritional Counseling Qualifications - Agency Provider:

- a. Current business license; and
- b. Provide a tax identification number;
- c. Meet financial solvency;
- d. Develop and adhere to a records management policy which would include but not be limited to maintaining individual records for each participant within HIPAA compliance and licensure requirements;
- e. Develop and adhere to quality assurance rules and requirements;
- f. Ensure staff meet the following qualifications:
 - i. Licensed per the New Mexico Regulation and Licensing Department; Nutrition and Dietetics Practice Act, NMSA 1978, Section 61-7A-7 et.seq.; current registration as dietitians by the Commission on Dietetic Registration of the American Dietetic Association.

PRIVATE DUTY NURSING FOR ADULTS

- I. Private Duty Nursing for Adults Services:** Private Duty Nursing for Adults (21years and older) services include activities, procedures, and treatment for a participant's physical condition, physical illness or chronic disability.
- II. Scope of Services:** Private duty nursing services for adults may include performance, assistance, and education with the following tasks:
 - a. Medication management, administration and teaching;
 - b. Aspiration precautions;
 - c. Feeding tube management, gastrostomy and jejunostomy care;
 - d. Skin care;
 - e. Weight management;

- f. Urinary catheter management;
- g. Bowel and bladder care;
- h. Wound care;
- i. Health education and screening;
- j. Infection control;
- k. Environmental management for safety;
- l. Nutrition management;
- m. Oxygen management;
- n. Seizure management and precautions;
- o. Anxiety reduction;
- p. Staff supervision; and
- q. Behavior and self-care assistance.

III. Private Duty Nursing Qualifications - Individual Provider:

- a. Provide a tax identification number;
- b. Individual RN/LPN providers must be licensed by the New Mexico State Board of Nursing as an RN or LPN;
- c. Demonstrate capacity to perform required tasks;
- d. Be able to communicate successfully with the participant;
- e. Complete training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- f. Meet any other service qualifications, as specified in the Mi Via regulations.

IV. Private Duty Nursing Qualifications - Agency Provider:

- a. Licensed in New Mexico as a Home Health Agency, Rural Health Clinic or Federally Qualified Health Center (FQHC Agency);
- b. Possess current business license;
- c. Provide a tax identification number;
- d. Meet financial solvency;

- e. Complete training requirements
<https://www.nmhealth.org/publication/view/policy/3387/>
- f. Develop and adhere to a records management policy which would include but not be limited to maintaining individual records for each participant within HIPAA compliance and licensure requirements;
- g. Develop and adhere to quality assurance policies and processes;
- h. Ensure all assigned staff meet the following qualifications:
 - i. Licensed by the New Mexico State Board of Nursing as a Registered Nurse (RN) or Licensed Practical Nurse (LPN);
 - ii. Demonstrate capacity to perform required tasks;
 - iii. Be able to communicate successfully with the participant;
 - iv. Meet any other service qualifications, as specified in the Mi Via regulations.

RELATED GOODS

- I. Related Goods:** Related goods are equipment, supplies or fees (such as for conferences or classes) and memberships, not otherwise provided through Mi Via, the Medicaid state plan or through Medicare. Related goods do not include services such as housecleaning, yard maintenance, etc.

Related goods must be documented in the SSP and be approved by the TPA. The cost and type of related good is subject to approval by the TPA. Participants are not guaranteed the exact type and model of related good that is requested. The consultant, TPA and the state can work with the participant to find other (including less costly) alternatives.

The related goods must not be available through another source and the participant must not have the personal funds needed to purchase the goods. Experimental or prohibited treatments and goods are excluded.

- II. Scope of Services:** Related goods must address a need identified in the participant's service and support plan (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements:
- a. Be directly related to the participant's qualifying condition or disability; and
 - b. Explicitly address a clinical, functional, medical or habilitative need; and

- c. Must address a need identified in the participant's SSP; and
- d. Support the participant to remain in the community and reduces the risk for institutionalization; and
- e. Promote personal safety and health; and afford the participant an accommodation for greater independence; and
- f. Decrease the need for other Medicaid services; and
- g. Accommodate the participant in managing their household; or
- h. Facilitate activities of daily living; and
- i. Advance the outcomes in the participant's SSP.

