PROVIDER APPLICATION

HEALTH CARE
AUTHORITY

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION

Provider Enrollment Relations Unit

SUPPORTS WAIVER (SW)

P. O. Box 2611
Santa Fe, New Mexico 87502-0110
OR
1190 S. St. Francis Drive, Suite S1203
Santa Fe, New Mexico 87505

Effective Date November 1, 2022
Revised August 19, 2024

Kari Armijo, Cabinet Secretary
Health Care Authority

HEALTH CARE
AUTHORITY

Dear DDSD Provider Applicant:

This provider application packet and the attached forms contain the necessary information needed to apply to become a provider for the Supports Waiver (SW) Medicaid Waiver Program.

All Medicaid Waiver Programs shall be subject to all Health Care Authority regulations governing Medicaid Waiver Services. In addition, all Provider Agreements awarded shall be subject to the Developmental Disabilities (DD), Medically Fragile (MF), and Supports Waiver (SW) Service Standards and other general provider requirements of the DOH.

For assistance in completing the application, please contact Tammy M. Barth at (505) 469-8480 or via email at Tammy.Barth@hca.nm.gov.

Sincerely,

Jennifer Rodiguez

Jennifer Rodriguez, Director
Developmental Disabilities Supports Division
Health Care Authority

Contents

I. OVERVIEW OF THE SUPPORTS WAIVER (SW) MEDICAID PROGRAM

A. Overview of Waiver Program and Waiver Background Information

The Developmental Disabilities Supports Division (DDSD) of the New Mexico Health Care Authority (HCA) herein referred to as the DEPARTMENT administers provider enrollment for the Medicaid Supports Waiver. Recipients of Medicaid Waiver services must meet both financial and medical eligibility as determined by the New Mexico Health Care Authority in accordance with Medicaid Waiver Regulations.

The DEPARTMENT has the authority to approve individual program services based upon budgetary considerations and availability of approved waiver enrollment slots. The DEPARTMENT also has the authority to approve the area(s) and specific service(s) for authorized and approved waiver service providers. Medicaid Waiver services are not an "entitlement" for eligible Medicaid recipients.

Funding is not guaranteed to a provider under the Medicaid Waiver Program. Reimbursement for service(s) is based upon the recipient's selection of approved service providers as contained in an Individual Service Plan (ISP) and as approved by the DDSD and/or the Medicaid Third Party Assessor. Reimbursement for Medicaid Waiver Programs is based upon a Fee for Service. Reimbursement is at the established service reimbursement rates as shown in the Billing Rates Appendix 1.

B. Conflict of Interest

All DDSD Waiver Provider Agencies must avoid and mitigate any conflict-of-interest issues. This applies to the DD, MF and Supports Waiver providers. *See* NMSA 1978, § 45-5-311(A) (Uniform Probate Code). Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement.

A Case Management or Community Supports Consultant Provider Agency may not be a Provider Agency for any other Waiver services. A Case Management or Community Supports Consultant Provider Agency may not provide guardianship services to an individual receiving case management services from that same agency. Case Managers and Community Supports Consultants are not able to serve on the board of a provider agency.

Affiliated agencies are defined as two or more service agencies providing DD, MF or Supports Waiver services that has a marital, blood, business interests or holds financial interest in providing direct care for individuals receiving Home and Community Based Services (HCBS). Affiliated agencies must not hold a business or financial interest in any entity that is paid to provide direct care for any individuals receiving HCBS services to prevent solicitation of services.

C. Supports Waiver (SW) Summary

The Supports Waiver (SW), New Mexico's newest Home and Community Based Services (HCBS) Waiver offering an alternative to institutionalization in an ICF/IID. The program is intended to provide an option for support to individuals who are on the Developmental Disabilities (DD) Waiver Wait List waiting for an allocation to the DD/Mi Via Waivers. Individuals will keep their place on the DD Waiver Wait List, for the DD Waiver or the Mi Via Waiver, while they access the SW. The program serves individuals who:

a) Meet the state/federal definition of developmental disabilities.
b) Meet the clinical criteria for placement in an ICF/IID facility.
c) May currently be in an alternative placement in the community.
d) Meet established Medicaid financial and non-financial eligibility criteria; and
e) May reasonably be expected to receive services and support in the community at a cost equal to or less than the cost of institutional care. (Note: Exceptions may be made to this if the aggregate cost of care for all consumers receiving service and support under the DD Medicaid Waiver program is less than the cost of institutional care.)
f) Have intellectual/developmental disabilities or a specific related condition.

