DEVELOPMENTAL DISABILITIES (DD) WAIVER

PROVIDER APPLICATION

HEALTH CARE
AUTHORITY

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)
Provider Enrollment Relations Unit

2540 Camino Edward Ortiz
Santa Fe, New Mexico 87507

Effective Date: October 1, 2025

Health Care Authority, Cabinet Secretary
Kari Armijo

To assist prospective ***new*** DD Waiver providers, DDSD recommends providers reach out to the local Regional Office for technical assistance to ensure your application experience is as smooth as possible. Please contact Tammy M. Barth at Tammy.Barth@hca.nm.gov or Theodore Jackson at Theodore.Jackson@hca.nm.gov for more information.

HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

Dear Provider Applicant:

The enclosed Provider Application and accompanying forms include all necessary details for applying to become a Provider under the Developmental Disabilities (DD) Waiver.

All Medicaid home and community-based services (HCBS) programs are subject to the applicable Health Care Authority (HCA) regulations. Furthermore, any provider agreement awarded will be required to adhere to DDSD's Developmental Disabilities (DD) Waiver Service Standards and general provider requirements.

DDSD's foremost responsibility is to safeguard the individuals we serve from abuse, neglect, and exploitation, and to uphold the highest standards in provider quality for people with intellectual and developmental disabilities in New Mexico.

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 Zwally

Jennifer Zwally
Developmental Disabilities Supports Division Director

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

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I. OVERVIEW OF THE DEVELOPMENTAL DISABILITIES (DD) MEDICAID WAIVER PROGRAM

A. Overview and Waiver Background Information

The Developmental Disabilities Supports Division (DDSD) of the New Mexico Health Care Authority (HCA), herein referred to as the DEPARTMENT, manages Provider enrollment for the three (3) Medicaid Home and Community Based Services (HCBS) Waiver programs. These include the Developmental Disabilities (DD) Waiver, the Medically Fragile Waiver, and the Mi Via Waiver.

New Mexico's DD Waiver is a HCBS program operated under the federal oversight authority of the Centers for Medicare and Medicaid Services (CMS). The State administers and operates the DD Waiver as written and approved by CMS. New Mexico's DD Waiver has operated since 1984 and continues to be modified, as needed, and approved in 5-year renewal cycles. The DD Waiver is a person-centered program offering services based upon choice and need for each individual DD Waiver participant.

Funding is not guaranteed to a Provider under the DD Waiver program. Recipients or their guardians select from approved service Providers as identified in an Individual Service Plan (ISP) and as approved by the Medicaid Third Party Assessor. Reimbursement for DD Waiver Providers is based upon a Fee for Service model for service delivery.

B. Conflict of Interest

DD Waiver Provider Agencies must mitigate any conflict-of-interest issues by adhering to the following:

1. Any individual who is an employee or subcontractor of an entity that is compensated for providing DD 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. DD Waiver Provider Agencies may not employ or sub-contract with direct support professionals (DSP) who are an immediate family member to support the person in services, except when the person is in Family Living, Respite, or Customized In-Home Living Supports (CIHS).

Affiliated agencies are defined as two or more service agencies providing DD Waiver services that have 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.

II. INSTRUCTIONS AND REQUIREMENTS

A. Application Submission

Submit applications to Provider Enrollment Relations Unit (PERU) with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances PERU may request additional information from the applicant, which must be submitted within timelines determined by PERU.

Applications may be submitted via mail, in-person or via email.

- **To submit via mail or in-person please send to:**
  HCA/DDSD/Provider Enrollment Relations Unit
  2540 Camino Edward Ortiz
  Santa Fe, New Mexico 87507

- **To submit via email, please send to both Tammy M. Barth and Theodore Jackson at:**
  Tammy.Barth@hca.nm.gov
  Theodore.Jackson@hca.nm.gov

B. Application Format

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

- Page numbers are required on all pages.
- Submit only single-sided pages.
- Do not staple, bind, or put your application in a three-ring binder. Instead, use paper clips, binder clips and/or rubber bands.
- Policies, procedures and/or authoritative documents should cover aspects detailed in scoring criteria, be signed, and be dated. Responses cannot be a cut and paste from the New Mexico Administrative Code (NMAC) or DD Waiver Service Standards.)
- Please document the page number a policy begins on in the appropriate column on the Policy Grid.
- Use a separate page for each document and section.

III. PROVIDER APPLICATION REVIEW PROCESS

A. The Different Types of Application Reviews-Which One Applies to You?

DDSD has two different Provider Applications: a full application and an expedited application. To determine which application applies to you read below and reference the charts below with criteria and definitions.

The Division of Health Improvement (DHI), Quality Management Bureau (QMB) monitors compliance of the DD Waiver Service Standards and other state and federal regulations of DD Waiver Provider Agencies of Case Management, Community Integrated Employment, Customized Community Supports and Living Supports (Family, Intensive and Supported) services through surveys. QMB conducts unannounced, systems-based surveys and other quality improvement activities related to the health, welfare and safety of individuals receiving support through the services listed above, in compliance with the Centers for Medicare and Medicaid Services waiver assurances, DD Waiver Service Standards and other rules and regulations.

QMB determines Provider compliance by monitoring compliance or non-compliance with DD Waiver Service Standards and regulations identified during the survey process. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. Services and Provider types currently surveyed by QMB include Case Management, Community Integrated Employment, Customized Community Supports and Living Supports (Family, Intensive Medical and Supported) services.

Providers of services that do not receive routine surveys from QMB must submit all policies outlined in the Policy Grid below 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 for that portion of their application.

Criteria for Application Type Required to be Submitted

Criteria for an Expedited Application Review	Criteria for a Full Application review
1. Received a Compliant or Partial Compliant rating on last QMB Routine Survey ***and***	1. Agency provides services not reviewed by QMB ***or***
2. Had no High Impact Contract Management Activities during last agreement term ***and***	2. Received a Non-Compliant determination on last QMB Routine Survey ***or***
3. Had 3 or less Low Contract Management Activities or no more than 1 Medium Impact Contract management activities in last agreement term.	3. Had a High Impact Contract Management during last Agreement Term ***or***
	4. Had more than 3 Low Impact Contract Management activities or more than 1 Medium Impact Contract management activities in last agreement term.

Contract Management Actions Which May Be Imposed by DDSD

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

B. DDSD Application Review Process

Existing Providers:

The Provider Enrollment Relations Manager will email the appropriate application, Full or Expedited, to the Provider at least 90 days prior to the expiration of the current Provider Agreement.

When the completed application is returned, the PERU will assign the application within five (5) business days to the Regional Office Director or Subject Matter Expert (SME) Lead, as determined by the application type. The SME assigned for review will have ten (10) business days to complete the review.

i. If DDSD needs additional information a written Request for Information (RFI) will be issued by the PERU to the Provider.
ii. The Provider has ten (10) business days to return the RFI to the Committee Chair. The SME will have ten (10) business days to review the RFI. If the RFI is not returned or remains insufficient, a second, written RFI will be issued by the PERU to the Provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the subject matter expert or the regional office.
iii. The Provider has ten (10) business days to return the second RFI to the PERU.
iv. If the RFI is not returned or remains insufficient, an automatic State-Imposed Moratorium (SIM) will be administered. The SIM will remain in effect until the issue is remedied, and the Application is complete or through the transition process mentioned below.
v. The Provider has ten (10) business days to return the RFI to the PERU.
vi. If the fourth RFI is not returned or remains insufficient a denial will be issued by DDSD. The denial will be issued by the Provider Enrollment Relations Manager for one year from the date the last person is transitioned out of the Provider.
vii. If a denial is issued, the transition process will begin immediately.

C. New Providers

i. Prior to a new Provider Application being submitted to the Provider Enrollment Relations Unit (PERU), the prospective Provider must meet with the Subject Matter Expert (SME) or Regional Office. ***Applications will not be looked at until this step has occurred***.
ii. Once the prospective Provider completes the application and submits it to PERU, the application will be assigned to the Regional Office Director or Subject Matter Expert Lead, as determined by the application type within five (5) business days. The SME will have ten (10) business days to complete the application review.
iii. If DDSD needs additional information, a written Request for Information (RFI) will be issued by the PERU to the Provider.
iv. The Provider has ten (10) business days to return the RFI to the PERU. The SME will have ten (10) business days to review the RFI. If the RFI is not returned or remains insufficient:
v. A second written RFI will be issued by the PERU to the Provider with a referral to obtain additional Technical Assistance (TA) by the Lead. The TA can be provided by the subject matter expert 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 PERU.
vi. If the submission after the directed TA still does not meet requirements, the application will be denied, and the Provider will have the opportunity to resubmit an application in six (6) months.
vii. Once the provider application is approved the Provider will be issued a Provider Agreement. A Provider Agreement is the contract between the HCA/DDSD and the provider agency.