III. Related Goods Qualifications - Vendor Agency Provider:

- a. Business license
- b. Valid tax identification for the New Mexico and federal governments.

RESPITE

I. Respite Services: Respite is a flexible family support service that provides support to the participant and gives the primary, unpaid caregiver time away from their duties. If there is a paid primary caregiver residing with the participant providing living supports and/or community membership supports, respite services cannot be utilized. Respite services are furnished on a short-term basis and can be provided in the participant's home, the provider's home, in community setting of the family's choice (e.g., community center, swimming pool and park), or at a center in which other individuals are provided care.

Respite services may be provided by eligible individual respite providers; licensed registered (RN) or practical nurses (LPN); or respite provider agencies.

II. Scope of Services: Respite services include, but are not limited to the following:

- a. Assist with routine activities of daily living (e.g. bathing, toileting, preparing or assisting with meal preparation and eating);
- b. Enhance self-help skills, leisure time skills and community and social awareness;
- c. Provide opportunities for leisure, play and other recreational activities;
- d. Provide opportunities for community and neighborhood integration and involvement;

- e. Ensure each individual has a choice of and access to non-disability specific settings;
- f. Provide opportunities for the participant to make their own choices with regards to daily activities.
- g. Respite services do not include the cost of room and board;
- h. Cannot be used for purposes of day-care; and
- i. Cannot be provided to school age children during school (including home school) hours.
- h. Utilize the state approved EVV system to meet EVV requirements

III. Respite Qualifications – Individual Provider:

- a. Be at least 18 years of age;
- b. Be qualified to perform the service and demonstrate capacity to perform required tasks;
- c. Be able to communicate successfully with the participant;
- d. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC prior to initial hire and every three years after initial hire.
- e. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant’s AAB;
- f. Meet any other service qualifications, as specified in the Mi Via regulations; and
- g. Individual RN/LPN providers must be licensed by the New Mexico State Board of Nursing as an RN or LPN.

IV. Respite Qualifications - Provider Agency:

- a. Possess a current business license, if applicable;
- b. Provide a tax identification number;
- c. Meet financial solvency;

- d. Adhere to training requirements;
<https://www.nmhealth.org/publication/view/policy/3387/>
- e. Develop and adhere to a records management policy and maintain individual records for each participant within HIPAA compliance. The agency will maintain a confidential case file for each individual that includes but is not limited to documentation of activities, progress and scope of work outlined in the participant's service and support plan;
- f. Ensure all assigned staff meet the following qualifications:
 - i. Be at least 18 years of age;
 - ii. Be qualified to perform the service and demonstrate capacity to perform required tasks;
 - iii. Be able to communicate successfully with the participant;
 - iv. Pass a nationwide caregiver criminal history screening pursuant to NMSA 1978, Section 29-17-2 et seq. and 7.1.9 NMAC and an abuse registry screen pursuant to NMSA 1978, Section 27-7a-1 et seq. and 8.11.6 NMAC.
 - v. Complete participant specific training: the evaluation of training needs is determined by the participant or their legal representative; participant is also responsible for providing and arranging for provider training and supervising provider performance; training expenses for paid providers cannot be paid for with the Mi Via participant's AAB;
 - vi. Individual RN/LPN providers must be licensed by the New Mexico State Board of Nursing as an RN or LPN; and
 - vii. Meet any other service qualifications, as specified in the Mi Via regulations.

SPECIALIZED THERAPIES

- I. Specialized Therapies Services:** Specialized therapies are non-experimental therapies or techniques that have been proven effective for certain conditions. Services must be related to the participant's disability or condition, ensure the participant's health and welfare in the community. The service will supplement (not replace) the participant's natural supports and other community services for which the participant may be eligible.

Experimental or investigational procedures, technologies or therapies and those services covered in Medicaid state plans are excluded. Only the specific specialized therapy services outlined below are covered in the Mi Via program.