Please note: Children in pend status are not on the DD Waiver Wait List and therefore, will not be offered the SW.

II. INSTRUCTIONS AND REQUIREMENTS

A. Application Requirements

Submit applications to DDSD with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances DDSD may request additional information from the applicant, which must be submitted within timelines determined by DDSD.

B. Where to Submit

HCA / DDSD / Provider Enrollment Relations Unit (PERU)

Mailing Address
PO Box 26110
Santa Fe, New Mexico 87502-0110

Physical Address
1190 S. St. Francis Drive, Suite S1203
Santa Fe, New Mexico 87505

C. Application Format

Applications that do not conform to the required outline described in all sections may be returned.

1. It is the applicant's responsibility to ensure that all pages are numbered, and appropriate documents are included.
2. Submit only single-sided copies.
3. Do not staple, bind, or put your application in a three-ring binder. Instead, use paper clips, binder clips and/or rubber bands.
    a. Policies, procedures and/or authoritative documents should cover aspects detailed in scoring criteria. Scoring criteria, applicable NMAC and service standards are listed under each scored policy in red. Responses cannot be a cut and paste from criteria or service standards. A thoughtful authoritative document is required.
    b. Use separate pages for each authoritative document and section.
    c. Number pages.

D. DDSD Required Application Forms

DDSD requires that the applicant submit forms and documentation as outlined below. Certain forms must be signed and dated by the applicant.

1. **Provider Information Sheet:** This form must be used as a cover page when the application is submitted.
2. **Service and County Request Form(s)**: This form identifies the services and counties the agency is applying to provide. (See attached Regional Map)
    - **Renewing providers** who would like to delete services and/or counties from their Provider Agreement, must submit a statement advising DDSD of the services and/or counties they wish to remove and the date they plan to end services.
3. **Statement of Assurances Form**
4. **Provider Agency Status Sheet** (**Renewing Providers Only**)

E. Accreditation Requirements

Some providers are required to be accredited by either CARF International of The Council on Quality and Leadership. Refer to the tables below for requirements by service type.

Options for the Waiver Service Types with Accreditation Requirements

Waiver Service	CARF International	The Council on Quality and Leadership
Community Supports Coordinator	Aging Service	Quality Assurances Accreditation
Customized Community Supports-Group	Employment and Community Services / Aging Services	Quality Assurances Accreditation
Respite	Employment and Community Services	Quality Assurances Accreditation
Supported Employment	Employment and Community Services	Quality Assurances Accreditation

Agencies applying for the first time must provide a detailed plan that outlines timelines to ensure the agency is accredited within the next eighteen (18) months and/or a letter from an accrediting body showing when your survey will take place.

Currently, accredited providers must provide a copy of the letter and certificate showing current accreditation status for the agency.

Accreditation waivers are only good through the term of the agency's current Provider Agreement. **You must submit a new request for a waiver of accreditation during your renewal period to the PERU for consideration.**

F. DDSD Required Documentation for and Supports Waiver

1. **Articles of Incorporation or Organization and current board members (if applicable).** The applicant must submit a current list of each board member's name, home address, phone number and email address.

2. **Combined Reporting System (CRS) Certificate** Proof of registration with the NM Taxation and Revenue Department.

3. **Proof of General or Professional Liability Insurance** (one-million dollar minimum), naming the Health Care Authority as an additional insured. **(New Providers, within 30 days of approval)**

4. **Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance** (ten-thousand dollar minimum) naming the Health Care Authority as loss payee. **(New Providers, within 30 days of approval)**

5. **Professional Licensure** All professional licensure and academic credentials for all hired and subcontracted personnel must be submitted for the following services: Behavior Therapy, Community Supports Coordinator and Environmental Modification.

6. **Financials**

   New Providers are required to submit a business plan, including anticipated expenses for a three (3) month period and most current, last three (3) bank statements or line of credit.