D. Term of Provider Agreement

An approved Provider Application will include the term of the Provider Agreement.

For New Providers:

i. **New Providers with Intellectual/Developmental Disability (I/DD) experience** will be awarded a one (1) year provisional Provider Agreement.

ii. **New Providers with no I/DD experience** will receive a six (6) month Provider Agreement followed by a one (1) year Provider Agreement.

For Renewing Providers:

The Term of the agreement may be impacted by agency referrals to the Internal Review Committee, a committee comprised of voting members from the Developmental Disabilities Supports Division (DDSD and the Division of Health Improvement (DHI). The purpose of the committee is to review performance issues identified by any bureau or responsible party within DDSD, DHI, or HCA, and to apply sanctions, if necessary, to assure compliance. Other circumstances which may impact an agreement term include 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:

i. Corrective and Preventive Action Plans related to reporting of Abuse, Neglect and Exploitation (ANE).
ii. Plan of Correction (POC) related to Quality Management Bureau (QMB) compliance surveys.
iii. Civil Monetary Penalties (CMP), Performance Improvement Plans (PIP), and Statewide Imposed Moratoriums related to Regional Office Contract Management.
iv. Directed Plans of Corrective Active (DCA) related to the Internal Review Committee.
v. Imposition of an External Monitor

Application Checklist for Required Documents

☐ **1. Provider Information Sheet (see Appendix 2)**

☐ **2. Service and County Request Form (see Appendix 2)**

☐ **3. Statement of Assurances Form (see Appendix 2)**

☐ **4. Articles of Incorporation or Organization and current board members, if applicable**

☐ **5. Combined Reporting System (CRS) Certificate**

☐ **6. Proof of General or Professional Liability Insurance** - **New Providers** must submit proof of coverage within 30 days of approval of an application. **Renewing Providers** must submit proof of coverage with each renewal packet.

☐ **7. Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance – New Providers** must submit within 30 days of approval of an application. **Renewing Providers** must submit proof of coverage with a renewal packet.

☐ **8. Professional Licensure - List of all Agency Nurses (if applicable)** – Include contact information, Lead Nurse name, employment status (full, part-time or contract) and a signed copy of all nursing contracts.
List of all Behavior Support Consultation (BSC) Agency Licensed Therapists (if applicable) – Include contact information, Clinical Director name, employment status (full, part-time, or contract) and copy of license.

Submit a signed copy of all therapists' supervision contracts for those BSC not independently licensed. **For all other services, please submit your licensure or certification for the following**: Case Management, Environmental Modification, Nutritional Counselor, Occupational Therapy, Physical Therapy and Speech Therapy.

☐ **9. Financial Information** - **New Providers** must 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** must submit an operating budget and either an annual tax return, current year end Profit and Loss Statement **OR** financial audit prepared by an accountant.

☐ **10. Number of individuals served in each service in each region you are approved to provide services in.**

☐ **11. Supported Living Providers: Address of all Supported Living homes operated by the Provider.**

☐ **12. Required policies per service type** - All new and renewing Providers, please see appropriate Policy Scoring Grid based upon services rendered.

☐ **13. Agency Mission Statement, Values, and Organizational Chart.**

E. DD Waiver Required Documents per Service Type

IV. DD Waiver Providers must have current policies, procedures, or standard operating procedures, that describe how your business operates to assure applicable New Mexico Administrative Code (NMAC) regulations and service standards are implemented. These must be signed and dated by the agency Director. Please provide the agency's documents that address the Service Specific Policies below. SERVICE SPECIFIC POLICIES

Requirements for Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Non-Medical Transportation, Nutritional Counseling, Respite, Independent Living Transition Providers