II. Scope of Services:

- a. **Acupuncture** is a distinct system of primary health care. The goal of acupuncture is to prevent, cure or correct any disease, illness, injury, pain or other physical or behavioral health condition by controlling and regulating the flow and balance of energy, form and function to restore and maintain physical health and increased mental clarity. Acupuncture may provide effective pain control, decreased symptoms of stress, improved circulation and a stronger immune system, as well as other benefits. See Acupuncture and Oriental Medicine Practitioners 16.2.1 NMAC.
- b. **Biofeedback** uses visual, auditory or other monitors to provide a participant with physiological information of which they are normally unaware. This technique enables a participant to learn how to change physiological, psychological and behavioral responses for the purposes of improving emotional, behavioral and cognitive health performance. Biofeedback may assist in strengthening or gaining conscious control over the above processes in order to self-regulate. Biofeedback is also useful for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm or weakness.
- c. **Chiropractic** care is designed to locate and remove interference with the transmissions or expression of nerve forces in the human body by the correction of misalignments or subluxations of the vertebral column and pelvis. Chiropractic care restores and maintains health for treatment of human disease primarily by, but not limited to, adjustment and manipulation of the human structure. Chiropractic therapy may positively affect neurological function, improve certain reflexes and sensations, increase range of motion and lead to improved general health. See Chiropractitioners 16.4.1 NMAC.
- d. **Cognitive rehabilitation therapy** is designed to improve cognitive functioning by reinforcing, strengthening, or re-establishing previously learned patterns of behavior or establishing new patterns of cognitive activity or compensatory mechanisms of impaired neurological systems. Treatments may be focused on improving a particular cognitive domain such as attention, memory, language, or executive functions. Alternatively, treatments may be skill-based, aimed at improving performance of activities of daily living. The overall goal is to restore function in a cognitive domain or set of domains or to teach compensatory strategies to overcome a participant's specific cognitive problems.
- e. **Hippotherapy** is provided by a licensed physical, or occupational therapist or speech language pathologist as a physical, occupational and speech-language

therapy treatment strategy that utilizes equine movement as part of an integrated intervention program to achieve functional outcomes. Hippotherapy applies multidimensional movement of a horse for a participant with movement dysfunction and may increase mobility and range of motion, decrease contractures and aid in normalizing muscle tone. Hippotherapy requires that the participant use cognitive functioning especially for sequencing and memory. Participants with attention deficits and behavior problems are redirecting attention and behaviors by focusing on the activity. Hippotherapy involves therapeutic exercise, neuromuscular education, kinetic activities, therapeutic activities, sensory integration activities and individual speech therapy. The activities may also help improve respiratory function and assist with improved breathing and speech production. Hippotherapy must be performed by a physical therapist, occupational therapist or speech therapist licensed by the New Mexico Regulation and Licensing Department.

- f. **Massage therapy** is the assessment and treatment of soft tissues and their dysfunction for therapeutic purposes primarily for comfort and relief of pain. It includes gliding, kneading, percussion, compression, vibration, friction, nerve strokes, stretching the tissue and exercising range of motion and may include the use of oils, salt glows, hot or cold packs or hydrotherapy. Massage increases the circulation, helps loosen contracted, shortened muscles and can stimulate weak muscles to improve posture and movement, improves range of motion and reduces spasticity. Massage therapy may increase, or help sustain, a participant's ability to be more independent in the performance of activities of daily living; thereby, decreasing dependency upon others to perform or assist with basic daily activities. See Massage Therapists 16.7.1 NMAC.

- g. **Naprapathy** focuses on the evaluation and treatment of neuro-musculoskeletal conditions and is a system for restoring functionality and reducing pain in muscles and joints. The therapy uses manipulation and mobilization of the spine and joints and muscle treatments such as stretching and massage. Based on the concept that constricted connective tissue (ligaments, muscles and tendons) interfere with nerve, blood and lymph flow, naprapathy uses manipulation of connective tissue to open these channels of body function. See Naprapathic Practitioners 16.6.1 NMAC.

- h. **Play therapy** is a variety of play and creative arts techniques (e.g., Play Therapy Tool Kit) utilized to alleviate chronic, mild, and moderate psychological and

emotional conditions for a participant that are causing behavioral problems and/or are preventing the participant from realizing his or her potential. The play therapist works interactively using a wide range of play and creative arts techniques, mostly responding to the participant's wishes.

