

**NEW MEXICO HEALTH CARE AUTHORITY  
DEVELOPMENTAL DISABILITIES SUPPORTS  
DIVISION (DDSD)**

**FISCAL YEAR 2026**

**STATE GENERAL FUND  
Services for Individuals with  
Developmental Disabilities**

**SERVICE DEFINITIONS AND STANDARDS**

**EFFECTIVE ~~JULY 1, 2024~~**

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## Table of Contents

Introduction .....	5
Updates.....	5
DDSD Mission.....	5
SGF Program Description .....	5
General Requirements .....	<b>Error! Bookmark not defined.</b>
Intake and Eligibility for SGF services .....	6
Add /Delete Forms .....	7
New Admission .....	7
Discharge from Services .....	7
SGF Provider Compliance.....	8
Consumer Rights and Freedom .....	8
Prohibition of Restraints, Restrictions, and Seclusion .....	8
Dignity of Risk and Duty of Care .....	8
SGF Service Options.....	9
Respite.....	9
Scope of service.....	9
Service Requirements.....	9
Eligibility Requirements.....	11
Staffing Requirements:.....	11
Reimbursement.....	12
Day Services for Adults With Developmental Disabilities .....	12
Service Options.....	14
Scope Of Service .....	15
Service Requirements.....	16
Staffing Requirements.....	17
Agency Requirements.....	17
Reimbursement.....	17
Billable Units for Day/ Vocational Services:.....	18
Partial Monthly Billing:.....	18
Non-billable hours include: .....	18
Residential Services For Adults With Developmental Disabilities .....	18
Service Options.....	19
Supported Living .....	19

Independent Living .....	19
Scope of Service .....	19
Service Requirements .....	20
Staffing Requirements .....	21
Agency Requirements .....	22
Reimbursement .....	22
Health Care Coordination .....	24
Behavior Support Consultation: .....	24
Person Centered Planning .....	25
Support Team Membership and Meeting Participation .....	25
ISP Meetings .....	25
DDSD ISP Template .....	26
Vision Statements .....	27
Desired Outcomes .....	27
Action Plan .....	27
Individual Specific Training in the ISP .....	27
Completion and Distribution of the ISP .....	28
ISP Implementation and Monitoring .....	28
Abuse Neglect Exploitation .....	28
Reporting ANE .....	28
Standards For Direct Support Professionals .....	29
Qualifications For Direct Support Professionals .....	29
Supervision Requirements .....	29
Caregiver Screening .....	29
Direct Support Staff Educational Requirements .....	30
Direct Support Staff Training Requirements .....	31
Agency Providing and Tracking 30-Day Required Safety Training .....	31
Training Requirements for Service Coordinators (SC) .....	33
Training Requirements for Respite .....	33
Individual-Specific Training (IST) .....	34
IST Training Rosters .....	35
Provider Reporting Requirements .....	35
Quarterly Reporting .....	36
Requirements for Quarterly Reporting: .....	36
Billing Requirements .....	37
Monthly Reporting .....	37

Billable Activities ..... 37

Non-Billable Activities ..... 37

Unit Calculation ..... 38

Invoices ..... 38

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## Introduction

The Developmental Disability Support Division (DDSD) has established standards to guide service delivery and promote the health and safety of people supported by the State General Fund program provider agencies. All agencies that enter into a contractual relationship with DDSD to provide State General Fund services are required to comply with all applicable standards and state rules.

State General Fund Service Standards establish provider requirements for service delivery through the State General Fund Program. These requirements are enforceable and apply to all Provider Agencies and their staff whether directly employed or subcontracted with the approved Provider Agency. These

The standards address each service provided under State General Funded Provider Agreements with the Developmental Disabilities Supports Division with the exception of Outcome Based Services and Special Projects (Outcome Based Service and Special Project requirements will be individually described in each Scope of Service incorporated into the State General Funded Provider Agreements affThese Standards also include personnel requirements for people employed by or contracting with agencies providing State General Fund services, known herein as *the provider*. Individuals should expect to receive services that meet these standards.

## Updates

These service standards may be updated periodically to communicate changes in policy and program requirements or to reflect amendments to the SGF program. When supplements, corrections, and page replacements are issued, SGF Provider Agencies will be notified through e-blasts, website postings, and direct email. DDSD will provide a public feedback period before issuing any substantial changes and will issue guidance and transition periods when applicable.

## DDSD Mission

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

## SGF Program Description

The SGF Program supports individuals with intellectual and developmental disabilities (IDD) who do not have access to Medicaid Waivers. It is intended to provide support to meet the daily needs of individuals with IDD of any age. State General Funds provide the following services:

### Adults (Individuals age 18 and older)

<u>Service</u>	<u>Description</u>
<u>Respite Services</u>	<u>Flexible family support service that provides short-term, temporary care to adults with intellectual or developmental disabilities (IDD). This service allows families to take a break from the daily routine of care giving.</u>
<u>Adult Day Services</u>	<u>Adult day services are services designed to enhance participation in the community. Services include supports for employment, learning, skill</u>