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
Abuse, Neglect and Exploitation (ANE): NMAC *8.370.10, DDW Chapter 18* ***At minimum the policy must address prevention of ANE, training on reporting (ANE) and other reportable incidents, reporting timelines, developing Immediate Action and Safety Plan, and prohibition of retaliation for reporting.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Independent Living Transition, Living Supports, Non-Medical Transportation, Nutritional Counseling, Respite	
Caregiver Criminal History Screening Program and Employee Abuse Registry: *DDW Chapter 16, NMAC 8.370.5, 8.370.8* ***At a minimum, the policy must explain how the agency ensures compliance with Caregiver Criminal History Screening Program, use of the Employee Abuse Registry including timelines and checking Employee Abuse Registry prior to offer of employment.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Respite	
Agency Files and accessibility: DDW *Appendix A* ***At a minimum, the policy must explain how the individual's information is always kept current and accessible, including access to electronic or hard copy documents for agency personnel and external partners (DHI, DDSD, CM). Agency procedures for assuring documents are kept up to date and the agency is abiding by Health Insurance Portability and Accountability Act.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Nutritional Counseling	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
Settings Requirements: *DDW Chapters 2, 8, 10, 11, and 15. NMAC 8.371.3* ***At a minimum, the policy must explain how the agency ensures that the setting does not resemble an institution or has the effect of isolating individuals, individuals have access to interact with the community without barriers or locks, ensures privacy rights and freedom of choice of where they live and receive services in the community.***	Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports	
Complaint/Grievance Procedures: *NMAC 8.371.4.12, and DDW Chapter 8* ***At a minimum, the policy must explain how the agency ensures Complaint/Grievance Procedures are available to individuals and/or their guardians in service. The reporting process must include timelines and accommodate verbal, written, or another modality preferred by complainant.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Environmental Modification, Living Supports, Non-Medical Transportation, Nutritional Counseling, Respite	
Emergency Evacuation, Placement and Relocation of Individuals: *DDW Chapters: 10 and 17* ***At a minimum, the policy must explain how the agency plans for Emergency evacuation, placement and relocation of individuals, to address at least fire, chemical and /or hazardous waste spills, flooding, or if the residence becomes unsuitable for occupancy.*** ***Plans should include local and state emergency contacts, mitigating risk, muster sites as applicable, and communication during emergent situations.***	Community Integrated Employment, Customized Community Supports, Customized In-Home, Supports, Living Supports	
Electronic Visit Verification (EVV): DDW *Chapters 10, 14, 21, 9* ***At a minimum, the policy must explain how the agency manages and provides oversight of their Electronic Visit Verification usage and claims to include***	Customized In-Home Supports, Respite	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
training of staff, billing process, frequency of oversight, identifying areas of non-compliance, remediation, and compliance reviews.		
Freedom of Choice and Non-Solicitation: *DDW Chapters 4 and 9* ***At a minimum, the policy must explain how the agency plans to ensure freedom of choice within timelines/non-solicitation. Provisions for beginning service when individuals have signed Secondary Freedom of Choice (SFOC). Understanding the prohibition of waitlists and solicitations.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Non-Medical Transportation, Nutritional Counseling, Respite	
Human Rights: Code of Federal Regulations, Title42, Chapter IV, Subchapter C, Part 441, Subpart G, 441.301, (i)-(v) ***At a minimum, the policy must address the following:*** ***1. Privacy in Sleeping and Living Units*** ***• Each individual shall have the right to privacy within their sleeping or living unit. • All units must be equipped with entrance doors that are lockable by the individual. • Only designated and appropriate staff may possess keys to these doors, ensuring privacy and safety are maintained.*** ***2. Autonomy Over Schedules and Access to Food*** ***• Individuals shall have the freedom and support to control their own daily schedules and activities. • Individuals must have unrestricted access to food at any time, in accordance with their personal preferences and needs.*** ***3. Visitation Rights*** ***• Individuals shall be permitted to receive visitors of their choosing at any***	Customized In-Home Supports, Living Supports	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
time, without unnecessary restrictions or limitations.		
Orientation to DD Waiver Services Standards and Training: *DDW Chapters 16 and 17* ***At a minimum, the policy must explain how the Agency ensures that all Staff/subcontractors (Direct Support Professional, Service Coordinators, Nurses, etc.) receive all required DDSD training including Individual Specific Training (i.e., Teaching and Support Strategies and Written Direct Support Instructions).*** ***Notification to the Regional Office of nursing turnover to maintain compliance with initiating licensed nurse training within 90 days.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Non-Medical Transportation, Nutritional Counseling	
Protection of Individual's Finances: *DDW Chapters 3 and 10. Code of Federal Regulations:* *§416.635* ***At a minimum, the policy must explain how the Agency ensures Protection of individual's Social Security payment or other personal funds, including accounting for all spending by the Provider Agency, and outlining protocols for fulfilling the responsibilities as representative payee if the agency is so designated for an individual.***	Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports	
Service Provision: *DDW Chapters 1, 6, 7, 8, and 21* ***At a minimum, the policy must explain how the agency will ensure services are only delivered with an approved Category of Eligibility (COE), a budget with prior authorization, signed secondary freedom of choice form, within the scope of approved DD Waiver service and an approved Individual Service Plan (ISP).***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Environmental Modification, Independent Living Transition, Living Supports, Non-Medical Transportation, Nutritional Counseling, Respite	
Staff/Subcontractor Supervision and Oversight: *DDW Chapters 10, 11, 12, 13*	Adult Nursing, Environmental Modification, Living	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
and 14. Laws/Rules - NM Board of Nursing ***At a minimum, the policy must explain how the agency ensures practices for all licensed or certified professionals are delivered in accordance with the current Scope of Practice and licensing Board. This includes compliance with the New Mexico Nurse Practice Act regarding Registered Nurse supervision of Licensed Practical Nurses; Certified Medication Aides and delegation of specific nursing functions, as well as oversight requirements for Physical Therapy Assistants (PTAs) and Certified Occupational Therapy Assistants (COTAs).***	Supports, Nutritional Counseling	
Transportation: *DDW Chapters 10, 11, 14 and 17* ***At a minimum, the policy must explain how the agency will ensure safe transportation of individuals during service provision, including wheelchair safety training and how the agency will comply with the NM regulations governing the operation of motor vehicles and monitoring of vehicles.*** ***The policy must explain how the agency's process for monitoring its vehicles for potential safety hazards while in use and routine repair checks as needed.***	Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Non-Medical Transportation	
Access to non-disability specific community inclusion: DDW *Chapter 11* ***At minimum the policy must address: How the agency and the services will support inclusion in the community in integrated settings and activities that promote integration into the community.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports	
Assistive Technology Monitoring: *DDW Chapters 8, 10, 11, and 12* ***At a minimum, the policy must explain how the agency will monitor all Assistive Technology (AT) to ensure that the adaptive equipment needed, augmentative communication, and assistive technology devices are available***	Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	Applicable Service (s)	Page number in Provider Packet where Policy begins
and functioning properly. Policy also should outline how the agency will ensure repairs or replacement of equipment is completed timely. At minimum AT should be monitored monthly in the setting in which it is used.		
Change of Condition: *DDW Chapters 4, 5, 10, 12 and 13* ***At a minimum, the policy must explain the role of agency personnel in communicating change of condition to team members and other relevant individuals (home health, guardian, Primary Care Physician, etc.), convening the Interdisciplinary Team (IDT) and include documentation that may require revisions (Aspiration Risk Screening Tool (ARST), Medication Administration Assessment Tool (MAAT), electric-Comprehensive Health Assessment Tool (eCHAT), Comprehensive Aspiration Risk Management Plan (CARMP), Healthcare Plans (HCP), Individual Service Plan (ISP), nutritional plans, therapy plans etc.).***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Nutritional Counseling	
Coordination with Other Supports and Information Sharing: *DDW Chapters 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20 and 21* ***At a minimum, the policy must explain the agency's process to Coordinate with Providers of other services for individuals mutually served (i.e. Customized Community Supports, Community Integrated Employment, Home Health or Hospice, Therapies, Medical/Dental Appointments, Customized In-Home Supports, and Managed Care Organizations).*** ***The policy must also explain how the agency assures that staff/subcontractors, supervisors, and people who work directly with the person are kept up to date or informed of any changes in visions, Outcomes, services, ISPs, health status,***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Environmental Modification, Living Supports, Non-Medical Transportation, Nutritional Counseling, Respite	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
etc.		
Coverage and Back Up: *DDW Chapters 5, 8, 10, 11 and 13* ***At a minimum, the policy must explain how the agency plans for coverage and back-up and other personnel (I.e. DSP, agency nurse) critical to agency operations for all individuals receiving services by the agency. This must include unexpected absences, planned vacations, and vacant positions.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Non-Medical Transportation, Nutritional Counseling	
Employment First: *DDW Chapter 4, 6, 8, 10, 11* ***At a minimum, the policy must explain how the agency ensures the Employment First Principle is upheld and employment is offered to all individuals via Informed Choice.***	Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports	
Family Living Self-Assessment and Family Living Home Study Assessment: *DDW Chapter 10 –* ***A copy of the Home Study and Self-Assessment*** *is required to be submitted.* ***At a minimum, the policy must explain the Agency's process for reviewing and evaluating the Family Living Support Services Applicant Self- Assessment to determine approval.*** ***The Home Study and Self-Assessment must include minimum requirements from the DDW Standards.***	Living Supports who provide Family Living	
Human Rights: *DDW Chapters 2 and 3* ***At a minimum, the policy must explain:*** ***Compilation, member terms, and training requirements for Human Rights Committee (HRC) members.*** ***Identification of HRC attendees and voting members in the individual meeting minutes.*** ***Attendee and notification requirements.***	Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
Interventions requiring HRC approval and prohibitions from HRC approval. How the agency will comply with human rights committee requirements of least restrictive interventions, fade plans, use of emergency physical restraints and the use of as needed (PRN) psychotropic medication. HRC Super Committee referral process.		
Monitoring of Agency Monthly Face-to-Face Visits: *DDW Chapter 10* ***A copy of the Agency's Face to Face Visit Tool must be provided*** ***At a minimum, the policy must describe how the Agency monitors required face to face visits with individuals receiving Living Supports and Customized In-Home Supports.*** ***The Agency's form for completing face-to-face visits by agency supervisor or internal service coordinator with the DSP and the person receiving services must include:*** ***-Reviewing implementation of the person's ISP, outcomes, action plans, and associated support plans, including Health Care Plans (HCPs), Positive Behavioral Supports Plan (PBSP), CARMP, Written Direct Support Instructions (WDSI). Living support forms must also include minimum requirements from the DDW Standards.*** ***-Scheduling of activities and appointments and advising the DSP regarding expectations and next steps, including the need for Individual Specific Training (IST) or retraining from nurse, nutritionist, therapists or BSC.*** ***-Assisting with resolution of service or support issues raised by the DSP or***	Customized In-Home Supports, Living Supports	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	Applicable Service (s)	Page number in Provider Packet where Policy begins
observed by the Supervisor or service coordinator.		
Monitoring of ISP Implementation: *DDW Chapters 3, 6, 8, 10, 11, 12 and 19* ***At a minimum, the policy must explain how the agency monitors implementation of Individual Service Plans, Outcomes, Action Plans and Teaching and Support Strategies, and Positive Behavior Support Plan (PBSP) and behavior intervention crisis monitoring, Therapy Plans, HCPs, CARMPS. Steps the agency will take when there is a lack of implementation (i.e.: review action steps/Teaching and Support Strategies, convene an IDT, etc.)***	Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports	
Non-Medical Transportation and Monitoring of Vehicles: *DDW Chapter 14* ***At a minimum, the policy must explain how the agency will ensure safe transportation of individuals during service provision, including wheelchair safety training and how the agency will comply with the NM regulations governing the operation of motor vehicles and monitoring of vehicles. The policy must also explain the agency's process for monitoring its vehicles for potential safety hazards while in use and routine repair checks as needed.***	Non-Medical Transportation	
Person-Centeredness and Informed Choice: DDW *Chapters 4, 6, 8, 9, 10 and 11* ***At a minimum, the policy must explain how person-centered planning practices, preservation of rights, facilitating informed choice, to include choice of non-waiver and non-disability specific options (linking of community resources), adhering to Employment First and CMS settings requirements.*** ***Additionally, explain how the agency will support informed choice making through assessment and discovery utilizing person-centered philosophy.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Non-Medical Transportation, Nutritional Counseling	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
Protocol of Crisis Prevention and Intervention: *DDW Chapters 3 and 17* ***At a minimum, the policy must explain:*** ***Protocols for crisis prevention and intervention, including de-escalation strategies and use of 988 (Emergency emotional distress and behavioral or mental health crisis) vs. 911 (Emergency medical, fire, and law enforcement services).*** ***How to access Behavior Support Consultant (BSC) Plans for individuals receiving BSC services.*** ***If no individuals in the agency have EPR identified in a BCIP, a policy must still exist as to approved EPR program and how to obtain training on an approved system such as MANDT or Handle with Care.***	Community Integrated Employment, Customized Community Supports, Living Supports	
Quality Assurance/Quality Improvement Plan (QA/QI): *DDW Chapter 22* ***At a minimum, the policy must explain the agency's QA/QI Plan process to include development, discovery, remediation and improvement based on findings, source and type of data gathered, methods used to analyze and measure performance, plans for a QA/QI Committee, its functions, meeting schedule (must be at least quarterly), and annual report.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Nutritional Counseling	
Transitions: *DDW Chapter 9* ***At a minimum, the policy must explain how the agency will transition individuals upon denial of a Provider Application, or termination or expiration of a Provider Agreement or when an individual transitions to another agency or waiver. This should include timelines, document submissions, and completion of the DDSD Individual Transition Plan.***	Adult Nursing, Community Integrated Employment, Customized Community Supports, Customized In-Home Supports, Living Supports, Non-Medical Transportation, Nutritional Counseling	
Annual Nursing Assessments: *DDW*	Adult Nursing, Customized Community	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
Chapter 10, 11, and 13 ***At a minimum, the policy must explain how the agency will ensure nursing assessments (e-CHAT, MAAT, ARST) for the annual ISP are completed with the required timeframes as outlined in the DD Waiver Service Standards.***	Supports, Living Supports	
Aspiration Risk Management: *DDW Chapter 5* ***At a minimum, the policy must explain: Timelines, communication with the IDT during CARMP development, completion of the CARMP questionnaire in Therap, and monitoring for consistency among external plans and the CARMP.***	Adult Nursing, Customized Community Supports, Living Supports, Nutritional Counseling	
Consultant Pharmacist's Drug Regimen: *DDW Chapter 16* ***At a minimum, the policy must explain the agency's system of following up on recommendations from the Consultant Pharmacist's routine Drug Regime review.***	Adult Nursing, Customized Community Supports, Living Supports	
End of Life: *DDW Chapters 4, 8, 12, 13 and Appendix A* ***At a minimum, the policy must explain how the agency plans for supporting the person's or guardian's choices at the End of Life. This includes coordination with Hospice services in their DD Waiver home and agency policy regarding honoring Do Not Resuscitate (DNR) physician orders (Chapter 4.4.1 #3)***	Adult Nursing, Customized Community Supports, Living Supports	
Healthcare Coordination: *DDW Chapter 5* ***At a minimum, the policy must explain how the agency will ensure Healthcare Coordination to ensure implementation and monitoring of required components of health tracker i.e.: weights, appointments, etc... and individual specific components of health tracker i.e. Intake/Elimination, Seizure, etc... as indicated by Primary Care***	Adult Nursing, Customized Community Supports, Living Supports	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
Physician or Registered Nurse orders. Development, training, implementation, and monitoring of required Healthcare Plans.		
Medication and Med Documentation: *DDW Chapters 13 and 20* ***At a minimum, the policy must explain how the agency plans for Safe storage, tracking and administration of medication, including reporting of medication errors and missing medications in accordance with DD Waiver Service Standards, the New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations. This includes administration process including the following: processing of orders, obtaining medications, creating and updating the Medication Administration Record (MAR) and nursing and staff oversight of the MAR.***	Adult Nursing, Customized Community Supports, Living Supports	
New Mexico Nurse Practice Act: *DDW Chapters 10, 11 and 13 New Mexico Nursing Act link:* https://www.ncsbn.org/New_Mexico_Nursing_Practice_Act.pdf ***At a minimum, the policy must explain how the agency plans for compliance with New Mexico Nurse Practice Act requirements regarding delegation of specific nursing functions.***	Adult Nursing, Customized Community Supports, Living Supports	
Nurst Interdisciplinary Team (IDT) Communication: *DDW Chapter 13* ***At a minimum, the policy must explain how the agency will ensure Nurse will communicate at ISP or IDT meetings to communicate needed medical information to the team.***	Adult Nursing, Customized Community Supports, Living Supports	
Nursing Face-to Face Visits: *DDW Chapter 10.3, 10.4.2, 10.4.2.1, and 13.2.13* ***At a minimum, the policy must explain how the agency plans to assure that all nurses complete face-to-face visits via the***	Adult Nursing, Customized Community Supports, Living Supports	