   Renewing Providers are required to submit:

   - Annual tax return, current year end Profit and Loss Statement **OR** financial audit prepared by accountant.
   - Description of the agency's current operating budget.
     Language to watch for:
     - *Include information about resources devoted to staff and Board (if applicable) training.*
     - *Include short and long-term financial goals.*
     - *The applicant can show it has 3 months of operating costs available.*
     - *The applicant can show routine and regular financial audits are* conducted*. Identify the percentage or amount of the agency budget devoted to staff (and Board, if applicable), training and technical assistance.*

7. **Latest Quality Management Bureau (QMB) survey results, if applicable.** The applicant must submit their latest QMB survey Determination of Compliance Letter.

8. Provide your agency's **Mission statement.**

9. Provide the agency's **Organizational chart** and brief position descriptions including management and supervisory positions.
   The Organizational Chart and position descriptions should show positions that relate to the service type, understand the service system, know the communities their clients live in and what community options are available to their clients.
   The applicant should show an administrative structure that provides support to staff including managing, monitoring, teaching, and improvement in practice.

G. Supports Waiver Agency Authoritative Documents Per Service Type

Supports Waiver Providers must have current policies, procedures, standard operating procedure and/or any authoritative documents from the agency such as employee handbooks, agency manuals, etc. that assure applicable NMAC regulations and service standards are implemented, that are signed and dated by the agency Director. Please provide the agency's documents that address the following and include document titles and use the grid below to provide page numbers where each numbered area is addressed.

The authoritative documents will need to adequately address all requirements listed below and the Agency should demonstrate that the authoritative documents are reviewed and or updated at least every three years by the Agency.

Policy/Procedure/Agency Document Provide the Agency Document which applies the indicated topical area. The corresponding Authoritative document is included for your reference.	**Applicable Service(s)** X marks the applicable service											**Agency's Document Title**	**Page #**
	Community Supports Coordination	**Assistive Technology**	**Behavior Support Consultation**	**Customized Community Support**	**Environmental Modification**	**Non-Medical Transportation**	**Personal Care**	**Respite**	**Supported Employment**	**Vehicle Modification**			
Billing and Record Keeping: *SW Chapter 12, NMAC 8.302.2*	x	x	x	x	x	x	x	x	x	x			
Community Resources: *SW Chapter 16*	x												
Complaint/Grievance Procedures Available to Individuals and/or Guardians: *SW Chapters 15 and 16*	x	x	x	x	x	x	x	x	x	x			
Compliance with Service Specific Standards: *SW Chapter 17*	x	x	x	x	x	x	x	x	x	x			

Coordination with MCO Care Coordinators: *SW Chapter 5*	x												
Emergency Response Plan including continuity of care plan for agency operation and service delivery: *SW Chapters 7 and 15*	x	x	x	x	x	x	x	x	x	x			
Freedom of Choice and Non-solicitation: *SW Chapter 2 and 7*	x	x	x	x	x	x	x	x	x	x			
General Qualifications to include Education and Training Requirements as well as risk Management and Abuse Neglect and Exploitation reporting and training: *SW Chapters 14 and 15 service specific as applicable, NMAC 7.14.1 and NMAC 8.314.7 as promulgated*	x	x	x	x	x	x	x	x	x	x			
Person-Centeredness: *SW Chapter 1*	x	x	x	x	x	x	x	x	x	x			
Pre-eligibility, Enrollment Activities and Annual Recertification: *SW Chapters 4,6,16*	x												
Quality Assurance/Quality Improvement Plan: *SW Chapter 15*	x	x	x	x	x	x	x	x	x	x			
Selecting Service Delivery Model and Transitions: *SW Chapters 2, 6 and 16*	x												
Service provision according to ISP and budget approval and Monitoring implementation: *SW Chapters 2,8, 9, 11, 12 and 16*	x	x	x	x	x	x	x	x	x	x			
Submitting the ISP/Budget request: *SW Chapters 8.*	x			x		x	x		x				