	<p>development, and community integration. All services are directly linked to the Individual Service Plan (ISP). Supported Employment services are planned and coordinated as a subcategory of the Adult Day Services.</p> <p>Service includes supporting the individual to engage in purposeful work, learning, skill development or community inclusion activities that are directly linked to their Individual Service Plan (ISP).</p>
Supported Employment Services	<p>Provides job coaching for individuals with IDD who need support to maintain employment. Services are directly linked to the ISP and are intended to promote greater independence in performing job tasks. Support may also include assistance with activities of daily living (ADLs) at the job site, as needed.</p> <p>Provide support services for individuals with IDD who are placed in community-based employment.</p>
Residential Services: Supported Living	<p>Services include personal care, and daily living, and social skills training services on a 24-hour basis while living in a home setting with no more than four individuals.</p>
Residential Services: Independent Living Services	<p>Provides support that enables people with developmental disabilities to live independently in their own home or with family members. Staff provide support on a planned periodic schedule, averaging at least 20 hours per month.</p>

#### Children (Individuals age 17 and younger)

<u>Service</u>	<u>Description</u>
Respite Service	Flexible family support service that provides short-term, temporary care for children with intellectual or developmental disabilities (IDD). This service allows families to take a break from the daily routine of care giving.

### **Intake and Eligibility for SGF services**

The SGF program is intended to serve individuals with Intellectual and Developmental Disabilities (IDD) and children at risk of delay who are not currently receiving any Medicaid Waiver services. Individuals wishing to receive SGF services are required to meet one of the three eligibility requirements listed below.

#### To be eligible for services:

- Individuals need to have completed the Home and Community Based Services (HCBS) registration application process for waiver services; be entered into the central registry; and be determined to meet the “yes match” criteria by Developmental Disabilities Support Division’s (DDSD) Pre-service Intake Bureau according to the Developmental Disability

(DD) definition criteria -in accordance with NMAC 8.290.400

- Be eligible for Special Education under the Individuals with Disabilities Education Act (IDEA) Part B, administered by the Public Education Department (PED) under one of the five qualifying categories. (See Respite section for more information).

—Or if under the age of 3 they must be enrolled in the Family Infant Toddler (FIT) program.

### **Add /Delete Forms**

When a State General Fund provider accepts a new individual into services or discharges an individual from their services an Add/Delete form needs to be completed. This form is used to track the SGF program census, and waiver allocation status. Once the State General Fund provider completes the form, it is to be sent to the DDSD State General Fund Program Manager for approval of services. This form should be submitted to the DDSD SGF Program Manager within 7 days of an individual requesting to enter or exit services. The DDSD SGF Program Manager will also return the form to the provider agency within 7 business days of receipt. Services cannot start prior to the DDSD SGF Program Manager approving the Add/Delete form.

### **New Admission**

Provider Agencies that have a current Provider Agreement with DDSD and have open SGF slots must provide services. Provider Agencies must adhere to the following requirements:

1. Once a Provider Agency has received the approved Add/Delete form, the agency has up to 30 calendar days in which to begin providing services to the person.
2. Provider Agencies cannot screen individuals through an admissions committee.
3. If Providers are unwilling to honor a Do No Resuscitate (DNR) or No CPR order or Advanced Directive, they must notify the person or their Guardian prior to Admission.

### **Discharge from Services**

If a Provider Agency identifies a person who is at risk of being discharged or requests a discharge from SGF service, the Provider Agency must notify the local DDSD SGF Regional Liaison and the SGF Program Manager. The following requirements must be met to ensure safe discharge:

- The Provider Agency must provide the DDSD Regional SGF Liaison and the SGF Program Manager with a 30-calendar day written notice of their intent to discharge the person. The notice must:
  - state why the Provider Agency can no longer ensure the person's health and safety; and
  - include the efforts made to ensure health and safety.
  - Discuss if the cause for discharge is related to abuse, neglect or exploitation and create a safe transition plan.
- The DDSD SGF Program Manager approves or denies the discharge request made by the Provider Agency. The DDSD SGF Program Manager or designee reserves the right to review the discharge approval and/or denial and make an alternative decision.
- If the discharge request is approved, the Provider agency must send a written 30

calendar day notice of discharge to the individual and guardian stating the reason for the discharge.

- A transition meeting must be scheduled by the Service Coordinator unless precluded by circumstances posing a danger to the health, safety, or welfare of the person and/or others prior to discharge, before a meeting can occur.
- When alternative arrangements are made prior to completing a transition planning meeting because of the immediate needs of the person in crisis, the transition planning meeting must still occur after the resolution of the crisis.
- Every effort shall be made to transition the person into a setting that meets their choice and needs.
- Provider Agencies will not and cannot discharge a person until transition activities occur and all avenues have been pursued to keep the person in the current services.

### **SGF Provider Compliance**

Qualified SGF Provider Agencies must deliver SGF services if they have available slots as outlined in their contract. SGF Provider Agencies must have a current Provider Contract and continually meet required screening, licensure, accreditation, and training requirements as well as continually adhere to the SGF Service Standards and relevant NMAC. All Provider Agencies must comply with contract management activities to include any type of quality assurance review and/or compliance review completed by DDSD, or other state agencies.

### **Consumer Rights and Freedom**

People with I/DD receiving SGF services have the same basic legal, civil, and human rights and responsibilities as anyone else. Rights shall never be limited or restricted unnecessarily, without due process and the ability to challenge the decision, even if a person has a guardian. Rights should be honored within any assistance, support, and services received by the person.

