



HEALTH CARE
AUTHORITY



DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)
QUARTERLY PROVIDER MEETING 12/17/2024

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

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

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



A cloudy morning looking over Santa Cruz Lake
photo by Jessica Gomez





HEALTH CARE
AUTHORITY

MISSION

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

VISION

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

GOALS



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



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



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



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

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)- MISSION STATEMENT

To serve those with intellectual and developmental disabilities by providing a comprehensive system of person-centered community supports so that individuals live the lives they prefer, where they are respected, empowered, and free from abuse, neglect, and exploitation

To Act With:

- Accountability
- Collaboration
- Respect
- Transparency

To Be:

- Person-Centered
- Proactive
- Innovative
- Inclusive



AGENDAS

1. Regional Updates
2. Wellness Visits Update
3. Electronic Visit Verification Update
4. Remote Personal Support Technology
5. Individual Service Plan (ISP) Redesign
6. Behavior Health Resources
7. StationMD Update
8. Direct Care Workforce Grant
9. Provider Capacity
10. 2025 Rate Study Update
11. Advocacy Partners Update
12. Waiver Censuses
13. Supports Waiver and Mi Via Renewal
14. Provider Application
15. Question/Answers/Suggestions



REGIONAL UPDATES



METRO REGION

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- We have a vacant Support Coordinator (Generalist)
- We currently have an open nurse position.
- We would like to welcome the following new providers to our Region.
 - Better Life Adult Living, Inc.
 - Bright Light Homes LLC
 - Coppertop Services LLC /dba Telos Community Inclusion LLC
 - Free Indeed LLC
 - Total Healthcare Pillars LLC



NORTHEAST REGION

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- The Northeast office wishes to thank every Consultant and Case Manager for their help with our home visit project.
- Each Provider Supports Coordinator, Inclusion Staff and Nurse are expected to support providers by attending at minimum 4 IDT/ISP meetings a month with the goal of improving the Person-Centered focus. Please invite them.
- We now have an Inclusion person that can assist with DVR referrals and Customized Community Supports - Individual /Group services. Please reach out to Aida Franco, Community Inclusion, for support.
- Reminder to all Case Management agencies to submit all ISPs to your Regional office, including the signature page as soon as the ISP is approved.



NORTHWEST REGION

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- NWRO has a new nurse, Casie Buffington. She started 11.25.20024 and will be in the Farmington office.
- Please respond and assist Regional Office Staff when they reach out for assistance in scheduling health and wellness visits.



SOUTHEAST REGION

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- Please remember to outline the supports needed for Supported Living Category 4 in the ISP.
- From the Standards Chapter 10.4.1:
 - Supported Living Category 4 (Extraordinary Medical/ Behavioral Support) routinely accommodates the need for more than 28 hours a week of focused individualized DSP attention.
 - SL Cat 4 Behavior requires, “The additional staffing required to ensure the health and safety of the person and of others must be defined in the health and safety section of the ISP and must be included in a current PBSP.”
 - SL Cat 4 Medical requires, “The enhanced or additional staffing hours and how the additional staffing supports relate to implementing HCPs must be defined in the health and safety section of the ISP.”

Please contact your Regional Case Management Coordinator if you need assistance.



SOUTHWEST REGION

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- Health and Wellness visits continue. Please assist Regional Office staff with scheduling when they reach out
- Please welcome our newest Community Inclusion Coordinator, Fatima Renteria. You may recognize Fatima as she spent time with the Division of Health Improvement, Incident Management Bureau.
- There is still one vacant Provider Supports Coordinator position in the Southwest