II. OVERVIEW OF REVIEW PROCESS

A. Application Review Process

1. Each section will be scored and must achieve a passing score.

Does Not Meet		Meets		
No proposal	Incomplete proposal lacking in evidence	Satisfactory proposal	Strong overall proposal with strong supportive evidence, few areas of weakness	Detailed and compelling proposal supported by substantial evidence throughout. No weaknesses
☐	☐	☐	☐	☐
Comments (*This box expands for comments)**:**				

2. Scoring is by committee/or subject matter expert:
3. Committee membership may include Bureau of Behavioral Supports (BBS), Clinical Services Bureau (CSB), Generalists, Community Inclusion (CI), Case Management (CM), Regional Nurse, Regional Office (RO) Director, Subject Matter Expert (SME), and Committee Chair (Provider Enrollment Relations Unit Manager). The Committee Chair will not score/vote on application reviews.
4. Each committee member will review the portion of the application that pertains to their area of expertise. For example, Community Inclusion Coordinators will review SE and CCS; Statewide Case Management Lead will review Case Management etc.
5. The Committee Chair will assign applications to the RO Director or SME Lead, as determined by the application type.
6. Discretion will be allowed for the Committee Chair to confer with RO Directors and/or SME Leads to determine the assigned Lead for multiregional applications so that one expert review one section of the application eliminating duplicative scoring.
7. The Lead for each review will be a RO Director or SME Lead (Behavior Support Consultation (BSC), Therapies, Medically Fragile (MF)) assigned by the Committee Chair and will be responsible to have the final review on the application prior to sending to PEU.
8. The Lead is responsible for pulling together the local committee comprised of appropriate committee members, including any additional staff needed for a particular review.
9. Committee Chair is responsible for coordination, collection duties, and establishing timelines and due dates (reviewers have ten (10) business days to review the application from the date received from the Committee Chair, unless an exception is granted by the Committee Chair.
10. The Lead is responsible to send a completely vetted application with one (1), finalized scoring sheet from the local Committee to the Committee Chair by the established deadline.

B. Remediation Process for Existing Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider, the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
2. A second, written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDSD should be consistent across the State, regardless of which DDSD employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
3. A third RFI will be issued by the Committee Chair in conjunction with a State-imposed Moratorium. The moratorium will remain in effect until the issue is remedied or through the transition process mentioned below. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
4. An application fee of five-hundred dollars will be charged to the Provider for the additional review by the Committee Chair. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
5. A Denial will be issued by DDSD. The denial will be issued by the Committee Chair for one-year from the date the last person is transitioned out of the provider agency.
6. If a denial is issued, the transition process will begin immediately.

C. Remediation Process for New Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider, the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
2. A second written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDSD should be consistent across the State, regardless of which DDSD employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair.
3. If the RFI is not returned or remains insufficient a third RFI will be issued by the Committee Chair to the provider including the original referral for TA. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
4. An application fee of five-hundred dollars will be charged by the Committee Chair to the Provider for the additional review. The Provider has ten (10) business days

to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.

5. A Denial will be issued by DDSD. The Denial will be issued by the Committee Chair for one-year from the date of denial.

D. Term of Agreement

1. **For providers of services which require accreditation**:

   a. New providers will be awarded two (2): one (1) year provisional Provider Agreements. This will allow time for the agency to obtain accreditation as required by DDSD.

   a. Providers that are subject to review by the Quality Management Bureau will be surveyed six-months from the date of service to an individual on the SW.

   b. Renewing providers will receive up to a three (3) year term based on scoring and on the recommendations of the DDSD personnel.

   c. The Provider Agreement will never exceed the accreditation term.

2. **For providers of services which do not require accreditation:**

   a. New providers will receive a one (1) year provisional term.

   b. Renewing providers may receive up to a three (3) year term depending on the scoring and recommendations received by DDSD personnel.

3. **For renewing providers,** the Term of the Agreement may be impacted by agency referrals to the Internal Review Committee (IRC), the number of corrective action plans implemented within the previous twenty-four (24) months and number of plans demonstrating closure with any deficiencies or findings. Corrective action plans include but are not limited to:

   a. Individual Quality Review (IQR) findings.

   b. Corrective and Preventive Action Plans related to reporting of Abuse, Neglect and Exploitation (ANE).

   c. Plan of Correction (POC) related to Quality Management Bureau (QMB) compliance surveys.

   d. Civil Monetary Penalties (CMP), Performance Improvement Plans (PIP), and Statewide Imposed Moratoriums related to Regional Office Contract Management.

   e. Directed Plans of Corrective Active (DCA) related to Internal Review Committee.