III. Specialized Therapy Qualifications – Individual Therapist Provider

- a. Current New Mexico state licensure from the New Mexico Regulation and Licensing Department or New Mexico certification as applicable:
 - i. Acupuncture and Oriental Medicine license
 - ii. Biofeedback – license or certification with appropriate specialized training, clinical experience, and supervision whose scope of practice includes biofeedback.
 - iii. Licensed in Chiropractic Medicine
 - iv. Cognitive Rehabilitation Therapy – license or certification for which he or she has appropriate specialized training, clinical experience, and supervision whose scope of practice includes cognitive rehabilitation therapy.
 - v. Hippotherapy – licensed as a physical therapist, occupational therapist or speech therapist through the New Mexico Regulation and Licensing Department whose scope of practice includes hippotherapy with the appropriate specialized training and experience.
 - vi. Licensed in Massage Therapy
 - vii. Licensed in Naprapathic Medicine
 - viii. Play therapy – a master's degree or a higher-level behavioral health degree with specialized play therapy training, clinical experience and supervision whose licensed scope of practice includes play therapy.

IV. Specialized Therapy Qualifications - Provider Agency:

- a. Current business license; and
- b. Provide tax identification number;
- c. Group practice/vendor staff must hold current New Mexico state licensure from the New Mexico Regulation and Licensing Department or New Mexico certification as applicable:
 - i. Acupuncture and Oriental Medicine license

- ii. Biofeedback – license or certification with appropriate specialized training, clinical experience, and supervision whose scope of practice includes biofeedback.
- iii. Licensed in Chiropractic Medicine
- iv. Cognitive rehabilitation therapy – license or certification for which he or she has appropriate specialized training, clinical experience and supervision whose scope of practice includes cognitive rehabilitation therapy.
- v. Hippotherapy – licensed as a physical therapy or occupational therapist or speech therapy and whose scope of practice includes hippotherapy with the appropriate specialized training and experience.
- vi. Licensed in Massage Therapy
- vii. Licensed in Naprapathic Medicine
- viii. Play therapy – a master’s degree or a higher-level behavioral health degree with specialized play therapy training, clinical experience and supervision whose licensed scope of practice includes play therapy.

THERAPIES: EXTENDED STATE PLAN SKILLED THERAPIES FOR ADULTS

- I. Therapies:** Extended Skilled Therapy for Adults may include physical therapy, occupational therapy, or speech language therapy when skilled therapy services under the Medicaid State Plan are exhausted or are not a benefit. Adult participants, 21 years and older, in Mi Via with rehabilitation needs related to illness or injury may access therapy services under the Medicaid State Plan for acute and temporary conditions that are expected to improve significantly in a reasonable and generally predictable period of time. Therapy services provided to adults in Mi Via are intended to focus on long-term habilitative/health maintenance not covered under the Medicaid State Plan to focus on health maintenance, improving functional independence, community integration, socialization, exercise or to enhance supports and normalization of family relationships.

Therapy Practitioners may also include Physical Therapy Assistants (PTA) or Certified Occupational Therapy Assistants (COTA) providing services in collaboration with their supervisor.

- a. **Physical therapy:** Physical therapy is the diagnosis, assessment, treatment, and management of movement dysfunction and the enhancement of physical and functional abilities. Physical therapy addresses the restoration, maintenance, and promotion of optimal physical function, wellness and quality of life related to movement and health. Physical therapy prevents the onset, symptoms and progression of impairments, functional limitations, and disability that may result from diseases, disorders, conditions, or injuries.

- a. **Occupational therapy:** Occupational therapy is the diagnosis, assessment, treatment, and management of functional limitations intended to assist adults to regain, maintain, develop and build skills that are important for independence, functioning and health. Occupational Therapy 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.

- b. **Speech language and pathology:** Speech and language pathology is the diagnosis, counseling and instruction related to the development and disorders of communication including speech fluency, voice, verbal language, written language, auditory comprehension, cognition, swallowing dysfunction, oral pharyngeal or laryngeal and sensorimotor competencies. Speech language pathology is also used when a participant requires the use of an augmentative communication device.