Policy/Procedure/Agency Document *Provide the Agency document which applies to the subject.*	**Applicable Service (s)**	**Page number in Provider Packet where Policy begins**
DD Waiver Standards.		
On Call Nursing: *DDW Chapters 10, 11 and 13* ***At a minimum, the policy must explain the Agency's on call process including DSP access to nurses and how the nurse documents their actions when on-call. If the agency has elected to use a physician telehealth service for nursing on-call, the policy must explain this process.***	Adult Nursing, Customized Community Supports, Living Supports	
Timely Completion of Nursing Documentation: *DDW Chapter 13* ***At a minimum, the policy must explain the agency's process to ensure timely completion of all required nursing documentation as required by DDW Standards and timely submission to the Case Manager.*** ***Additionally, it must include submission of the 1st Semi-Annual report (annual) including required content. DSP training.***	Adult Nursing, Customized Community Supports, Living Supports	

Requirements for Behavioral Support Consultation, Crisis Supports, Preliminary Risk Screening, and Socialization and Sexuality Education Providers

Policy/Procedure/Agency Document	Applicable Service(s)	Page number in provider packet where policy begins.
Abuse, Neglect and Exploitation (ANE): NMAC *8.370.10, DDW Chapter 18,* ***At minimum the policy must address prevention of ANE, training on reporting (ANE) and other reportable incidents, reporting timelines, developing Immediate Action and Safety Plan, and prohibition of retaliation for reporting.***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	
Access to non-disability specific community inclusion: DDW *Chapter 11* ***At minimum the policy must address: How the agency and the services will support inclusion in the community in integrated settings and activities that promote integration into the community.***	Behavioral Support Consultation	
Agency Files and accessibility: DDW *Appendix A* ***At a minimum, the policy must explain how the individual's information is always kept current and accessible, including access to electronic or hard copy documents for agency personnel and external partners (DHI, DDSD, CM). Agency procedure for assuring documents are kept up to date, records retention and the Agency is abiding by HIPAA.***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	
Aspiration Risk Management: *DDW Chapter 5* ***At a minimum, the policy must explain: Timelines, communication with the IDT during CARMP development, completion of the CARMP questionnaire in Therap, and monitoring for consistency among external plans and the CARMP.***	Behavioral Support Consultation	
Behavioral Support Consultation specific: *DDW Chapters 2, 3, 5, 12.2* ***At a minimum, describe:*** ***The agency's experience using Positive Behavior Support as a model for practice***	Behavioral Support Consultation	

Policy/Procedure/Agency Document	Applicable Service(s)	Page number in provider packet where policy begins.
and providing services through a consultation model. *How the agency will support people and protect against PRN Psychotropic Medication in the development and implementation of the PRN Psychotropic Medication Plan (PPMP).* *Training and supervisory supports related to:* *a. Developing assessments and plans in compliance with required components outlined in the "Beyond the ABCs" training required of new BSCs.* *b. Guiding the person's and the IDT's understanding of contributing factors that currently influence behavior such as genetic and/or predispositions to syndromes, developmental and physiological compromises, traumatic events, co-occurring I/DD and mental illness, communicative intentions, coping strategies, and environmental issues.* *c. Enhancing the person's and the IDT's competency to predict, prevent, intervene with, and potentially reduce behaviors that interfere with quality of life and pursuit of ISP Desired Outcomes, including recommendations regarding needed adaptations to environments in which the person participates.* *d. Developing behavior support strategies to lessen the negative impact of contributing factors to enhance the person's autonomy and self-determination.* *e. Providing IDT members, including DSP, with training, materials and/or other relevant information needed to successfully*		

Policy/Procedure/Agency Document	Applicable Service(s)	Page number in provider packet where policy begins.
implement the PBSP and perform any ongoing data collection or Provider reporting required by the Positive Behavior Support Plan (PBSP) and all other related plans (Behavior Crisis Intervention Plan, PRN Psychotropic Medication Plan, or Risk Management Plan); and ***f. Monitoring the services rendered to the person and the team to ensure quality, accomplishment of the person's desired outcomes, and behavioral outcomes as anticipated/realized via the PBSP.***		
Caregiver Criminal History Screening Program and Employee Abuse Registry as applicable: *DDW Chapter 16, NMAC 8.370.5, 8.370.8* ***At a minimum, the policy must explain how the agency ensures compliance with Caregiver Criminal History Screening for non-licensed employees and/or use of the Employee Abuse Registry for licensed employees. Policy must include timelines of checks prior to offer of employment.***	Behavioral Support Consultation, Socialization and Sexuality Education	
Change of Condition: *DDW Chapters 4, 5, 10, 12 and 13* ***At a minimum, the policy must explain how change in condition should be communicated to the IDT and recommendations including documentation that may require revisions to the PBSA, PBSP, PPRN, BCIP or RMP as appropriate.***	Behavioral Support Consultation	
Complaint/Grievance Procedures: *NMAC 8.371.4.12, and DDW Chapter 8* ***At a minimum, the policy must explain how the agency ensures Complaint/Grievance Procedures are available to individuals and/or their guardians in service. The reporting process must include timelines and accommodate verbal, written, or another modality preferred by complainant.***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	

