

## Case Management Director's Meeting 11/20/2025

<b>Introductions 5 min-Role Call</b>		<b>Developmental Disabilities Supports Division Response</b>
<b>DD Waiver Renewal Update</b>	<ul style="list-style-type: none"> <li>▪ Tribal Notification- January 2026</li> <li>▪ Notice of Public Comment- February 2026</li> <li>▪ Public Hearing- March 2026</li> <li>▪ Submission of the Waiver Application to CMS- March 2026</li> <li>▪ Projected Waiver Application Effective Date-July 1, 2026</li> </ul>	
<b>Therap Individual Plan Module</b>	<ul style="list-style-type: none"> <li>▪ Case Management Directors requested that there be a centralized location to store ISP and related documents.</li> <li>▪ Beginning January 1, 2026, the Developmental Disabilities Supports Division (DDSD) will require all Developmental Disabilities Waiver (DD Waiver) Individual Service Plans (ISPs) to be stored in Therap. This applies to all DD Waiver ISPs with a start or revision effective date on or after January 1, 2026.</li> <li>▪ All ISP documents must be uploaded into the Therap's Individual Plan Module.</li> <li>▪ Case Managers will no longer be required to send a copy to DDSD beginning January 1, 2026.</li> <li>▪ Therap Help Page Created for DDSD Individual Plans (<a href="#">Link</a>)</li> <li>▪ Therap's Individual Plan module is available now for use.</li> </ul> <p><b>Required Documents:</b></p> <ol style="list-style-type: none"> <li>1. Individual Service Plan</li> <li>2. Signature Page</li> <li>3. Client Rights, Grievance, ANE Reporting Acknowledgement</li> <li>4. Assessment Tracking Sheet</li> <li>5. Budget</li> </ol> <p><b>Other Documents:</b></p>	<p><b>It was requested to sunset the ISP checklist as it was a Jackson era requirement. DDSD has added this to the Standards Revision suggestions.</b></p> <p><b>It was requested that DDSD provide a step-by-step guide/process or an instructional guide.</b></p> <p><b>The Systems and Data Bureau will not be providing a step-by-step guide. Please see the avenues below to request support.</b></p> <p><b>Technical Assistance and Support</b>  <b>DDSD is committed to supporting agencies and Case Managers throughout this transition. If you need help with any portion of the new ISP upload and approval process in Therap, the following support is available:</b></p> <p><b>Therap Unit SComm:</b>  <b>DDSD, Therap Unit / Inbox Only - Auto Reply (DOH-DDSD)</b></p> <p><b>Therap Help/Support Email:</b></p> <p style="padding-left: 40px;"><b>DDSD.Therap.Support@hca.nm.gov</b></p> <p style="padding-left: 40px;"><b>Unit Manager: Julie.Pierce2@hca.nm.gov</b></p> <p><b>Training Materials and Tutorials:</b></p> <p><a href="https://help.therapservices.net/s/article/7402">https://help.therapservices.net/s/article/7402</a></p>

	<ul style="list-style-type: none"> <li>▪ Employment Exploration</li> <li>▪ Assistive Technology Inventory</li> <li>▪ Teaching and Support Strategies</li> <li>▪ Other Individual Specific Team Docs</li> </ul>	<p><b>Please reach out early if you have questions or run into challenges. Our teams are ready to assist to ensure a smooth and timely transition for all providers.</b></p>
<p><b>Individual Service Plans Clarification</b></p>	<ul style="list-style-type: none"> <li>▪ DDSD received the question below regarding the Discussion of Service Settings section of the new ISP: <ul style="list-style-type: none"> <li>▪ <i>“What is the expectation related to checking the compliance boxes for settings compliance?”</i> In this circumstance we have an issue with the Customized Community Supports (CCS) agency not having the staff to provide the approved service. The CCS agency states they feel they are in compliance, and the team feels that there are barriers that result in non-compliance. In the ISP instructions guidance is only related to when the team restricts something and accesses a Human Rights Committee which is not what is happening in this circumstance.</li> <li>▪ <i>“Is it appropriate that the “no” is checked in this circumstance?”</i> No. “No” should only be checked when a Centers for Medicare and Medicaid Services (CMS) home and community based (HCBS) settings requirement is out of compliance, e.g. when a participant is not allowed to make their own decisions regarding their schedule and activities. A staffing shortage would not be a valid reason to check “No.”</li> </ul> </li> </ul>	<p><b>For any additional questions regarding the ISP (not Therap), please direct the questions to the DD Waiver Program Manager, Steven Fernandez. 505 584-1687, <a href="mailto:steven.fernandez@hca.nm.gov">steven.fernandez@hca.nm.gov</a></b></p>