II. Scope of Services:

- a. Physical Therapy:
 - i. Addresses the diagnosis, restoration, maintenance, and promotion of optimal physical function, wellness, and quality of life related to movement and health including;
 - ii. Diagnostic activities to diagnose physical abnormalities and determine the dysfunction of physical and functional activities;
 - iii. Prevention of a loss of mobility before it occurs by developing fitness and wellness-oriented programs for healthier and more active lifestyles,
 - iv. Develop, maintain, and restore maximum movement and functional ability throughout the lifespan,
 - v. Provide treatment in circumstances where movement and function are threatened by aging, chronic conditions, or environmental factors.
 - vi. Activities to increase, maintain or reduce the loss of functional skills;

- vii. Treat specific condition(s) clinically related an individual's qualifying condition or disability;
- viii. Activities to support the participant's health and safety needs;
- ix. Write treatment program and written strategies to provide guidance to the participant, family, and/or staff in the home related to implementation of non-skilled therapy interventions (e.g., Range of Motion Protocols, AT Maintenance Protocols, Fitness and Wellness Protocols);
- x. Identify, implement, and train on therapeutic strategies to support the participant, family and/or staff in the home setting or other environments as addressed in the SSP;
- xi. Make assistive technology recommendations and provide usage training for participants, family, and staff
 - 1. Procure or Fabricate assistive Technology as identified as needed and documented in the SSP.
 - 2. Consultation and Collaboration with physicians, DME providers, and other medical specialists and clinical professionals regarding the individual's health and AT needs.
- xii. Provide Consultation and input into Assessments for environmental modification requests
- xiii. Monitor the progress of the person toward the achievement of therapeutic goals and objectives

b. Occupational Therapy:

- i. Diagnostic activities related to skills assessment and treatment;
- ii. Addresses physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of context to support engagement in everyday life activities that affect health, wellbeing, and quality of life;
- iii. Treat specific conditions clinically related to the individual's developmental disability;
- iv. Write treatment program and written strategies to improve one's ability to perform daily tasks;
- v. Comprehensive home, employment and/or volunteer sites evaluations with adaptation recommendations;
- vi. Provide guidance to family members and caregivers;
- vii. Support the participant's health and safety needs;

- viii. Provide support to increase or maintain functional skills or reduce the loss of functional skills;
- ix. Make assistive technology recommendations and provide usage training for participants, family and staff;
 - 1. Procure or Fabricate assistive Technology as identified as needed and documented in the SSP.
 - 2. Consultation and Collaboration with physicians, DME providers, and other medical specialists and clinical professionals regarding the individual's health and AT needs.
- x. Identify, implement, and train on therapeutic strategies to support the participant, family and/or staff in the home setting or other environments as addressed in the SSP;
- xi. Provide Consultation and input into Assessments for environmental modification requests; and
- xii. Monitor the progress of the person toward the achievement of therapeutic goals and objectives.

c. Speech and Language Pathology:

- i. Improve or maintain the participant's capacity for successful communication or to lessen the effects of the participant's loss of communication skills;
- ii. Treat specific conditions clinically related to the individual's developmental disability
- iii. Write treatment program to improve one's functional communication
- iv. Identification and fabrication or procurement of augmentative communication devices/systems.
- v. Consultation on usage and training on augmentative communication devices/systems;
- vi. Activities to improve or maintain the individual's ability to eat food, drink liquid and manage oral secretions with minimal risk of aspiration or other injuries or illness related to swallowing disorders; and
- vii. Activities to identify, implement and train on therapeutic strategies to support the participant, their family and/or staff consistent with the participant's SSP.
- viii. Diagnostic activities to diagnose physical abnormalities and determine the dysfunction of physical and functional activities; and
- ix. Monitor the progress of the person toward the achievement of therapeutic goals and objectives

III. Delivery of Therapy Services/Service Setting

- a. Therapy services must be delivered in mutually agreed upon settings with the participant. Services may be provided in the home, community, or other modality (pool, horsemanship program, etc.) that meet the participant's needs. Although it is anticipated the majority of therapy services will be provided face-to-face with the individual, it is recognized some services may be provided when the individual is not present. Services that may be provided when a participant is not present include the following:
 - i. Development of Written Treatment Programs
 - ii. Development of Written Strategies/Guidelines for therapeutic interventions
 - iii. Fabrication/Procurement of Assistive Technology
 - iv. Fabrication or Procurement of Augmentative Communication Systems.
 - v. Development of Written Justification Letters or Requests for Assistive Technology, Equipment or Environmental Modifications.
 - vi. Consultation and Collaboration with physicians, DME providers, and other medical specialists and clinical professionals regarding the individual's health and AT needs.