### **Prohibition of Restraints, Restrictions, and Seclusion**

The use of any restraints, restrictive interventions, and/or seclusion is not allowed during the provision of SGF services. Examples of these could include the use of forced physical guidance, coercion, over correction, isolation, physical restraint, mechanical restraint and/or chemical restraint designed as aversive methods to address and/or preclude challenging behaviors. No individual provider, employee, EOR or agency provider can employ restraints, restrictive interventions or seclusion. Providers should monitor this regularly and any noted use should be reported using the abuse neglect and exploitation reporting guidelines.

### **Dignity of Risk and Duty of Care**

Dignity of Risk and Duty of Care apply equally to all people. All Provider Agencies must embrace these concepts in their work with people with I/DD by creating a nurturing, safe and abuse prevention focused environment.

Dignity of Risk refers to the fact that everyone has the freedom to make decisions and choices in their lives that may expose them to a level of risk. By taking measured risks and making mistakes people learn and grow. Through successes and failures, necessary skills are learned. Individual identity and sense of self-worth develop, and a healthy desire to pursue relationships

and participate fully in community life is fostered.

Duty of Care refers to each person's responsibility to take reasonable care to ensure that their actions (or lack of action) do not cause injury or harm to others. While the Duty of Care seems to be opposite of Dignity of Risk, the Dignity of Risk is a Duty of Care. Provider Agencies which practice "duty of care" enhance the abilities of the person to keep safe by ensuring that they have knowledge of their rights, choices, and how their actions can influence others.

## **SGF Service Options**

SGF services are inclusive of, but not limited to, one or more of the following service models, as well as other related support services. SGF services should be provided at the appropriate level for everyone to promote choice, growth and maintain health and safety.

## **Respite**

Respite is a flexible family support service that provides short term, temporary care to people with disabilities or children who are at risk for developmental delay. This service allows families to take a break from the daily routine of caregiving. Respite care providers assist the individual in activities of daily living, promote the individual's health and safety, as well as maintain a clean and safe environment. The family, in collaboration with the provider, will create a schedule for respite services.

## **Scope of service**

- Assisting the individual to enhance self-help skills and carry out activities of daily living.
- Providing non-medical health care.
- Preparing or assisting the individual in activities of daily living including preparation of meals, eating, sleeping, washing etc.
- Providing opportunities for community and neighborhood integration and involvement.
- Providing opportunities for leisure, play and other recreational activities.
- Providing opportunities and support to the individual to make choices regarding daily activities depending on age and skill level.
- Respite providers cannot provide skilled nursing tasks including G-tube replacement, oxygen adjustment, suctioning etc. The family or a qualified nurse working within their scope of practice must complete skilled nursing procedures.

## **Service Requirements**

Specific requirements and conditions that apply to Respite services are:

- The staff to participant ratio is typically 1:1 or 1:2 in family household or community settings for the period of time in which an individual is receiving respite services. A decision based on the participant's needs and the respite provider's capabilities should be made on a case-by-case basis if the Respite provider is going to serve more than one individual at time.
- Service provision in a small group is permissible when appropriate to the individual and

family; however, a minimum of a 1:4 staff to participant ratio must be maintained if the Respite is provided to a group.

- The decision regarding the location in which Respite will be provided shall be made in consultation with the family. Locations where respite may be provided include the following:
  1. The individual's/family's home,
  2. The Respite care provider's home,
  3. A community setting of the family's choice (e.g. community center, swimming pool, park etc.),
  4. A center-based setting, such as a respite home, provider location or day care center.
- If Respite is provided in the Respite provider's home, the homeowner or renter of the home where the service is provided shall ensure the safety of the home including but not limited to the presence of a smoke detector and fire extinguisher. Agencies providing respite services will verify that respite providers who provide respite services in their own home are made aware of this requirement.
- While it is understood individuals receiving Respite services under the age of 3 years old will have an Individualized Family Service Plan (IFSP), and children over the age of 3 years old who are enrolled in school will have an Individualized Education Program (IEP), it is required that every SGF Respite provider will have a care plan for every individual they serve in Respite services. This care plan needs to be updated every year or more frequently as needed. The IFSP is developed by the Family Infant Toddler (FIT) Service Coordinator with the assistance of the family. The IEP is developed by the school that the child is attending with the assistance of the child and their family. The care plan is developed by the SGF Respite provider with the assistance of the individual and their family/guardian. The care plan should include at least the following:
  - Date of plan
  - Individual name
  - Parent/Guardian name and contact information
  - Communication style
  - What assistance is needed from the Respite DSP
  - Any Medical conditions DSP should be aware of
  - Routines/Schedule
- Respite hours are allocated up to a maximum of 200 hours per year per eligible recipient. The agency may not allow any family to receive over 200 hours per year if they have a waiting list for Respite services.
  - If an individual needs more than 200 hours of Respite service, and the provider agency does not have a waiting list, the provider agency will need to submit a written request to the HCA SGF Program Manager. The request needs to include the reason for additional hours, and a proposed schedule for services.
- The respite coordinator should meet with the family to determine each family's needs and how they will utilize Respite. For example, families/Individuals may request Respite care

hours overnight or more than one day.