<p><b>Budget Revision Clarification for Purchasing Agent Services</b></p>	<ul style="list-style-type: none"> <li>▪ Developmental Disabilities Supports Division (DDSD) issued memo number 2025-14 related to budget revisions and provider transitions for waiver recipients awaiting payment, reimbursement, or equipment related to Assistive Technology (AT), Specialty Medical Equipment (SME), and Remote Personal Support Technology from HealthGenics.</li> <li>▪ Case Managers are still submitting budgets with HealthGenics.</li> <li>▪ As of September 10, 2025, HealthGenics should not be added as a new service provider or a new service line item to existing budgets.</li> <li>▪ HealthGenics is no longer an approved Developmental Disabilities Supports Division (DDSD) provider</li> <li>▪ The Third-Party Assessor (TPA) has been directed to issue a Request for Information (RFI) if budgets are submitted with HealthGenics as a service provider.</li> </ul>	<p><b>HealthGenics- If the participant was approved for AT on a previous budget but the participant never received the item, can they get double AT items on the current budget?</b>  <b>No,</b></p> <p><b>If you still are experiencing any issues with RFI's from the TPA regarding the approval of AT or RPST: Please refer those questions to Melissa McBride, Clinical Services Bureau Chief, 505.231.2304, <a href="mailto:Melissa.Mcbride@HCA.nm.gov">Melissa.Mcbride@HCA.nm.gov</a></b></p> <p><b>An issue was raised regarding a lack of RPST and AT service providers on the SFOC.</b></p> <p><b>DDSD and HCA are actively recruiting all DD Waiver service providers.</b></p>
<p><b>Retro Reviews Friendly Reminder</b></p>	<ul style="list-style-type: none"> <li>▪ DDSD has received incomplete Retro Review requests.</li> <li>▪ Please ensure your Case Managers review all documents for completeness before submitting the Retro requests: <ul style="list-style-type: none"> <li>▪ Retroactive reviews will only be considered if: <ul style="list-style-type: none"> <li>• Requests are made no later than 90 calendar days from the planned start date of the service; and</li> <li>• Required supporting documentation is complete and submitted with the request.</li> </ul> </li> </ul> </li> </ul>	<p>For any additional questions regarding Retro Reviews. Please direct the questions to the DD Waiver Program Manager, Steven Fernandez. 505 584-1687, <a href="mailto:steven.fernandez@hca.nm.gov">steven.fernandez@hca.nm.gov</a></p>
<p><b>Legally Responsible Individuals (LRI)</b></p>	<ul style="list-style-type: none"> <li>▪ DDSD has received multiple LRI requests that do not meet criteria per the DD Waiver Service Standards. Below are two examples that do not meet criteria: <ul style="list-style-type: none"> <li>▪ LRI requests for participants that are 18 and over.</li> </ul> </li> </ul>	<p>For any additional questions regarding LRI requests. Please direct the questions to the DD Waiver Program Manager, Steven Fernandez. 505 584-1687, <a href="mailto:steven.fernandez@hca.nm.gov">steven.fernandez@hca.nm.gov</a></p>