IV. Therapy Qualifications – Individual Therapist Provider:

- a. Provide a tax identification number.
- b. Maintain a case file within HIPAA guidelines for the participant to include:
 - i. Participant's service and support plan;
 - ii. Reports as requested in the service and support plan;
 - iii. Contact notes;
 - iv. Training roster(s); and
 - v. Assessments for environmental modification requests.
- c. Licensures:

Physical Therapists, Physical Therapy Assistants and Physical Therapy Students

- i. Physical therapists or a Physical Therapy Assistant will be licensed as per the New Mexico Regulation and Licensing Department; Physical Therapy Act NMSA 1978, Section 61-12-1.1 et.seq. Physical Therapy Assistants must possess a Therapy license in their respective field from the New Mexico Regulation and Licensing Department;

- ii. A licensed Physical Therapy Assistant (PTA) may perform physical therapy procedures and related tasks pursuant to a plan of care/therapy intervention plan written by the supervising physical therapist in accordance with the PT Licensing Act.
- iii. A student physical therapist or a student physical therapist assistant may provide billable physical therapy services if a formal academic intern agreement is signed by the therapy Provider Agency and the university, and 100% direct on-site supervision is provided for evaluation and treatment services by a licensed physical therapist or physical therapy assistant who is an approved Mi Via Waiver therapist.

Occupational Therapists, Certified Occupational Therapy Assistants and Level II Student Interns

- iv. Occupational therapists will be licensed as per the New Mexico Regulation and Licensing Department; Occupational Therapy Act NMSA 1978, Section 61-12A-1et.seq.; Occupational Therapy Assistants must possess a Therapy license in their respective field from the New Mexico Regulation and Licensing Department and

An Occupational Therapy Practitioner (OT) or Certified Occupational Therapy Assistant (COTA) with a current and active license issued by the New Mexico Regulation and Licensing Department may provide billable occupational therapy services in accordance with the current NM OT Licensing Board/OT Practice Act and applicable American Occupational Therapy Association (AOTA) guidance documents.

A Level II Student Intern from an AOTA accredited university may provide billable services on behalf of an occupational therapy Provider Agency if a formal academic intern agreement is signed by the Therapy Provider Agency and the student's university. An OT Student must receive 100% direct on-site supervision during client evaluation and treatment by a Mi Via Waiver OT (for OT students) or a Mi Via Waiver OT and OTA as applicable (for OTA students). The supervising OT shall review and approve all support services such as non-direct Assistive Technology services. The supervising OT shall review and sign all therapy related reports/documentation completed by the Level II Student Intern.

An Occupational Therapy Aide/Technician or a Level I Student Intern is not permitted to provide billable occupational therapy services to DD Waiver participant.

Occupational Therapy Assistants (COTAs) may perform occupational therapy procedures and related tasks pursuant to a therapy intervention plan written by the supervising OT and in accordance with the current NM OT Licensing Act.

- v. Speech and Language Pathologists will be licensed as per the New Mexico Regulation and Licensing Department; Speech and Language Therapy Act NMSA 1978, Section 61-14B-1et.seq.; Speech Clinical Fellows must possess a Clinical Fellow License from the New Mexico Regulation and Licensing Department.

V. Therapy Qualifications – Provider Agency:

- a. Current business license;
- b. Provide tax identification number;
- c. Possess financial solvency;
- d. Develop and maintain records management policy;
- e. Ensure therapists maintain a case file within HIPAA guidelines for the participant to include:
 - i. Participant’s service and support plan;
 - ii. Reports as requested in the service and support plan;
 - iii. Contact notes;
 - iv. Training roster(s); and
 - v. Assessments for environmental modification requests.
- f. Develop and adhere to quality assurance rules and requirements;
- g. Ensure therapists have appropriate license for service:
 - i. Physical therapists, or Physical Therapy Assistant will be licensed as per the New Mexico Regulation and Licensing Department; Physical Therapy Act NMSA 1978, Section 61-12-1.1 et.seq. Physical Therapy Assistants must possess a Therapy license in their respective field from the New Mexico Regulation and Licensing Department;
 - 1. A licensed Physical Therapy Assistant (PTA) may perform physical therapy procedures and related tasks pursuant to a plan of care/therapy intervention plan written by the supervising physical therapist in accordance with the PT Licensing Act.