- Respite Services provided under State General Fund (SGF) are not available to Medicaid Home and Community Based (1915c) Waiver recipients or Community Benefits recipients. Respite Services cannot be co-Fund with Adult SGF DD Residential Services. Respite Services cannot be billed for the same hour(s) of the same day(s) with any other DDSD Service.

## Eligibility Requirements

Respite services eligibility includes the Following:

- A child age birth through 3 years must be eligible for Early Intervention Services and have Respite identified as a service on the Individualized Family Service Plan (IFSP).
- A child who is between the age of 3 years through 22 must meet one of the following:
  - Have been previously eligible, under the established condition or the developmental delay eligibility criteria under the Family Infant Toddler Program (Age 3 through 5 only); or
  - Be eligible for Special Education under the Individuals with Disabilities Education Act (IDEA) Part B, administered by the Public Education Department (PED) under one of the following categories:
    - i) Autism;
    - ii) ~~ii~~) Developmental Delay (age 3 through 9 only);
    - iii) ~~iii~~) Intellectual Disability; iv) Multiple Disabilities; and
    - ~~iv~~) ~~iv~~) Traumatic Brain Injury; or
  - Determined to meet the eligibility of developmental disability in accordance with DDSD Policy and on the NM Developmental Disabilities Central Registry (waiting list).
- An adult age 22 or older must have been determined developmentally disabled in accordance with DDSD Policy and be on the Developmental Disabilities (DD) Central Registry (waiting list).

## Staffing Requirements:

The provider must adhere to the following requirements regarding employees or contract personnel hired as respite providers:

- A parent, spouse, immediate family member, primary caregiver or surrogate parent may **NOT** provide respite services if they reside in the same dwelling as the individual served
- Respite care providers must be at least 18 years old.
- Respite care providers must be certified in First Aid and CPR. CPR must be obtained for the population for which they will be serving (either infants, adults, or both).
- Respite care providers providing care to more than one participant must complete

a forty (40) hour training program. Training must be specific to the participants' needs. CPR and First Aid may count towards this requirement.

- Respite care providers recruited specifically for a single participant must complete a twenty (20) hour training program. Training must be specific to the participants' needs. CPR and First Aid may count towards this requirement.
- Respite care providers may access the topics/requirements for training specified in the Policy Governing the Training Requirements for Direct Support Professionals. -This training document is available from the DDS training unit and on the DDS website.
- Respite care providers are required to receive individual-specific training by the parent or family of the individual who needs respite, which can count towards a portion of the training requirement.
- Respite care providers may take other training as relevant to participants such as: HIPAA Privacy, videotapes on specific conditions or syndromes, child abuse reporting, research on the Internet for specific conditions etc.
- The agency may allow a reasonable period of time for completing additional training requirements, but the time frame may not exceed 6 months from the date of hire.
- Respite care providers must also participate in ongoing training with a minimum of ten (10) hours per year after the first year. The respite provider and employer should agree on training topics to be covered.
- Criminal records checks are mandatory and must be completed in accordance with the [NMHCADH/DOHNMHCA/DDS](#) Criminal Records Screening for Caregivers (NMAC [87-1-98.370.5](#))
- Respite providers must meet the DDS Standards for Direct Support professionals located in front of this document

## Reimbursement

- ~~Request for reimbursement for Respite services under State General Funds shall be submitted monthly in accordance with directions provided by the DDS - Administrative Services Bureau (ASB) at the Health Care Authority. Respite Reporting Category 700031~~
- ~~Unit Rate = \$19.25 per hour~~

Reimbursement for Respite Services is based on an hourly rate, based on face-to-face contact. Non-billable hours include:

- Travel to and from the individual's home, except when the individual is being transported.
- Attendance at training and other personnel development activities, which are not face-to-face contacts with the individual/family, preparation of billing statements, progress notes, and/or quarterly reports.
- The provider shall not charge any fee to families for Respite. The provider may charge for meals or entrance fees if these occur during the time respite is provided.

## Day Services for ~~Adults~~ with Developmental Disabilities

Day services for adults with developmental disabilities provide a variety of community inclusion services to individuals age 22 and older. (Exception: This service is available with DDSD prior written approval to individuals age 21 and under who are not currently participating in public education services.) Services are provided in accordance with each person's Individual Service Plan (ISP) ~~as developed under 7 NMAC 26.5 ("ISP Development Process")~~. The use of natural and generic supports is encouraged in order to promote the inclusion of the individual into the community as well as to reduce the need for paid provider services.

~~Day services are defined as those parts of an adult's waking hours when it can be clearly demonstrated that the individual is engaged in purposeful work, learning, skill development or community inclusion activities that are directly linked to the vision, outcomes and action plans documented in the Individual Service Plan (ISP). Day service activities may take place at any time during the individual's waking hours. Individuals with developmental disabilities, who wish to work, will be offered employment as a priority service over all other day service options. Individual placements are the preferred service. All services will demonstrate appropriately high expectations, enriched opportunities for learning, skill building and use of least restrictive environments. Role development through Community Access Day services is also preferred as a way to connect individuals with their community in valued social roles. Adult Day Services are defined as the portions of an individual's waking hours spent engaged in purposeful activities designed to promote community participation, employment, learning, skill development, and inclusion. These services are directly linked to the individual's goals, outcomes, and action plans as outlined in the Individual Service Plan (ISP). Supported Employment is a subcategory of Adult Day Services and must be planned and coordinated accordingly. Individuals with developmental disabilities will be presumed employable and offered services that aid in the exploration of a person's unique skills, abilities, interests, and values. Employment supports are a priority over other day service options, with individual placements being the preferred approach. All services must reflect high expectations, promote learning and skill-building, use the least restrictive environments, and foster valued social roles in the community through role development and meaningful engagement..-~~