III. DDSD CONTACT INFORMATION

Community Programs Bureau
Provider Enrollment Relations Unit
Tammy M. Barth, Manager
P.O. Box 26110
Santa Fe, NM 87502-0110
Phone: (505) 469-8480
Fax: (505) 476-8894

Metro Regional Office
Driskell, Regional Office Director
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 595-4458
Toll Free: (800) 283-5548
Fax: (505) 841-5546

Northeast Regional Office
Kim Hamstra Office Director
224 Cruz Alta, Suite B
Taos, NM 87571
Phone: (505) 423-2484
Toll Free: (866) 315-7123
Fax: (575) 758-5973

Northwest Regional Office
Aaron Joplin, Regional Office Director
355 S. Miller Avenue
Farmington, NM 87401
Phone: (505) 478-3035
Toll Free: (866) 862-0448
Fax: (505) 326-3148

Southeast Regional Office
Guy Irish, Regional Office Director
726 B. South Sunset
Roswell, NM 88203
Phone: (575) 246-0024
Toll Free: (866) 895-9138
Fax: (575) 624-6104

Southwest Regional Office
Isabel Casaus, Regional Office Director
1170 N. Solano Drive, Suite G
Las Cruces, NM 88001-2369
Phone: (575) 932-8221
Toll Free: (866) 742-5226
Fax: (575) 528-5194

Bureau of Behavioral Supports
Susan Seefeldt, Bureau Chief
5300 Homestead, Suite 223
Albuquerque, NM 87110
Phone: (505) 220-0580
Main Line: (505) 841-5532
Fax: (505) 841-5554

Clinical Services Bureau Michael
Melissa McBride, Bureau Chief
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 231-2304
Toll Free: (800) 283-8415
Fax: (505) 841-2987

Medically Fragile Waiver
VACANT, Program Manager
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505)
Fax: (505) 841-2987

Supports Waiver
Anysia Fernandez, Program Manager
224 Cruz Alta, Suite B
Taos, NM 87571
Phone: (505) 629-7476
Toll Free: (866) 315-7123
Fax: (575) 758-5973

Community Inclusion - Employment
Frank Gaona, Supported Employment Lead
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 795-2821
Toll Free: (800) 283-5548
Fax: (505) 841-5546

APPENDIX 1

MEDICAID REGULATIONS
Go to the NM Health Care Authority website at:
Community Benefit Program - New Mexico Human Services Department (nm.gov)

1. Medicaid Eligibility Home and Community Based Waiver Services
2. Benefit Description
3. Income and Resource Standards
4. Recipient Policies

Chapter 314 Home and Community-Based Services, Waivers and Providers
Supports Waiver - New Mexico Human Services Department (nm.gov)
Supports Waiver

SUPPORTS WAIVER SERVICE STANDARDS
Go to the NM Health Care Authority website at:
Supports Waiver - New Mexico Human Services Department (nm.gov)

BILLING RATES FOR THE SUPPORTS WAIVER
Go to the NM Health Care Authority website at:
Fee for Service - New Mexico Human Services Department (nm.gov)

DDSD SAMPLE PROVIDER AGREEMENT
Go to the NM Health Care Authority website at:
Developmental Disabilities, Medically Fragile and Supports Waiver Provider Enrollment - New Mexico Human Services Department (nm.gov)

DDSD ACCREDITATION INFORMATION
Go to the NM Health Care Authority website at:
Provider Enrollment & Relations - New Mexico Human Services Department (nm.gov)
Chapter 15.1.3: Accreditation

INCIDENT MANAGEMENT SYSTEM GUIDE
Go to the NM Health Care Authority website at:
Abuse, Neglect & Exploitation - New Mexico Human Services Department (nm.gov)

TRANSITION OF SUPPORTS WAIVER INDIVIDUALS
Go to the NM Health Care Authority website at:
Supports Waiver - Services & Supports - New Mexico Human Services Department (nm.gov)
Chapters 6, 12 and 16