	<p>*Requests of LRI for participants 18 and over will not be accepted unless the LRI is their spouse.</p> <ul style="list-style-type: none"> <li>▪ LRI’s requests for Respite Service when the LRI is the primary caregiver or lives in the same home as the participant. <ul style="list-style-type: none"> <li>*For Respite Service the LRI may not be the primary caregiver or live in the same home as the participant for.</li> </ul> </li> <li>▪ Reminder to send the LRI request through the Smartsheet at the following link: <a href="#">LRI Information Form Submission Link</a></li> </ul>	
<p><b>Third Party Assessor (TPA) Update</b></p>	<ul style="list-style-type: none"> <li>▪ Notations in Jiva: <ul style="list-style-type: none"> <li>• Please keep comments professional.</li> <li>• Please be advised all comments are tracked.</li> <li>• DDSD is reviewing the comments and will implement contract management actions as necessary with agencies and individual case managers.</li> </ul> </li> </ul>	<p><b>If DDSD receives any further correspondence from the TPA regarding any comments, DDSD will contact the CM Director directly in order for them address the concern with the Case Manager.</b></p>
<p><b>Level of Care Compliance</b></p>	<ul style="list-style-type: none"> <li>▪ DDSD has been notified of Case Management and Consultant agencies not responding timely (within 7 business days) to information requests (RFIs), from Third-Party Assessor (TPA), resulting in delays in Level of Care (LOC) processing.</li> <li>▪ Additionally, this issue has caused delays in budget approvals, which result in delays in delivery service.</li> <li>▪ Jennifer Romero, DDSD, is temporarily sending out weekly correspondence to Case Management Directors regarding any outstanding RFI’s.</li> <li>▪ Please ensure you are responding to Jennifer's correspondence and providing feedback, as necessary to</li> </ul>	<p><b>For any concerns or questions regarding Level of Care RFI’s and the emails received from Jennifer Romero, please reach out to Jennifer Romero directly by SCOMM.</b></p>

	<p>avoid contract management actions.</p> <ul style="list-style-type: none"> <li>▪ Please ensure that Case Managers are checking the Jiva Dashboard for RFI notifications.</li> </ul>	
<p><b>Training Opportunities</b></p>	<ul style="list-style-type: none"> <li>▪ <b>State Employment Leadership Network (SELN) eLearning Course: Supporting a Vision for Employment</b></li> <li>▪ NM’s contract with SELN covers the cost for you and staff</li> <li>▪ Four modules, approximately 5–6 hours total</li> <li>▪ Flexible, self-paced learning format</li> <li>▪ Next session: January 5 – February 13, 2026</li> <li>▪ Enrollment opens December 29, 2025</li> <li>▪ For additional information or to register for the training: <a href="#">SELN eLearning Course - SELN Hub.</a></li> <li>▪ CEU’s are available for this training.</li> </ul>	
<p><b>Turquoise Claims Update</b></p>	<ul style="list-style-type: none"> <li>▪ Important: Turquoise Claims Roadshow was postponed and not rescheduled yet.</li> <li>▪ Thank you for your continued support, patience, and partnership as we work toward delivering a system that meets your needs.</li> <li>▪ For updated information and resources, visit the Turquoise Claims web page. <a href="#">Turquoise Claims, NM Health Care Authority</a></li> <li>▪ If you have any questions, please email us at: <a href="mailto:HCA-TurquoiseClaims@hca.nm.gov">HCA-TurquoiseClaims@hca.nm.gov</a></li> </ul>	