~~Individuals are eligible for Adult Supported Employment Services DayDay -Services provided that all other public funding sources (i.e. Division of Vocational Rehabilitation (DVR) and Individuals with Disabilities Education Act (IDEA) ) have been exhausted prior to accessing State General Funded Adult Day Services. SGF funds may be used to support individuals in maintaining existing employment. A new referral to DVR should be made under the following conditions: SGF-funded Supported Employment Services are intended to support individuals in maintaining existing employment and building the skills and independence needed to succeed in their current job roles. These services focus on job retention, task proficiency, and workplace integration.~~

~~Funding for job development—including identifying career interests, preparing for employment, and securing new job placements—should be primarily accessed through the Division of Vocational Rehabilitation (DVR) or the school system (for individuals still enrolled in public education under IDEA). SGF-funded job development services may only be used after all other public funding sources have been fully explored and leveraged.~~

~~A referral to DVR should be initiated under the following conditions:~~

- ~~• The individual is unemployed and wants employment supports to obtain employment; or,~~

- The individual is unemployed and seeking support to obtain employment.
- The individual is seeking different work; or, The individual is employed but wants to change jobs or explore a new career path.
- When someone has just been allocated to State General Fund Services and the individual is unemployed and wants employment supports to obtain employment. The individual has been newly allocated to SGF and is unemployed but interested in working.

## Service Options

Adult DD Day Services is inclusive of, but not limited to, one or more of the following service models, as well as other related support services:

**Individual Supported Employment:** Face-to-face support of persons placed in community-based employment. Face-to-face support includes contact with current employers on behalf of specific individuals when required by the Individual Service Plan. Supported Employment also includes job development services provided by State General Fund Providers. Job development and related services prior to the job placement may be furnished for a maximum of ninety days per year. Job development services may only extend beyond the 90 days within a contractual year with DDSD written approval. Employment services are to be available 365 days a year, 24 hours a day. Services are driven by the individual's desired outcome and the individual's job schedule. Wages must be paid in accordance with federal, state and local wage and labor laws and regulations. Provides face-to-face support for individuals in community-based, competitive employment. This includes on-the-job support as well as interaction with employers, as required by the ISP.

Job development services (prior to job placement) may be provided for up to 90 days per year. Extensions require DDSD written approval.

Services are available 365 days a year, 24 hours a day, aligned with the individual's work schedule and goals.

Wages must comply with federal, state, and local labor laws.

CIE placements are prioritized; however, alternative placements may be used on a short-term, individualized basis when appropriate.

**Group Supported Employment:** On-site supervision of persons with developmental disabilities working as part of an integrated group in community-based employment. These services can be offered to enclaves or integrated work crews or models, but not in a center-based provider facility. An integrated work setting is defined as a work setting in which at least 50% of the people employed in the setting are non-disabled, not including job coaches or other provider staff who work directly or indirectly with the individual. Wages must be paid in accordance with federal, state and local wage and labor laws and regulations. Provides on-site supervision for individuals working as part of an integrated group in community-based employment. Services may not be delivered in center-based provider facilities. An integrated work setting must include at least 50% non-disabled employees (excluding provider staff). Wages must comply with all applicable labor laws.

**Community Access:** Access is defined as an individual having an identified place within a community, which matches their interests and skills. Access is achieved when an individual has

~~developed a natural Page 39 of 47 association and relationships within an informal or formal group/organization that share an interest and come together on a regular basis for a common purpose. Individuals should not be just physically present in their community but should be active members of their community. This includes engaging and interacting with non-disabled people in their neighborhood and community who share the person's interests, passions, and desired role. If wages are obtained, the person needs to move to Supported Employment Services. Community Access services are designed to assist individuals in the development and maintenance of valued social roles.~~

~~Community Access is generally provided in a one to one staff to participant ratio; however, services may be provided to up to three individuals with DDSD approval when each individual has similar goals. The Individual Service Plan for each individual must clearly document the rationale for providing services in a group setting.~~

**Habilitation:** ~~A daily program of group activities designed to increase the individual's skills in performing routine functions. These services furnish opportunities for participants to develop and sustain functional skills to maximize an individual's independent actions in areas such as choice-making, communication, self-care, identifying and pursuing vocational and leisure interests, and socialization. Adult Habilitation services take place outside the individual's residential setting. In-home Adult Habilitation services must be pre-authorized in writing by the Regional Office. Offers structured, group-based activities aimed at increasing independence, skill development, and engagement in community life.~~

~~Focus areas may include communication, self-care, decision-making, socialization, and vocational or leisure exploration.~~

~~Services are provided outside the residential setting; in-home services require prior written approval from the DDSD SGF Program Manager.~~

~~Habilitation also includes support in accessing both disability-related and generic community resources, such as those offered by the Department of Workforce Solutions or DVR.~~