2. A student physical therapist or a student physical therapist assistant may provide billable physical therapy services if a formal academic intern agreement is signed by the therapy Provider Agency and the university, and 100% direct on-site supervision is provided for evaluation and treatment services by a licensed physical therapist or physical therapy assistant who is an approved Mi Via Waiver therapist.
- ii. Occupational therapists will be licensed as per the New Mexico Regulation and Licensing Department; Occupational Therapy Act NMSA 1978, Section 61-12A-1et.seq.; Occupational Therapy Assistants must possess a Therapy license in their respective field from the New Mexico Regulation and Licensing Department and
1. Occupational therapists will be licensed as per the New Mexico Regulation and Licensing Department; Occupational Therapy Act NMSA 1978, Section 61-12A-1et.seq.; Occupational Therapy Assistants must possess a Therapy license in their respective field from the New Mexico Regulation and Licensing Department
 2. An Occupational Therapy Practitioner (OT) or Certified Occupational Therapy Assistant (COTA) with a current and active license issued by the New Mexico Regulation and Licensing Department may provide billable occupational therapy services in accordance with the current NM OT Licensing Board/OT Practice Act and applicable American Occupational Therapy Association (AOTA) guidance documents.
 3. A Level II Student Intern from an AOTA accredited university may provide billable services on behalf of an occupational therapy Provider Agency if a formal academic intern agreement is signed by the Therapy Provider Agency and the student's university. An OT Student must receive 100% direct on-site supervision during client evaluation and treatment by a Mi Via Waiver OT (for OT students) or a Mi Via Waiver OT and OTA as applicable (for OTA students). The supervising OT shall review and approve all support services such as non-direct Assistive Technology services. The supervising OT shall review and sign all therapy related reports/documentation completed by the Level II Student Intern.
 4. An Occupational Therapy Aide/Technician or a Level I Student Intern is not permitted to provide billable occupational therapy services to DD Waiver participant.

5. Occupational Therapy Assistants (COTAs) may perform occupational therapy procedures and related tasks pursuant to a therapy intervention plan written by the supervising OT and in accordance with the current NM OT Licensing Act.
- iii. Speech and Language Pathologists will be licensed as per the New Mexico Regulation and Licensing Department; Speech and Language Therapy Act NMSA 1978, Section 61-14B-1 et. seq.; Speech Clinical Fellows must possess a Clinical Fellow License from the New Mexico Regulation and Licensing Department.

TRANSPORTATION

- I. Transportation Services:** Transportation services are offered in order to enable participants to gain access to waiver and other community services, activities and resources, as specified by the SSP. Transportation services under Mi Via are non-medical in nature, whereas transportation services provided under the Medicaid state plan are to transport participants to medically necessary physical and behavioral health services. Transportation for the purpose of vacation is not covered through the Mi Via Program.

Transportation is reimbursed in several different ways to the driver: by the mile, by the trip or at an hourly rate. It may also be paid through the purchase of a bus pass. Payments are made to the participant's individual transportation employee or vendor or to a public or private transportation service vendor. Payments cannot be made to the participant. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge shall be identified in the SSP and utilized. Transportation services for minors is not a covered service as these are services that a LRI would ordinarily provide for household members of the same age who do not have a disability or chronic illness.

II. Scope of Services:

- a. The service will be provided as specified in the participant's service and support plan and budget.
- b. Mi Via transportation services cannot be used instead of or to replace transportation services available under the Medicaid state plan.

III. Transportation Qualifications - Individual Provider:

- a. Be at least 18 years of age;
- b. Possess a valid New Mexico driver's license with the appropriate classification;

- c. Possess and maintain current insurance policy and registration;
- IV. Transportation Qualifications – Provider Agency:**
- a. Current business license;
 - b. Provide a tax identification number;
 - c. Have a current basic First Aid kit in the vehicle;
 - d. Ensure drivers meet individual qualifications:
 - i. Be at least 18 years of age;
 - ii. Possess a valid New Mexico driver’s license with the appropriate classification;
 - iii. Possess current insurance policy and registration.