Policy/Procedure/Agency Document	Applicable Service(s)	Page number in provider packet where policy begins.
Coordination with Other Supports and Information Sharing: *DDW Chapters 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20 and 21* ***At a minimum, the policy must explain the agency's process to Coordinate with Providers of other services for individuals mutually served (e.g. Customized Community Supports, Community Integrated Employment, Home Health or Hospice, Therapies, Medical/Dental Appointments, Customized In-Home Supports, and Managed Care Organizations). The policy must also explain how the agency assures that staff/subcontractors, supervisors, and people who work directly with the person are kept up to date or informed of any changes in visions, outcomes, services, ISPs, health status, etc.***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	
Coverage and Back Up: *DDW Chapters 5, 8, 10, 11 and 13* ***At a minimum, the policy must explain how the agency plans for coverage and back-up and other personnel (I.e.: DSP, agency nurse) critical to agency operations for all individuals receiving services by the agency. This must include unexpected absences, planned vacations, and vacant positions.***	Behavioral Support Consultation, Preliminary Risk Screening	
Freedom of Choice and Non-Solicitation: *DDW Chapters 4 and 9* ***At a minimum, the policy must explain how the agency plans to ensure freedom of choice within timelines/non- solicitation. Provisions for beginning service when individuals have signed Secondary Freedom of Choices. Understanding the prohibition of waitlists & solicitations.***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	
Human Rights: *DDW Chapters 2 and 3* ***At a minimum, the policy must explain how the agency will support Human Rights Committee meeting attendance and reviews, restrictive interventions, use of***	Behavioral Support Consultation	

Policy/Procedure/Agency Document	Applicable Service(s)	Page number in provider packet where policy begins.
emergency physical restraint (EPR), and use of PRN psychotropic medication.		
Orientation to DD Services Standards and Training as applicable: *DDW Chapters 16 and 17* ***At a minimum, the policy must explain how the Agency ensures that all Staff/subcontractors receive all required DDSD training including Individual Specific Training (i.e., Teaching and Support Strategies and Written Direct Support Instructions).***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	
Person-Centeredness and Informed Choice: DDW *Chapters 4, 6, 8, 9, 10 and 11* ***At a minimum, the policy must explain how person-centered planning practices, preservation of rights and facilitating informed choice, including choice of non-waiver and non-disability specific options (linking of community resources), adhering to Employment First and CMS settings requirements.*** ***Additionally, explain how the agency will support informed choice making through assessment and discovery utilizing person-centered philosophy.***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	
Preliminary Risk Screening and Consultation Specific DDW CH 5, 7, 9, 12.3 ***At a minimum, the policy must include how the agency identifies the Risk Evaluator (RE) has met all Bureau of Behavior Supports (BBS) qualifications and prerequisites for provisional or ongoing BBS approval. Describe the capacity to commit the time necessary to complete all ongoing training and supervision requirements. Describe the required experience as it relates to working with IDT members who are dealing with difficult, emotionally charged issues and their required experience making clinical recommendations in this context.***	Preliminary Risk Screening	

Policy/Procedure/Agency Document	Applicable Service(s)	Page number in provider packet where policy begins.
Quality Assurance/Quality Improvement Plan (QA/QI) Indicators: *DDW Chapter 22* ***At a minimum, the policy must explain the agency's QA/QI Plan process to include development, discovery, remediation and improvement based on findings, source and type of data gathered, methods used to analyze and measure performance, plans for a QA/QI Committee and its functions, and annual report. This must include KPI.***	Behavioral Support Consultation	
Service Provision: *DDW Chapters 1, 6, 7, 8, and 21* ***At a minimum, the policy must explain how the agency will ensure services are only delivered with an approved Category of Eligibility (COE), a budget with prior authorization, signed secondary freedom of choice form, within the scope of approved DD Waiver service and an approved ISP.***	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	
Socialization and Sexuality Education Specific *DDW Ch 14.9* ***At a minimum, the policy must describe: The agency's philosophy around provision of socialization and sexual education to individuals with intellectual/developmental disabilities, how a BBS certified lead teacher is identified and minimum experience requirements.*** ***How the agency will identify, train, and hire self-advocate peer mentors.***	Socialization and Sexuality Education	
Staff/Subcontractor Supervision and Oversight: *DDW Chapters 10, 11, 12, 13 and 14* ***At a minimum, the policy must explain how the agency ensures practices for all licensed or certified professionals are delivered in accordance with the current Scope of Practice and licensing Board.***	Behavioral Support Consultation	
Subcontractors (applies only if uses subcontractors): *DDW Chapters 8, 10, 12, 13 and 16*	Behavioral Support Consultation, Preliminary Risk Screening, Socialization and Sexuality Education	

Policy/Procedure/Agency Document	Applicable Service(s)	Page number in provider packet where policy begins.
At a minimum, the policy must explain how the agency will ensure subcontractors will comply with the DD Waiver Service Standards and other policies as applicable.		
Transitions: *DDW Chapter 9* ***At a minimum, the policy must explain how the agency will transition individuals upon denial of a Provider Application, or termination or expiration of a Provider Agreement or when an individual transition to another agency or waiver. This should include timelines, document submissions, and completion of the DDSD Transition Plan.***	Behavioral Support Consultation	

Requirements for Case Management

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**	**Page number in provider packet where policy begins**
Abuse, Neglect and Exploitation (ANE): NMAC *8.370.10, DDW Chapter 18* ***At minimum the policy must address prevention of ANE, training on reporting (ANE) and other reportable incidents, reporting timelines, developing Immediate Action and Safety Plan, and prohibition of retaliation for reporting.***	Case Management	
Settings Requirements: DDW Chapters 2, 8, 10, 11, and 15 ***At a minimum, the policy must explain how the agency ensures that the setting does not resemble an institution or have the effect of isolating individuals, individuals have access to interact with the community without barriers or locks, ensures privacy rights and freedom of choice of where they live and receive services in the community.***	Case Management	
Agency Files and accessibility: DDW *Appendix A* ***At a minimum, the policy must explain how the individual's information will always be kept current and accessible at all times including access to electronic or hard copy documents for agency personnel and external partners (DHI, DDSD, CM). Agency procedure for assuring documents are kept up to date.***	Case Management	
Aspiration Risk Management: *DDW Chapter 5* ***At a minimum, the policy must explain: Timelines, communication with the Interdisciplinary Team (IDT) during Comprehensive Aspiration Risk***	Case Management	

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**	**Page number in provider packet where policy begins**
Management Plan (CARMP) development, completion of the CARMP questionnaire in Therap, and monitoring for consistency among external plans and the CARMP.		
Assistive Technology Monitoring: *DDW Chapters 8, 10, 11, and 12* ***At a minimum, the policy must explain how the agency will monitor all Assistive Technology (AT) to ensure that the adaptive equipment needed, augmentative communication, and assistive technology devices are available and functioning properly. At minimum AT should be monitored monthly in the setting in which it is used.***	Case Management	
Caregiver Criminal History Screening Program and Employee Abuse Registry: *DDW Chapter 16, NMAC 8.370.5 - CCHS & NMAC 8.370.8 - EAR* ***At a minimum, the policy must explain how the agency ensures compliance with Caregiver Criminal History Screening Program, use of the Employee Abuse Registry (EAR) including Timelines, and checking EAR prior to offer employment.***	Case Management	
Change of Condition: *DDW Chapters 4, 5, 10, 12 and 13* ***At a minimum, the policy must explain the role of agency personnel in communicating change of condition to team members and other relevant individuals (home health, guardian, Primary Care Physician, etc.), convening the IDT and include documentation that may require revisions (Aspiration Risk Screen Tool (ARST), Medication Administration Assessment Tool (MAAT), Electronic Comprehensive***	Case Management	

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**	**Page number in provider packet where policy begins**
Health Assessment Tool (eCHAT), Comprehensive Aspiration Risk Management Plan (CARMP), Health Care Plans (HCP), Individual Service Plan (ISP), nutritional plans, therapy plans etc...).		
Complaint/Grievance Procedures: *NMAC 8.371.4.12, and DDW Chapter 8* ***At a minimum, the policy must explain how the agency ensures Complaint/Grievance Procedures are available to individuals and/or their guardians in service. The reporting process must include timelines and accommodate verbal, written, or another modality preferred by complainant.***	Case Management	
Coordination with Other Supports and Information Sharing: *DDW Chapters 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20 and 21* ***At a minimum, the policy must explain the agency's process to Coordinate with Providers of other services for individuals mutually served (e.g. Customized Community Supports, Community Integrated Employment, Home Health or Hospice, Therapies, Medical/Dental Appointments, Customized In-Home Supports, and Managed Care Organizations).*** ***The policy must also explain how the agency assures that staff/subcontractors, supervisors, and people who work directly with the person are kept up to date or informed of any changes in visions, Outcomes, services, ISPs, health status, etc.***	Case Management	
Coverage and Back Up: *DDW Chapters 5, 8, 10, 11 and 13*	Case Management	