**Work Services:** ~~Department of Labor certified or exempted programs of structured activities for groups of individuals fall under the category of work services. Work services consist of individuals engaged in training and/or sheltered work for wages. The setting for the program is a center-based facility or non-integrated work crews. Work services typically include subcontract work, prime manufacturing or retail sales.~~

For vocational services, compliance to with the Federal Fair Labor Standards Act and applicable state and local wage and labor laws and regulations is required. The Department of Labor must certify or declare exempt programs of structured activities for groups of individuals engaged in training and sheltered work for wages. Adult DD Day Services should be provided at the appropriate level for each individual to promote choice, growth and maintain health and safety

### **Scope Of Service**

Adult DD Day Services typically include, but are not limited to:

- Arrangement of transportation
- Assistance with self-administration of medication and/or monitoring of medication and pharmacy needs
- Assistance with the development of choice making skills
- Assistance with the development of natural support networks

- Facilitation of the implementation of behavior support plans
- Co-worker training,
- Development of social and individual relationships
- Education on rights and responsibilities in the workplace
- Education on self-advocacy
- Employer negotiations
- Facilitation of job accommodations and use of assistive technology
- Job coaching/ development/ placement
- Job sampling and on-site analysis
- Personal care activities of daily living
  - Personal growth and development
- Service coordination activities such as writing or updating the ISP or other service coordination functions
- Supervision of nursing duties, as needed
- Nutritional counseling services, as needed

### Service Requirements

Services shall be provided to adults, 18 or older who have been determined to meet the definition of developmental disability in accordance with the NMSA Chapter 16 Developmental Disability Community Services Act (see above). Service requirements of the Adult DD Day Services direct service provider include, but are not limited to:

- Adult DD Day Services must take place outside the individual's home or any other residential setting unless written approval for in-home services has been obtained from the DDSD Regional Office.
- Supported Employment services under Adult DD Day Services must be in an integrated work setting. An integrated work setting is defined as a work setting in which at least 50% of the people employed in the setting are non-disabled, not including job coaches or other provider staff who work directly or indirectly with the individual. Individuals participating in SGF Supported Employment shall receive compensation at no less than the full federal minimum wage, with the opportunity to earn above that rate for work performed.
- Supervision and support under Adult DD Day Services is usually furnished on a continual basis, as specified in the ISP and as scheduled by the provider. Supervision and support may include full or part-time supervision by the employer.

When there is a vacancy in residential or day services, providers must consult with the Regional Office SGF Liaison to determine the order of selection to fill the vacancy. Generally, order of selection will be based on first come, first serve, based on registration date on the Central Registry. Exceptions to this include the following two circumstances:

- Selection priority is granted for individuals who are in crisis or
- for individuals who have utilized all of their DVR eligibility for job development and training and need ongoing "follow along" services.

Individuals who are registered in on the Central Registry who meet "crisis" criteria Expedited Allocation criteria as established in the DDSD Policy and Procedure DD Waiver Standards will be given first priority for State General Fund services. Individuals will be granted the first open

slot regardless of the “first come, first serve” basis that has historically governed the selection process.

Similarly, individuals who are going into services with the Division of Vocational Rehabilitation (DVR) prior to coming into SGF services will be given a priority status so that when they are discharged from DVR services, they will have the first chance at a vocational slot. These individuals would be given priority on the list for Supported Employment services under SGF.

Individuals who are on the Central Registry but reside in long-term care facilities (i.e. nursing home), are eligible for SGF Fund Adult Day Services. The Regional Office and the provider of Adult Day Services should consult and coordinate with the long-term care facility to ensure appropriate planning and implementation of services.

### **Staffing Requirements**

Direct Support Personnel must be at least 18 years of age, while those who supervise must be at least 21 years of age. For education and training requirements, please refer to the Standards for Direct Support Professionals section of these standards.

### **Agency Requirements**

The provider must adhere to the following:

#### **Administrative Requirements**

- The provider will assure the eligibility of individuals receiving services and will maintain a participant record containing documentation pertinent to service delivery such as contact notes, hours of training, hours of service. The provider may require advance notice from the individual/family for the scheduling of respite.
- The provider will establish and maintain financial reporting and accounting for each individual/family served.
- The provider will prepare and submit quarterly summary reports to the DDSD SGF Liaison assigned to their region of the State, using the format specified by the SGF Program.
- The provider will monitor the HCA Medicaid portal for allocation status of individuals served monthly.
- Once an individual is allocated to waiver services the SGF provider will complete an Add/Delete form and submit it to the HCA SGF program manager to end SGF services.
- SGF Supported Employment providers will not use certificates authorized under section 14(c) of the Fair Labor Standards Act (FLSA) of 1938 when compensating employees who are utilizing SGF services. (Employers using certificates under section 14(c) may request an extension of up to 12 months to come into compliance. Requests for extension must be received by 12/31/2025).

### **Reimbursement**

Request for reimbursement for Adult DD Day Services under State General Funds shall be submitted monthly in accordance with directions provided by the DDSD - Administrative Services Bureau (ASB) at the Health Care Authority, using reporting category 700016.