DDSD Ongoing Wellness Visits FY25

Start Date
7/01/2024

Data Through
10/31/2024

Total Visits

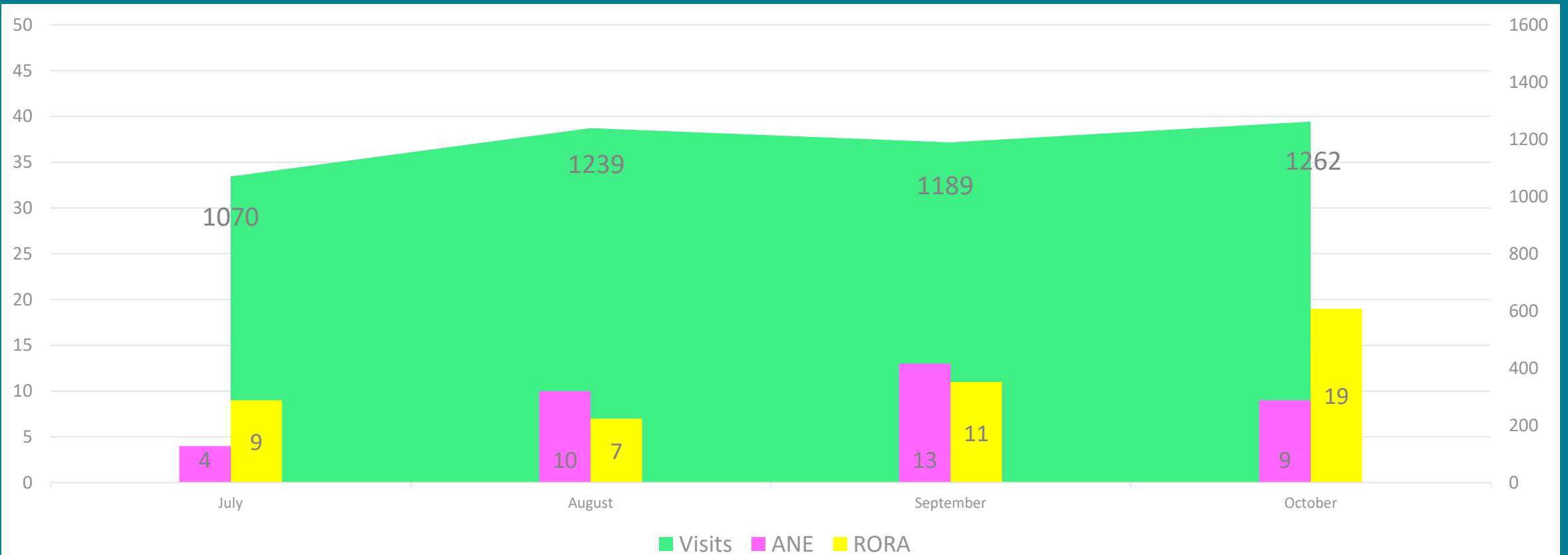
4760

Total RORAs

46

Total ANEs

36



MI VIA ELECTRONIC VISIT VERIFICATION UPDATE

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Two more Mi Via Codes will be moving to using the Electronic Visit Verification (EVV) system to clock in and out of shifts as follows:

- MVIA99509E Mi Via Exception Rate Homemaker Employee
- MVIAT1055SDE Mi Via Exception Rate Respite-SD Employee

Training will be provided Wednesday January 15th-Friday January 17th, and Tuesday January 21st-Friday January 25th. More information regarding training will be sent in the next few weeks.

The go-live date when the employees must use EVV to clock in and out of each shift is 1/25/25.



REMOTE PERSONAL SUPPORT TECHNOLOGY

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CALL FOR PROVIDERS

With New Mexico becoming a Technology First State there is an increase in the number of individuals needing a purchasing agent for the following service:

Remote Personal Support Technology

Applicants are encouraged to visit our website at: [Provider Enrollment & Relations - New Mexico Health Care Authority](#) for more information about becoming a waiver provider. If you are a current provider and would like to add a service(s) to your current Provider Agreement, please reach out to Tammy Barth, the DDSD Provider Enrollment Unit Manager at Tammy.Barth@hca.nm.gov for assistance.



INDIVIDUAL SERVICE PLAN (ISP) REDESIGN

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- Purpose of project is to make the ISP more accessible, user-friendly, and person-centered.
- To inform revisions to the ISP template:
 - Case Managers, Consultants, Community Supports Coordinators, and DDSD staff were surveyed in the spring to obtain feedback on strengths and drawbacks of current ISPs and SSP.
 - Contacted the National Association of State Directors of Developmental Disabilities Services (NASDDDS) for insight.
 - Examined promising practices from national leaders in person-centered planning and read other states person-centered plans.
 - Received technical assistance from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).



INDIVIDUAL SERVICE PLAN (ISP) REDESIGN CONT.

- Tentative timeline for new ISP:
 - December: Send revised ISP to internal and external DDSD stakeholders for review.
 - January/February: Finalize ISP and update ISP training for CMs/Consultants/CSCs.
 - February/ March: Rollout new ISP and ISP training.



BEHAVIORAL HEALTH SERVICES DIVISION (BHSD) RESOURCES

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- BHSD works with mental health providers statewide to ensure that Medicaid members can access treatment for a variety of mental health conditions.
- Also collaborates with governmental and community stakeholders and agencies to provide services and treatment for substance use disorders for Medicaid recipients.
- In addition to these, BHSD provides housing resources and services to qualified individuals and families.
 - Housing programs are designed to serve vulnerable populations, including the homeless, those with substance use disorders, and individuals with Intellectual/Developmental Disabilities (I/DD).



BEHAVIORAL HEALTH SERVICES DIVISION (BHSD) RESOURCES CONT.