<p><b>Therap ISP upload discussion:</b></p> <ul style="list-style-type: none"><li>• Who is the contact person was for Therap.</li> <li>• Large photos can't be attached unless optimized for size.</li> <li>• What is the size limit for uploading documents.</li> <li>• "Can we upload the budget as an excel document or does it need to be a PDF?"</li> <li>• "I've seen a shift with providers moving to iTherapy and not THERAP. I providers should use one platform that we all have access to."</li></ul>	<p><b>For any issues with Therap, please contact the Systems bureau at the below contact information.</b></p> <p><b>Technical Assistance and Support:</b> DDSD is committed to supporting agencies and Case Managers throughout this transition. If you need help with any portion of the new ISP upload and approval process in Therap, the following support is available:</p> <p><b>Therap Unit SComm:</b> DDSD, Therap Unit / Inbox Only - Auto Reply (DOH-DDSD)</p> <p><b>Therap Help/Support Email:</b> <b>Please contact: Unit Manager:</b> <a href="mailto:Julie.Pierce2@hca.nm.gov">Julie.Pierce2@hca.nm.gov</a> or use <a href="mailto:DDSD.Therap.Support@hca.nm.gov">DDSD.Therap.Support@hca.nm.gov</a></p> <p><b>Additional Training Materials and Tutorials can be found at the below link:</b></p> <p><a href="https://help.therapservices.net/s/article/7402">https://help.therapservices.net/s/article/7402</a></p> <p>Photos: Photos are not required to be uploaded into Therap. Therap has file limitations for uploads and you may have to resize the file prior to uploading it in Therap.</p> <p>Size Limits to upload: Users can attach a maximum of 10 MB file and the total file size of 250 MB.</p> <p>Excel Upload: It is recommended that all files uploaded into Therap should be a PDF. This ensures the file is secure and unchanged after uploading. Please save the file as a PDF.</p> <p>iTherapy: Thank you for the information. Providers are not required to utilize iTherapy but are required to utilize Therap.</p>
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<p><b>HealthGenics issues:</b></p> <ul style="list-style-type: none"> <li>• A Case Management Director reported she has 2 clients that have not received Assistive Technology purchased from HealthGenics.</li> <li>• A Case Management Director reported: “There are still several billed services by HealthGenics where items haven’t been not provided - this has been elevated several times. Additionally, clients want the AT from the prior ISP year rather than using their funds for this ISP year as they lost out on that opportunity.</li> </ul>	<p><b>HealthGenics:</b></p> <p><b>DDSD is aware of the issues concerning HealthGenics and is working to address the concerns appropriately:</b></p> <p><b>For any existing issues regarding HealthGenics, please contact Melissa McBride at <a href="mailto:melissa.mcbride@hca.nm.gov">melissa.mcbride@hca.nm.gov</a></b></p>
<p><b>Level of Care Compliance:</b></p> <ul style="list-style-type: none"> <li>• When will DDSD eliminate the requirement that an annual recertification for LOC be submitted to the Third-Party Assessor.</li> <li>• One of the providers wanted to know what can be done when a Primary Care Physician (PCP) refuses to sign an LOC form.</li> <li>• Can the Case Manager create the episode for the LOC, this would eliminate the RFI or timeliness of the LOC submissions. Currently the TPA creates the Episode for the LOC and the time starts.</li> </ul>	<p><b>LOC:</b></p> <p><b>Level of care annual recertification changes must be approved by CMS. DDSD is planning for the LOC change to be approved with the waiver application on 7/1/26. The LOC process will remain the same until we receive CMS approval.</b></p> <p><b>DDSD recommends that the provider receives the instructions with the MAD 378 that can assist the provider with completing the document. The participant may need to change providers if the provider refuses to complete the document. Station MD cannot be used to complete the MAD 378/LOC.</b></p> <p><b>No, the TPA will continue to create the episode for the annual LOC requirement. With LOC changes planned to include the use of the Vineland-3 with DDW, the TPA will still be required to create the LOC episode annually.</b></p>

<p><b>Site Visits:</b></p> <ul style="list-style-type: none"> <li>• Case Management Directors asked whether there has been any response to previous questions regarding problems with forms for site visits.</li> </ul>	<p><b>Site Visits:</b></p> <p><b>Please send all concerns regarding the site visit form directly to Selina Leyba, Bureau Chief, Community Program Bureau.</b></p>
<p><b>Exception to the Standards Process:</b></p> <ul style="list-style-type: none"> <li>• Is it the responsibility of the Case Managers to file exemptions for dental, vision and hearing examinations, or if the Provider Agencies need to do this – will there be written guidance about this via Eblast memos?</li> </ul>	<p><b>Exception to the Standards Process: It is the Case Managers responsibility of service provider to complete the Exception to the Standards.</b></p> <p><b>In extraordinary circumstances, a Provider Agency may need to request an exception to the standards. An exception may be accepted based on individual circumstances or extenuating circumstances at the agency.</b></p>
<p><b>Training:</b></p> <ul style="list-style-type: none"> <li>• A Case Management Director brought up the issue of the 14 hours of required training, he felt that providers should be able to count hours of internal training towards this requirement.</li> </ul>	<p><b>Training:</b></p> <p><b>DDSD has added this to our Standards Revision suggestions.</b></p>
<p><b>Individual Transition Plans (ITP):</b></p> <ul style="list-style-type: none"> <li>• A Case Management Director asked if the Provider Agencies are required to submit ITPs, how can the Case Managers be responsible for the Transition Plan results?</li> <li>• They also wanted to know if it has been established ITP forms improve transition results.</li> <li>• It was suggested that it might be a good idea to place the ITP form in Therap.</li> </ul>	<p><b>Individual Transition Plans (ITP):</b></p> <p><b>The Case Manager is responsible for ensuring the ITP is completed.</b></p> <p><b>The ITP form is a working document and can be revised. The ITP form will be reviewed by DDSD for changes and improvement. Please send any suggestions for changes to the ITP to the DD Waiver Program Manager.</b></p> <p><b>ITP: The ITP is currently a requirement per the DD Waiver Standards.</b></p> <p><b>Therap Upload: DDSD thanks you for your input. We have added this to list of suggested changes.</b></p>