~~Unit Rate = \$1600.00. 12 Units per Year Maximum~~

#### **Billable Units for Day/ Vocational Services:**

The full monthly unit may be billed if the individual receives 40 hours per month of any combination of day/ vocational services listed under the "Service Options" above. When the individual is engaged in Supported Employment, the hours that the individual is working will satisfy the service criteria if the individual receives at least 4 hours of direct service support each month. If the participant is working an average of 10 hours per week and the provider is providing at least 4 hours of direct support per month, the full monthly amount can be billed. If the participant is working less than an average of 10 hours per week or is receiving any other day service, the provider must provide an average of 10 hours of service per week to bill the full monthly amount.

#### **Partial Monthly Billing:**

Reimbursements for all Adult Day Services are calculated on at a monthly rate ~~of \$1600 per month~~. Partial Months can be billed in cases where the individual has been served for periods of less than one month. Partial billings should be calculated based on quarter units ~~with a quarterly unit rate of \$400~~. The following is a breakdown of the hour requirements to bill a quarter unit for each service type:

- Supported Employment (including Individual and Job Development): One hour = one quarter unit
- All other Adult Day Services: Ten hours = one quarter unit

The Division reserves the right to grant exceptions to the reimbursement standards outlined above to promote innovative approaches to service provision.

#### **Non-billable hours include:**

- Travel to and from the individual's home, except when the individual is being transported,
- Attendance at training and other personnel development activities which are not face-to-face with the individual
- Preparation of billing statements, progress notes, or quarterly reports.

Adult SGF Day Services provided under State General Fund (SGF) are not available to Medicaid Home and Community Based (1915c) Waiver recipients or Community Benefits recipients. Respite Services cannot be co-Fund with Adult SGF DD Day Services. Respite Services cannot be billed for the same hour (s) of the same day (s) with any other DDSD Service.

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## **Residential Services for Adults With Developmental Disabilities**

Residential services are provided in accordance with each person's Individual Service Plan (ISP). ~~as developed under NMAC 7.26.5 ("ISP Development Process")~~. The use of natural and generic supports is encouraged in order to promote the individual's inclusion in the community as well as to reduce the need for paid provider services. Adult DD Residential Services are intended to provide the necessary assistance and support to meet the daily living and safety needs of individuals.

## **Service Options**

Adult Developmental Disabilities (DD) Residential Services are Supported Living and Independent Living services for individuals age 18 and older. Below is a description of each residential service.

### **Supported Living**

Supported Living Services are an intervention and support service that enables persons with developmental disabilities to live in a home setting with no more than four individuals and must be available up to 24 hours a day. Services and supports are provided in the individual's home, with the exception of activities that naturally occur in the community (banking, grocery shopping, etc.) For Supported Living Services, substantiated clinical necessity criteria includes documentation by the provider and the IDT-Support Team that the individual needs paid staff care and support at least 340 hours each month.

### **Independent Living**

Independent Living Services are an individual intervention and support service that enables that enables individuals with developmental disabilities to live independently in their own home or with family members in a more independent environment than Supported Living. Staff support is available as needed and is furnished on a planned periodic schedule of at least 20 hours of direct support per month. Services and supports should be provided in the individual's home, with the exception of activities that naturally occur in the community (banking, grocery shopping, etc.). This service is intended to assist individuals to develop, improve and maintain specific skills to live as independently as possible. Generally, this service is provided with a 1:1 staff to participant ratio; however, services may be provided to up to three individuals when individuals have similar learning goals. The Individual Service Plan for each individual must clearly document the rationale for providing services in a group setting.

## **Scope of Service**

Adult DD Residential Services typically include, but are not limited to:

- Assistance with money management
- Meal planning and preparation
- Routine household maintenance and chores
- Training and education on self-advocacy and sexuality
- Individual health maintenance and monitoring
- Arrangement of medical and dental appointments
- Arrangement of transportation

- Personal Care or activities of daily living (such as bathing, eating, dressing, and individual hygiene)
- Supervision of nursing duties, as needed
- Nutritional counseling services, as needed
- Assistance to individuals who require a wheelchair for mobility and need physical assistance for bathing, dressing and transfers.
- Activities in support of therapy plans. This includes Behavioral Consultation that may be a part of an individual's services and any private or Medicaid Fund therapies an individual may receive.
- Assistance with development of natural support networks.
- Development of social and individual relationships
- Community integration/ access/ utilization
- Service coordination activities such as writing the ISP or other service coordination functions
- Assistance with self-administration of medication and/or monitoring of medication and pharmacy needs

### **Service Requirements**

Services shall be provided to adults eighteen, (18) or older, who have been determined to meet the developmental disabilities definition in accordance with the NMSA Chapter 16 Developmental Disability Community Services Act. The individual must have a developmental disability defined as:

A severe chronic disability other than mental illness that is: attributable to a mental or physical impairment, including the result from trauma to the brain, or combination of mental and physical impairments; the disability must have occurred before the person reaches the age of 22; it is expected to continue indefinitely; and, results in substantial functional limitations in three or more of the following areas:

- (1) self-care,
- (2) receptive and expressive language,
- (3) learning,
- (4) mobility,
- (5) self-direction,
- (6) capacity for independent living, and,
- (7) economic self-sufficiency.

The severe chronic disability must reflect the person's need for a combination and sequence of special, interdisciplinary or generic care treatment or other special support and services that are of a life-long or extended duration and are individually planned and coordinated. Services to individuals with developmental disabilities under twenty-two may be provided with prior approval by DDSD.