- Waiver recipients, their families or supports, or their Consultant, Case Manager, or Community Supports Coordinator can learn more about and enroll in program(s) by contacting a Local Lead Agency.
 - Local Lead Agencies are the subject matter experts on available housing programs depending on an individual's unique situation.
 - They screen for eligibility, maintain a wait list, and serve as liaison with client, service providers, and property managers.
 - Individuals can be enrolled in multiple housing programs simultaneously.
- Website with Local Lead Agency information: nm.gov
- BHSD YesNM webpage: [Bhsd Home](#)



STATIONMD UPDATE

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- DDSD is pleased to announce that beginning in October 2024, the utilization of StationMD became available to participants in both the Mi Via and Medically Fragile Waivers in addition to the traditional Developmental Disabilities (DD) Waiver.
- Current enrollment includes:
 - 39 DD Waiver Providers enrolled (approximately 1,700 individuals)
 - 46 Mi Via participants
 - 9 Medically Fragile participants
- If you are interested in enrolling with StationMD, please reach out to Angie.Brooks@hca.nm.gov or visit their website at [Home - StationMD](#).



DIRECT CARE WORKFORCE (DCW) GRANT

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- New Mexico is participating in the first DCW program to identify and address workforce challenges related to recruitment, retention, and compensation.
- New Mexico will receive personalized assistance from the Administration for Community Living (ACL) to explore and address workforce problems and caregiver needs. New Mexico will continue to receive technical assistance and training from the ACL through the spring of 2025.
- DDS continues to attend meetings with the ACL. The first set of meetings have been focused on learning what data is available from the various New Mexico state agencies (listed above) on Direct Support Professionals. The intent of learning about and gathering this information from all state agencies, is to utilize the information and data obtained through this initiative to enhance and strengthen caregiver workforce recruitment, training, and retention strategies.



PROVIDER CAPACITY

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Waiver	2023 Number of Providers	2024 Number of Providers
Developmental Disability Waiver	199	198
Medically Fragile Waiver	20	22
Supports Waiver	40	33
Mi Via Consultants	11	12



2025 RATE STUDY UPDATE

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- Request for proposals (RFP) was published in October
- RFP closed on 11/13/2024
- DDSO is currently still in the procurement phase to select a vendor
- DDSO anticipates having an executed contract by early January 2025
- Meetings with stakeholders will be scheduled early January to kick off the rate study project



ADVOCACY PARTNERS UPDATE

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- First Quarterly Advocacy Partners Meeting on 11/22/2024 Meetings will be held quarterly and will rotate locations to help accommodate Provider participation
- The focus of these meetings is to foster partnerships and collaborate on systems improvement
- Sessions will include information sharing, brainstorming, discussion of current relative concerns, etc.
- DDSD wants these meeting to be useful for Providers so feedback is encouraged.

2025 tentative meeting schedule

February 25	10:00-12:00	Location TBD
May 20	10:00-12:00	Location TBD
August 26	10:00-12:00	Location TBD
November 18	10:00-12:00	Location TBD



WAIVER CENSUSES AS OF 12/1/2024

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Waiver	Census
Developmental Disabilities Waiver	4,471
Mi Via Waiver	3,322
Medically Fragile Waiver	174
Supports Waiver	67



MI VIA WAIVER RENEWAL TIMELINES

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Mi Via Waiver	Waiver Renewal Due 10/1/25	8/1/24	9/30/25
	Tribal Notification (60 days prior to submission)	2/6/25	3/7/25
	Tribal Consultation (if requested)	3/3/25	4/1/25
	Public Comment (30 days)	3/3/25	4/1/25
	Amend Waiver Appendices Based on Public Comments	4/1/25	4/30/25
	Prepare final waivers for Internal Review	5/1/25	5/30/25
	Submit Waiver Renewal to CMS (120-days prior to expiration)	6/2/25	9/30/25
	NMAC Revisions (if applicable - 6 months)	5/1/25	10/31/25
	Waiver Standards Revisions (if applicable)	7/1/25	9/30/25



SUPPORTS WAIVER RENEWAL TIMELINES

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	Waiver Renewal Due 7/1/2025	9/1/24	6/30/25
Supports Waiver Renewal	Tribal Notification (60 days prior to submission)	1/5/25	2/5/25
	Tribal Consultation (if requested)	2/5/25	3/5/25
	Public Comment (30 days)	2/5/25	3/5/25
	Amend Waiver Appendices Based on Public Comments	3/5/25	3/19/25
	Prepare final waivers for Internal Review	3/20/25	3/31/25
	Submit Waiver Renewal to CMS (90-days prior to expiration)	4/1/25	6/30/25
	NMAC Revisions (if applicable- 6 months)	3/1/25	8/31/25
	Waiver Standards Revisions (if applicable)	4/1/25	6/30/25



BACKGROUND FOR PROVIDER APPLICATION REVISION

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- DDSD recognized that the current renewal process is very burdensome for both Providers and DDSD
- DDSD issued a survey to Providers seeking feedback on the application process in March 2024
- 54 submissions were received
- 46% of respondents suggested a simplified format with examples such as check boxes, reduced redundancy, fillable forms and reorganization of policy grids
- 35% of respondents suggested an electronic submission process