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**	**Page number in provider packet where policy begins**
At a minimum, the policy must explain how the agency plans for coverage and back-up and other personnel critical to agency operations for all individuals receiving services by the agency. This must include unexpected absences, planned vacations, and vacant positions.		
Employment First: *DDW Chapter 4, 6, 8, 10, 11* ***At a minimum, the policy must explain how the agency ensures the Employment First Principle is upheld and employment is offered to all individuals via Informed Choice.***	Case Management	
End of Life: *DDW Chapters 4, 8, 12, 13 and Appendix A* ***At a minimum, the policy must explain how the agency plans for supporting the person's or guardian's choices at the End of Life. This includes coordination with Hospice services in their DD Waiver home and agency policy regarding honoring Do Not Resuscitate (DNR) physician orders (Chapter 4.4.1 #3).***	Case Management	
Freedom of Choice and Non-Solicitation: *DDW Chapters 4 and 9* ***At a minimum, the policy must explain how the agency plans for ensuring freedom of choice within timelines/non-solicitation.***	Case Management	
Healthcare Coordination: *DDW Chapter 5* ***At a minimum, the policy must explain how the Case Manager will monitor Healthcare Coordination to ensure implementation and monitoring of required components of health tracker i.e.: weights, appointments, etc... and individual specific components of health tracker i.e. Intake/Elimination, Seizure, etc... as indicated by Primary Care Physician or Registered Nurse orders.***	Case Management	

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**	**Page number in provider packet where policy begins**
Development, training, implementation, and monitoring of required Healthcare Plans.		
Human Rights: *DDW Chapters 2 and 3* ***At a minimum, the policy must explain how the CM will monitor any proposed restrictive interventions, use of physical restraints, and use of as needed (PRN) psychotropic medication to ensure these are reviewed by a Human Rights Committee.***	Case Management	
Monitoring of Agency Monthly Face-to-Face Visits: *DDW Chapter 10* ***A copy of the Agency's Face to Face Visit Tool must be provided*** ***At a minimum, the policy must describe how the Agency monitors required face to face visits with individuals receiving Living Supports and Customized In-Home Supports.*** ***The Agency's form for completing Face-to-Face visits by agency supervisor or internal service coordinator with the DSP and the person receiving services must include:*** ***-Reviewing implementation of the person's ISP, outcomes, action plans, and associated support plans, including Health Care Plans (HCPs), Positive Behavioral Supports Plan (PBSP), CARMP, Written Direct Support Instructions (WDSI). Living support forms must also include minimum requirements from the DDW Standards.*** ***-Scheduling of activities and appointments and advising the Direct Support Professionals (DSP) regarding expectations and next steps, including the need for***	Case Management	

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**	**Page number in provider packet where policy begins**
Individual Specific Training (IST) or retraining from nurse, nutritionist, therapists or BSC. ***-Assisting with resolution of service or support issues raised by the DSP or observed by the Supervisor or service coordinator.***		
Monitoring of ISP Implementation: *DDW Chapters 3, 6, 8, 10, 11, 12 and 19* ***At a minimum, the policy must explain how the agency monitors implementation of Individual Service Plans, Outcomes, Action Plans and Teaching and Support Strategies, and Positive Behavior Support Plan (PBSP) and behavior intervention crisis monitoring. Steps the agency will take when there is a lack of implementation (i.e.: review action steps/Teaching and Support Strategies (TSS), convene an IDT, etc.)***	Case Management	
Nutritional Counseling Availability, Compliance, and Change of Condition: *DDW Chapters 5, 10, 12 and 13* ***At a minimum, the policy must explain how the agency plans to assure that an average of five (5) hours of documented nutritional counseling will be available annually, if recommended by the IDT and clinically indicated.*** ***Case management policy must at least describe how the agency monitors nutritional services.***	Case Management	
Orientation to DD Waiver Services Standards and Training: *DDW Chapters 16 and 17* ***At a minimum, the policy must explain how the Agency ensures that all Staff/subcontractors receive all required DDSD training including Individual Specific Training (i.e., Teaching and***	Case Management	

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**	**Page number in provider packet where policy begins**
Support Strategies and Written Direct Support Instructions).		
Person-Centeredness and Informed Choice: DDW *Chapters 4, 6, 8, 9, 10 and 11* ***At a minimum, the policy must explain how person-centered planning practices, preservation of rights and facilitating informed choice, including choice of non-waiver and non-disability specific options (linking of community resources), adhering to Employment First and CMS settings requirements.*** ***Additionally, explain how the agency will support informed choice making through assessment and discovery utilizing person-centered philosophy.***	Case Management	
Quality Assurance/Quality Improvement Plan (QA/QI): *DDW Chapter 22* ***At a minimum, the policy must explain the agency's QA/QI Plan process to include development, discovery, remediation and improvement based on findings, source and type of data gathered, methods used to analyze and measure performance, plans for a QA/QI Committee and its functions, and annual report. This must include KPI.***	Case Management)	
Service Provision: *DDW Chapters 1, 6, 7, 8, and 21* ***At a minimum, the policy must explain how the agency will ensure services are only delivered with an approved Category of Eligibility (COE), a budget with prior authorization, signed secondary freedom of choice form, within the scope of approved DD Waiver service and an approved ISP.***	Case Management	

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**	**Page number in provider packet where policy begins**
Subcontractors (applies only if uses subcontractors): *DDW Chapters 8, 10, 12, 13 and 16* ***At a minimum, the policy must explain how the agency will ensure subcontractors will comply with the DD Waiver Service Standards and other policies.***	Case Management	
Transitions: *DDW Chapter 9* ***At a minimum, the policy must explain how the agency will transition individuals upon denial of a Provider Application, or termination or expiration of a Provider Agreement or when an individual transition to another agency or waiver. This should include timelines, document submissions, and completion of the DDSD Transition Plan.***	Case Management	

Requirements for Therapies (OT, PT and SLP), Assistive Technology (Budget Based), Remote Personal Support Technology, and Supplemental Dental Providers

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)**	**Page number in Provider Packet where Policy begins**
Abuse, Neglect and Exploitation (ANE): NMAC *8.370.10, DDW Chapter 18* ***At minimum the policy must address prevention of ANE, training on reporting (ANE) and other reportable incidents, reporting timelines, developing Immediate Action and Safety Plan, and prohibition of retaliation for reporting.***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	
Complaint/Grievance Procedures: *NMAC* 8.371.4.12, *and DDW Chapter 8* ***At a minimum, the policy must explain how the agency ensures Complaint/Grievance Procedures are available to individuals and/or their guardians in service. The reporting process must include timelines and accommodate verbal, written, or another modality preferred by complainant.***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	
Coordination with Other Supports and Information Sharing: *DDW Chapters 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20 and 21* ***At a minimum, the policy must explain the agency's process to Coordinate with Providers of other services for individuals mutually served (i.e. Customized Community Supports, Community Integrated Employment, Home Health or Hospice, Therapies, Medical/Dental Appointments, Customized In-Home Supports, and Managed Care Organizations).*** ***The policy must also explain how the agency assures that staff/subcontractors, supervisors, and people who work directly with the***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	

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)**	**Page number in Provider Packet where Policy begins**
person are kept up to date or informed of any changes in vision, services, Outcomes, Individual Service Plans (ISP), health status, etc.		
Coverage and Back Up: *DDW Chapters 5, 8, 10, 11 and 13* ***At a minimum, the policy must explain how the agency plans for coverage and back-up and other personnel critical to agency operations for all individuals receiving services by the agency. This must include unexpected absences, planned vacations, and vacant positions.***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	
End of Life: *DDW Chapters 4, 8, 12, 13 and Appendix A* ***At a minimum, the policy must explain how the agency plans for supporting the person's or guardian's choices at the End of Life. This includes coordination with Hospice services in their DD Waiver home and agency policy regarding honoring Do Not Resuscitate (DNR) physician orders (Chapter 4.4.1 #3).***	Therapies (OT, PT, SLP)	
Freedom of Choice and Non-Solicitation: *DDW Chapters 4 and 9* ***At a minimum, the policy must explain how the agency plans for ensuring freedom of choice within timelines/non-solicitation.***	Therapies (OT, PT, SLP)	
Human Rights: *DDW Chapters 2 and 3* ***At a minimum, the policy must explain how the agency will comply with human rights committees, least restrictive interventions, use of physical restraints, and use of as needed (PRN) psychotropic medication.***	Therapies (OT, PT, SLP)	