TRAINING REQUIREMENTS
Go to the NM Health Care Authority website at:
Training & Knowledge Management - New Mexico Human Services Department (nm.gov)

APPENDIX 2

ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ANE	Abuse Neglect and Exploitation
ARA	Annual Resource Allotment
ARM	Aspiration Risk Management
AWMD	Assistance with Medication Delivery
AT	Assistive Technology
BBS	Bureau of Behavioral Supports
BCIP	Behavior Crisis Intervention Plan
BSC	Behavior Support Consultation
BWS	Budget Worksheet
CARMP	Comprehensive Aspiration Risk Management Plan
CCS	Customized Community Supports
CIA	Client Individual Assessment
CIE	Community Integrated Employment
CIHS	Customized In-Home Supports
CIU	Client Information Update
CMA	Certified Medication Aide
CMS	Centers for Medicare and Medicaid Services
COE	Category of Eligibility
COP	Condition of Participation
CPA	Corrective and Preventive Action Plan
CPB	Community Programs Bureau
CPR	Cardiopulmonary Resuscitation.
CRU	Central Registry Unit
DDSD	Developmental Disabilities Supports Division
DDSQI	Developmental Disabilities Services Quality Improvement
DCP	Decision Consultation Process
DHI	Division of Health Improvement
DME	Durable Medical Equipment
DOH	Department of Health
DSP	Direct Support Personnel
DVR	Division of Vocational Rehabilitation
e-CHAT	Electronic Comprehensive Health Assessment Tool:
EMSP	Environmental Modification Service Provider
EPR	Emergency Physical Restraint
EPSDT	Early Periodic Screening Diagnosis and Treatment
FRC	Friends and Relationships Course
GER	General Events Reporting
GERD	Gastro Esophageal Reflux Disease

H&P	Health and Physical
HCA	Health Care Authority
HCP	Health Care Plan
HCBS	Home and Community Based Services
HIPAA	Health Insurance Portability and Accountability Act
HRC	Human Rights Committee
HSD	Human Services Department
IASP	Individual Action and Safety Plan
I/DD	Intellectual and/or Developmental Disabilities
ICF/IID	Intermediate Care Facility for Individuals with ID
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEB	Intake and Eligibility Bureau
IMB	Incident Management Bureau
IMLS	Intensive Medical Living Services
IQR	Individual Quality Review
IRC	Internal Review Committee
ISD	Income Support Division
ISP	Individual Service Plan
IST	Individual Specific Training
ITP	Individual Transition Plan
JCM	Jackson Class Member
KPI	Key Performance Indicator
LCA	Living Care Arrangement
LOC	Level of Care
LPN	Licensed Practical Nurse
MAAT	Medication Administration Assessment Tool
MAR	Medication Administration Record
MCO	Managed Care Organization
MERP	Medical Emergency Response Plan
NMAC	New Mexico Administrative Code
OOHP	Out of Home Placement
OR	Outside Review(er)
OT	Occupational Therapy/Therapist
PBS	Positive Behavior Support
PBSA	Positive Behavior Supports Assessment
PBSP	Positive Behavior Supports Plan
PCA	Person Centered Assessment
PCP	Person-centered planning
PEU	Provider Enrollment Unit
PFOC	Primary Freedom of Choice
POC	Plan of Correction
PPMP	PRN Psychotropic Medication Plans

PRN	Pro Re Nada- as-needed
PRSC	Preliminary Risk Screening and Consultation
PT/ PTA	Physical Therapy/Therapy(ist)/ PT Assistant
QA	Quality Assurance
QI	Quality Improvement
QIS	Quality Improvement Strategy
QMB	Quality Management Bureau
RFI	Request for Information
RMP	Risk Management Plan
RN	Registered Nurse
RORA	Regional Office Request for Assistance
SE	Supported Employment
SFOC	Secondary Freedom of Choice
SLP	Speech-Language Pathologist
SSE	Socialization and Sexuality Education
SARL	Statewide Aspiration Risk List
TPA	Third Party Assessor
TSS	Teaching and Support Strategies
WCF	Waiver Change Form
WDSI	Written Direct Support Instructions
WIOA	Workforce Innovation and Opportunity ACT