PROPOSED PROVIDER APPLICATION PROCESS
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CURRENT PROVIDER APPLICATION

- The application includes the following information:
 - DDSD required forms
 - Insurance, Financials, other legal documents
 - Authoritative Documents
 - Attestation Statement
 - Policy and Procedures and other documents
 - Licensure
 - Narrative service specific questions
 - Accreditation requirement
- The application is reviewed by a DDSD committee and/or subject matter expert
- Must meet Centers for Medicare and Medicaid Services (CMS) setting requirements.
- Applicants will receive an approval, request for additional information, or a denial.



PROPOSED CHANGES TO THE APPLICATION PROCESS

- Created an “Expedited Application Process” in addition to current “full” process
- The type of application a renewing provider must submit (full or expedited) will be based upon the performance of the Provider during the previous agreement term
- Renewals for Providers who do not receive Quality Management Bureau (QMB) surveys will continue to be full applications
- All narrative questions for specific services have been removed
- Requirement for accreditation has been removed



PROPOSED CHANGES TO THE APPLICATION PROCESS CONT.

- A checklist of required documents has been added to assist in ensuring all needed documents are submitted
- Policy grids have been rearranged by service delivery types. Provider are only expected to submit the policies outlined on the appropriate grid based upon the services they intend to provide
- Converted all DDS required forms to fillable PDFs



PROPOSED CHANGES TO THE APPLICATION PROCESS CONT.

- A **full application** will require Providers to submit various documents such as the Provider Information Sheet, Statement of Assurances, proof of insurance, etc. In addition to these required documents, the Provider must submit the policies/procedures outlined on the Policy Grid for the applicable services rendered by the provider.
- An **Expedited Application** will only require the Provider to submit the various required documents. Policies/procedures **will not** be required to be submitted.



PROPOSED APPLICATION DETERMINATION

Criteria for an Expedited Application Review	Criteria for a Full Application review
Received a Compliant or Partial Compliant rating on last QMB Routine Survey and	Agency provides services not reviewed by QMB or
Had no High Impact Contract Management Activities during last agreement term and	Received a Non-Compliant determination on last QMB Routine Survey or
Had no more than 3 Medium or Low Contract Management Activities in last agreement term.	Had a High Impact Contract Management during last Agreement Term or
	Had more than 3 medium or Low Impact Contract Management activities in last agreement term.



PROPOSED APPLICATION DETERMINATION

High Impact Actions	Medium Impact Actions	Low Impact Actions
Internal Review Committee (IRC) case that was opened and had Sanctions Imposed	Civil Monetary Penalty > \$1,000 but < \$3,000	Letter of Demand
Recoupment of Funds (via the Attorney General's Office, Office of Internal Audit, Medicaid Fraud, etc.) Does not include void/adjustments required by QMB).	State Imposed Moratorium issued by any Bureau	Letter of Reprimand
Performance Improvement Plan		Letter of Warning
Civil Monetary Penalty > \$3000		Civil Monetary Penalty < \$1,000
		Directed Technical Assistance



PROPOSED APPLICATION DETERMINATION CONT.

Non-QMB Surveyed Providers

- Providers of services that do not receive routine surveys from QMB must submit all policies outlined in the Policy Grid for these services with each renewal.
- If a provider offers a broad range of services (both QMB surveyed and non-QMB surveyed services), they will be required to submit all policies for the non-QMB services each renewal. Services that are surveyed by QMB will be subject to the above criteria that portion of their application.



WHY DOES DDSD REQUIRE POLICIES AND PROCEDURES FOR A PROVIDER APPLICATION?

Policies are a set of guidelines that help an agency outline their plan for implementing the requirements that a Waiver providers must meet to provide services to the individuals they serve.

The purpose of a policy is to establish guidelines and state what is and is not acceptable at their agency. Agency staff should follow the policies of their organization.



POLICY REQUIREMENTS

Ensure your policy explains the following:

Who (Position or Department)

What will be done

How it will be done

When (Timelines/Frequency)

Why (Why is the policy necessary)

Frequency of review of policy

What happens if the policy is not working?



POLICY VS PROCEDURES

- When it comes to creating, updating and implementing your policies and procedures, there are some key differences.

Policies:

- Change infrequently
- Can state who, what, when, or why
- Are broad and general

- **Procedures:**

- Continuously change and improve
- State what, how, when, or who
- Offer a detailed description of activities

(Compliance Bridge Policy & Procedure Team, 2017)



QUESTIONS/ANSWERS/SUGGESTIONS





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THANK YOU

INVESTING FOR TOMORROW, DELIVERING TODAY.