<p><b>Head of Household:</b></p> <ul style="list-style-type: none"> <li>• A Case Management Director pointed out that when a child is listed as “Head of Household, it prevents the adult parent from accessing information on Yes NM.</li> </ul>	<p><b>Head of Household:</b></p> <p><b>Persons under the age of 18 should not be listed as the head of household. When a minor participant is entered as the head of household in Yes NM, the system limits access because the application becomes associated with the minor’s account, which prevents the adult parent or guardian from viewing or managing the case.</b></p> <p><b>For Medicaid applications involving a minor (including DD Waiver participants), the parent or legal guardian should be listed as the head of household and should complete the application under their own Yes NM account.</b></p> <p><b>The minor should be included as a household member, not as the account holder or head of household.</b></p> <p><b>Parents should not create a separate Yes NM account for the minor participant.</b></p> <p><b>Doing so often leads to the access issues you described. If this situation has already occurred, the fix is typically to submit a change report or contact the Institutional Care and Waiver Unit (1.800.283.4465) to change the Head of Household correctly.</b></p>
<p><b>Respite Criteria:</b></p> <p>Can individuals receive respite and Personal Care Services (PCS) services when on a waiver? It would help to have some written guidance from the TPA on this issue.</p>	<p><b>Respite Criteria: Waiver participants (minor or adult) can access respite services for the unpaid primary caregiver.</b></p> <p><b>An adult waiver participant can assess respite through the waiver but cannot access Personal Care Services through their MCO as the waiver has services such as Living Care Arrangements (LCAs) which include: CIHS, FL, SL, and IMLS.</b></p> <p><b>DDSD is working to get clarification from the Medical Assistance Division (MAD) regarding Personal Care Services (PCS) for minor waiver participants and will issue a numbered memo with additional information and directions.</b></p>

<p><b>Exception requests for Dental Services:</b></p> <p>Requesting clarification on the exception definition for dental services and whether annual vision and hearing examinations are required for participant clients.</p>	<p><b>Exception for Dental Services:</b></p> <p><b>Per the DD Waiver Standards some services require an Annual Dental exam or eye exams as recommended by an optometrist/ophthalmologist, and hearing tests as recommended by a licensed audiologist, an Exception Authorization would be needed if those screenings cannot be completed. Please work with the participants Managed Care Coordinator (MCO) to resolve issues with situations where medical professionals are prescribing examinations that are not covered by Medicare.</b></p> <p><b>DDSD issued a memo titled “ Teams using Decision Consultation Forms to opt out of required health screenings” on 12/15/25. “</b></p> <p><b>The memo clarifies the appropriate usage of the Exception to the Standards and Decision Consultation Form.</b></p>
<p><b>FMAE Funds:</b></p> <ul style="list-style-type: none"> <li>• A Case Management Director stated that some CMs are requesting using FMAE funds for Bio Park and Community Center memberships (so clients can attend classes offered) and some do not. This is not really addressed in the Standards - can FMAE funds pay for these fees?</li> </ul>	<p><b>FMAE Funds:</b></p> <p><b>Per the Developmental Disabilities Waiver Service Standards, Fiscal Management of Adult Education (FMAE), this request is not permissible. The Bio Park, the zoo, and museum passes do not meet the intent to use this service “for registration fees, tuition, fees, and/or related materials associated with in person or virtual classes, lessons or conferences.”</b></p> <p><b>DDSD will be issuing a memo to clarify FMAE usage.</b></p>