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)**	**Page number in Provider Packet where Policy begins**
Orientation to DD Waiver Services Standards and Training: *DDW Chapters 16 and 17* ***At a minimum, the policy must explain how the Agency ensures that all Staff/subcontractors receive all required DDSD training including Individual Specific Training (i.e., Teaching and Support Strategies and Written Direct Support Instructions).***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	
Person-Centeredness and Informed Choice: DDW *Chapters 4, 6, 8, 9, 10 and 11* ***At a minimum, the policy must explain how person-centered planning practices, preservation of rights and facilitating informed choice, including choice of non-waiver and non-disability specific options (linking of community resources), adhering to Employment First and CMS settings requirements.*** ***Additionally, explain how the agency will support informed choice making through assessment and discovery utilizing person-centered philosophy.***	Therapies (OT, PT, SLP)	
Quality Assurance/Quality Improvement Plan (QA/QI): *DDW Chapter 22* ***At a minimum, the policy must explain the agency's QA/QI Plan process to include development, discovery, remediation, and improvement based on findings, source and type of data gathered, methods used to analyze and measure performance, plans for a QA/QI Committee and its functions, and annual report. This must include KPI.***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	
Service Provision: *DDW Chapters 1, 6, 7, 8, and 21*	Assistive Technology, Remote Personal Support Technology,	

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)**	**Page number in Provider Packet where Policy begins**
At a minimum, the policy must explain how the agency will ensure services are only delivered with an approved Category of Eligibility (COE), a budget with prior authorization, a signed secondary freedom of choice (SFOC) form, within the scope of approved DD Waiver service and an approved ISP.	Supplemental Dental, Therapies (OT, PT, SLP)	
Staff/Subcontractor Supervision and Oversight: *DDW Chapters 10, 11, 12, 13 and 14* ***At a minimum, the policy must explain how the agency ensures practices for all licensed or certified professionals are delivered in accordance with the current Scope of Practice and licensing Board as well as oversight requirements for Physical Therapy Assistants (PTAs) and Certified Occupational Therapy Assistants (COTAs).***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	
Subcontractors (applies only if uses subcontractors): *DDW Chapters 8, 10, 12, 13 and 16* ***At a minimum, the policy must explain how the agency will ensure subcontractors will comply with the DD Waiver Service Standards and other policies.***	Assistive Technology, Remote Personal Support Technology, Supplemental Dental, Therapies (OT, PT, SLP)	
Timely Completion of Therapy Documentation: *DDW Chapter 12* ***At a minimum, the policy must explain the agency's process to assure timely completion of all required therapy documentation and timely submission to the Case Manager.***	Therapies (OT, PT, SLP)	
Transitions: *DDW Chapter 9* ***At a minimum, the policy must explain how the agency will transition individuals upon denial of a Provider Application, or termination or expiration of a Provider Agreement or when an individual transition to another agency***	Therapies (OT, PT, SLP)	

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)**	**Page number in Provider Packet where Policy begins**
or waiver. This should include timelines, document submissions, and completion of the DDSD Transition Plan.		

V. DDSD CONTACT INFORMATION

Community Programs Bureau
Provider Enrollment Relations Unit
Tammy M. Barth, Manager
2540 Camino Edward Ortiz
Santa Fe, NM 87507
Phone: (505) 469-8480
Fax: (505) 476-8894

Metro Regional Office
Michael Driskell, Regional 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 Regional 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 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 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 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
Gabriel Vigil, Bureau Chief
726 B. South Sunset
Roswell, NM 88203
Phone: (505) 900-4365
Toll Free: (866) 895-9138
Fax: (575) 624-6104

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

Community Inclusion - Employment
Alix Dean, Supported Employment Lead
2540 Camino Edward Ortiz
Santa Fe, NM 87507
Phone: (505) 819-7346

APPENDIX 1

MEDICAID REGULATIONS
Go to the NM Health Care Authority website at:
https://www.hca.nm.gov/
Medicaid Eligibility Home and Community Based Waiver Services

1. Benefit Description
2. Income and Resource Standards
3. Recipient Policies

Chapter 314 Home and Community-Based Services, Waivers and Providers
Program Rules – New Mexico Health Care Authority
Developmental Disabilities Waiver

DD WAIVER SERVICE STANDARDS
Go to the NM Health Care Authority website at:
DDW - Services and Supports – New Mexico Health Care Authority

BILLING RATES DD WAIVER
Go to the NM Health Care Authority website at:
Fee for Service - New Mexico Health Care Authority (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 Health Care Authority (nm.gov)

INCIDENT MANAGEMENT SYSTEM GUIDE
Go to the NM Health Care Authority website at:
Abuse, Neglect & Exploitation – New Mexico Health Care Authority

TRANSITION OF DD WAIVER INDIVIDUALS
Go to the NM Health Care Authority website at:
DDW - Services and Supports – New Mexico Health Care Authority Chapter 9 – Transitions

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

APPENDIX 2

1. **Provider Information Sheet** (fillable PDF)
2. **Service and County Request Form** (fillable PDF)
3. **Regional Office Map**
4. **Statement of Assurances** (fillable PDF)

HEALTH CARE
AUTHORITY

Health Care Authority

Developmental Disabilities Supports Division (DDSD)

Developmental Disabilities (DD) Waiver Provider Information Sheet

(Form must be filled out completely)

PLEASE PRINT CLEARLY

Date: _____ **New Applicant** _____ **Renewing Applicant** _____

Taxation and Revenue CRS# _____ **Medicaid Billing #** _____

Business Name (dba) _____

Contact Person _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Physical Address _____

City _____ **State** _____ **Zip Code** _____

Phone # _____ **Fax #** _____ **Cell #** _____

E-mail Address _____ **Toll Free #** _____

Please answer the following questions regarding your organization:

1.) Does any other organization (including those who currently or previously provided service under any DDSD operated Medicaid Waiver program) control or influence your agency?

Yes _____ *(or)* **No** _____

(If "YES" please provide name(s) and contact information below, if necessary, submit a separate sheet)

Contact _____ Phone # _____ Email _____

2.) Does your agency control or influence any other organization (including those who currently or previously provided service under any DDSD operated Medicaid Waiver program)?

Yes _____ *(or)* **No** _____
(If "YES" please provide name(s) and contact information below, if necessary, submit a separate sheet)

Contact _____ Phone # _____ Email _____

Please fill out and sign this sheet.

1. Name and address of each person with an ownership or controlling interest in the entity.

Name:		
Address:	**Telephone Number:**	**Relationship:**
Name:		
Address:	**Telephone Number:**	**Relationship:**
Name:		
Address:	**Telephone Number:**	**Relationship:**

2. Name of any person, agent, managing employee or any other person who has ownership or controlling interest in the entity who has been convicted of a criminal offense or assessed a civil monetary penalty related to that person's involvement in any program under Medicaid, Medicare, other federal program(s), or other state Medicaid programs.

Name:		
Address:	**Telephone Number:**	**Relationship:**
Name:		
Address:	**Telephone Number:**	**Relationship:**
Name:		
Address:	**Telephone Number:**	**Relationship:**

1. Are there any services, counties, or Waivers you are deleting? Please list each.

2. How many individuals does your agency serve in each service, in each region you are approved to provide services in? (You may attach a separate sheet if needed)

Signature of Authorized Representative:	**Title:**

SERVICE AND COUNTY REQUEST FORM
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
DEVELOPMENTAL DISABILITIES (DD) WAIVER

PROVIDER NAME:	DATE:

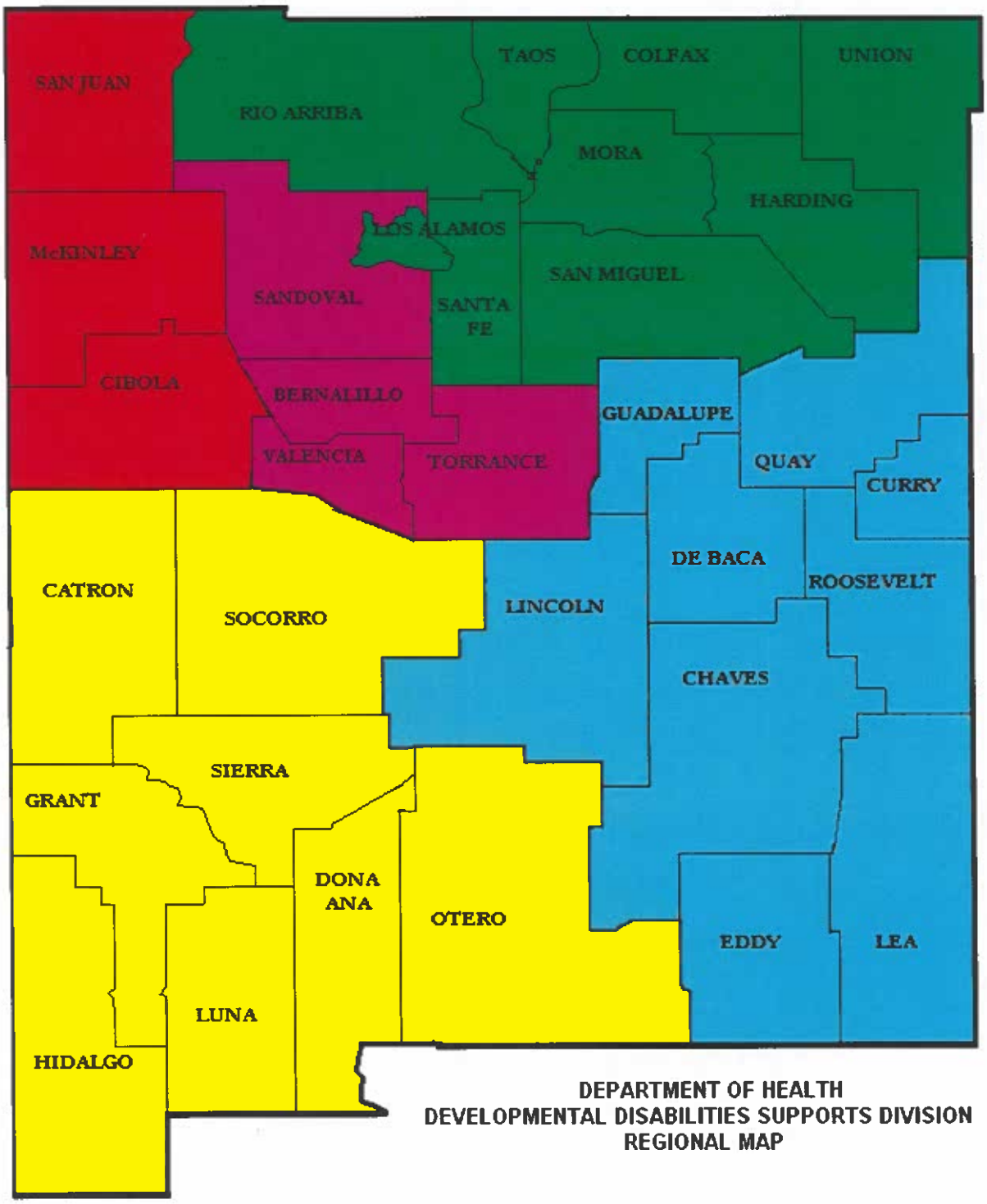
CHECK THE SERVICE(S) YOU ARE APPLYING TO PROVIDE

☐	CASE MANAGEMENT *Must choose an entire region for CM service.
☐	METRO REGION
☐	NORTHEAST REGION
☐	NORTHWEST REGION
☐	SOUTHEAST REGION
☐	SOUTWEST REGION
☐	ADULT NURSING
☐	COMMUNITY INTEGRATED EMPLOYMENT-Group
☐	COMMUNITY INTEGRATED EMPLOYMENT-Ind
☐	CUSTOMIZED COMMUNITY SUPPORTS-Group
☐	CUSTOMIZED COMMUNITY SUPPORTS-Ind/SG
☐	CUSTOMIZED IN-HOME SUPPORTS
☐	ENVIRONMENTAL MODIFICATION
☐	FAMILY LIVING (FL-ADULT NURSING)
☐	INTENSIVE MEDICAL LIVING
☐	SUPPORTED LIVING
☐	INDEPENDENT LVING TRANSITION
☐	RESPITE
☐	NON-MEDICAL TRANSPORTATION
☐	NUTRITIONAL COUNSELING
☐	BEHAVIORAL SUPPORT CONSULTATION
☐	CRISIS SUPPORTS
☐	PRELIMINARY RISK SCREENING
☐	SOCIALIZATION AND SEXUALITY
☐	OCCUPATIONAL THERAPY
☐	PHYSICAL THERAPY
☐	SPEECH THERAPY
☐	ASSISTIVE TECHNOLOGY
☐	REMOTE PERSONAL SUPPORT TECHNOLOGY
☐	SUPPLIMENTAL DENTAL

CIRCLE THE COUNTIES YOU ARE APPLYING TO PROVIDE SERVICES IN. *If you are providing multiple services in multiple counties, please submit a separate form for each county.

METRO	BERNALILLO	SANDOVAL	TORRANCE	VALENCIA		
NORTHEAST	COLFAX	HARDING	LOS ALAMOS	MORA	RIO ARRIBA	SAN MIGUEL
	SANTA FE	TAOS	UNION			
NORTHWEST	CIBOLA	MCKINLEY	SAN JUAN			
SOUTHEAST	CHAVES	CURRY	DE BACA	EDDY	GUADALUPE	LEA
	LINCOLN	QUAY	ROOSEVELT			
SOUTHWEST	CATRON	DONA ANA	GRANT	HIDALGO	LUNA	OTERO
	SIERRA	SOCORRO				

Revised 10.1.2025



DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
REGIONAL MAP

NORTHWEST REGION

NORTHEAST REGION

SOUTHWEST REGION

SOUTHEAST REGION

METRO REGION

HEALTH CARE
AUTHORITY

Health Care Authority
Developmental Disabilities Supports Division
Statement of Assurances

Failure to comply with this Statement of Assurances may result in DDSD sanctions, up to and including a reduction in the term and/or termination of the Provider Agreement.

<u>This form must be completed and signed by the applicant.</u> If any portion does not apply to your agency, please mark it as non-applicable.

	INITIAL	DATE	N/A
Any individual who is an employee or subcontractor of an entity that is compensated for providing waiver services to an individual, must not provide services as guardian or Power of Attorney for that individual, except when related by affinity or consanguinity.			
Similarity, a person who is an owner, operator or employee of a provider agency, or a subcontractor that is compensated to provide waiver services to a given individual must not be designated under a Power of Attorney to make healthcare decisions for that same individual, unless the owner, operator or employee is related to the individual by blood, marriage or adoption. *See* NMSA 1978, § 24-7A-2(B) (Uniform Healthcare Decisions Act).			
A case management provider agency may not be a provider agency for any other waiver service. A case management provider agency may not provide guardianship services to an individual receiving case management services from that same agency. Case managers are not permitted to serve on the board of a provider agency.			
Provider agencies will follow the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services Settings Requirements Final Rule requirements. https://www.medicaid.gov/medicaid/home-community-based-services/index.html			
Provider agencies will learn and use designated electronic systems as required for documentation, reporting and billing (i.e. Therap components, Conduent online portals, other online portals, etc.)			
Provision of data that validates service provision as requested by the State for audits, validation of rates of reimbursement during periodic rate reviews/rate studies. direct support professional data at least annually or other quality			

assurance activities.			
Provider agencies will document provision of services according to Medicaid billing requirements.			
Provider agencies will participate in meetings, initiatives, and workgroups convened by the state to collaborate on system improvements, enhance service quality, and ensure alignment with best practices.			
Provider agencies will provide Adult Nursing Services and comply with the DD Waiver Service Standard requirements for this service, as applicable.			
The PROVIDER agrees to retain the client records of all clients served during the term of this Provider Agreement and for a period of at least six (6) years from the date of discharge or the last date of client services provided, whichever comes first, unless the client records are transferred to another custodian of the records pursuant to ARTICLE 12 TRANSITION MANAGEMENT of this Provider Agreement. Retention or disposal of client records following the six (6) year period remains within the discretion of the PROVIDER.			
Provider agencies must submit liability and bond insurance to the Provider Enrollment Relations Unit (PERU) annually.			
Provider agencies will submit a current list of each Board Member's name, home address, phone number and email address to the PERU annually, if applicable.			
Provider agencies must notify the PERU if there is a change in licensee or subcontractor status with the provider agency.			
Provider agencies will have a secure mechanism to exchange protected health information (PHI).			
Supported Living Provider agencies will submit Supported Living census for each home they operate monthly and as changes occur.			
Medically Fragile Waiver providers will maintain current certificates for licensed health facilities.			

IMPORTANT:

Failure to comply with the DDSD Statement of Assurances may result in DDSD sanctions, up to and including a reduction in the term and/or termination of the Provider Agreement.

Provider Signature and Title **Date**