Service requirements of the Adult DD Residential Services direct service provider include, but are not limited to:

- Adult DD Residential Services must be available for up to 365 days a year.
- The total hours of service each month must meet the minimum requirements for each individual, as specified in their Individual Service Plan (ISP) and the minimum requirements for each specific service to allow for reimbursements.
- A special provision is listed below for the order of selection for the State General Fund Service Slots. A greater priority for selection for an SGF slot will be granted for individuals who are in crisis, as defined by DDSD Policy and Procedure.

When there is a vacancy in residential or day services, providers must consult with the SGF Regional Office Liaison to determine the order of selection to fill the vacancy. Generally, order of selection will be based on first come, first serve, based on registration date on the Central Registry. Individuals who are registered on the Central Registry who are determined ~~to be in~~ “crisis” an expedited allocation by DDSD ~~Policy and Procedure~~ DD Waiver standards will be given first priority for State General Fund services. These individuals will be granted the first open slot regardless of the “first come, first serve” basis that has historically governed the selection process.

## Staffing Requirements

- Provide adequate staffing to ensure reasonable health, safety, and promote positive development.
- Responsible for the identification and provision of the appropriate staffing pattern.
- A parent, spouse, primary caregiver, or surrogate parent may not provide Adult Residential services if they reside in the same dwelling as the individual served.
- Agencies must have an Registered Nurse (RN) on staff or contract to perform and/or supervise nursing duties to address the needs identified on the ISP, if required.
- Agencies must have agreements or contracts in place for nutritional counseling services, in order to address the needs identified on the ISP, if required.
- Agency staff shall complete required trainings within established timelines, as stipulated in ~~the Training~~ the Training Requirements for Direct-Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities in Community-Based Programs Fund ~~Through-through~~ the Developmental Disabilities Medicaid Waiver Program or State General Funds. (Required trainings can be found online at <https://www.cdd.unm.edu/cddlearn/ddsd/JobRequirementsbyJobClassification.pdf>)
- Agencies shall report to the DDSD Statewide Training Database as stipulated in the Reporting and Documentation of DDSD Training Requirements Policy when staff members are hired, complete trainings, change positions, and/or leave the agency.

## Agency Requirements

The provider must adhere to the following Administrative and staffing requirements.

### Administrative Requirements

- An ISP is necessary for each individual in Adult Residential Services. The provider agency must develop the ISP annually in accordance with the individual's ISP term and update periodically as ~~needed outlined in the NMAC 7.26.5 regulations~~. If an individual receives both Adult Residential and Adult Day services, the residential agency will develop the ISP.
- Written quarterly reports summarizing individualized participant progress in meeting outcomes from the ISP's are required. The reports shall be sent to the local HCA Regional Liaison by September 15<sup>th</sup>, December 15<sup>th</sup>, March 15<sup>th</sup> and June 15<sup>th</sup>.

~~Supported Living: 340 hours of direct support per month.~~

~~Independent Living: 20 hours of direct support per month.~~

~~Complete and submit monthly Form B: "Adult SGF Day Service or Residential Service Reports. The SGF provider will monitor the HCA Medicaid portal for category 096 eligibility status of individuals served monthly. Once an individual is allocated to waiver services and has an active budget, the SGF provider will complete an Add/Delete form and submit it to the HCA SGF program manager.~~

### Participant Funds

- A person receiving services will be presumed able to manage his or her own funds unless the ISP documents and justifies his or her limitations regarding self-management and, where appropriate, reflects a plan to increase this skill.
- When an agency is the representative payee or when the service plan for the individual includes assistance with budgeting, money management, banking etc., the provider agency must have policies and procedures in place to ensure appropriate and equitable use of the individual's SSI payments or other personal funds. This must include a detailed accounting of all spending by the agency.

### Reimbursement

Request for reimbursement for Adult DD Residential Services under State General Funds shall be submitted by the 10<sup>th</sup> of each month in accordance with directions provided by the DDSD - Administrative Services Bureau (ASB) at the Health Care Authority, using the following Component and Service Unit: Reporting Category 700017. Not to exceed 12 units in a year.

~~Unit Rate = \$3060.00, 12 Units per Year Maximum~~

Monthly residential direct support hours can consist of the standard services listed under 'scope of services' as well as a maximum of two hours per month of accrued, non-face-to-face hours.

The two non-face-to-face hours of direct support per month can be billed as long as the services are not defined as non-billable in these Standards (see Reimbursement Section below). Non-face-to-face direct support hours may include, but are not limited to, additional staff planning sessions for an individual to meet his or her ISP outcomes, pre-vocational tasks, tasks to incentivize vocational or community integration, or other innovative tasks or activities.

**Independent Living:**

- 20 hours of direct service per month will allow a provider to bill the entire monthly rate of 1 unit.
- No billing can be made for participants being served for less than 5 hours per month.
- If the provider provides between five and less than 10 hours per month, the provider can only bill for 25% of the total monthly rate.
- If the provider provides between 10 and less than 15 hours per month, the provider can only bill for 50% of the total monthly rate.
- If the provider provides between 15 and less than 20 hours per month, the provider can only bill for 75% of the total monthly rate.
- Providing 20 hours or more of service per month entitles the provider to bill the entire monthly rate.

Generally, this service is provided with a 1:1 staff to participant ratio; however, services may be provided to up to three individuals when individuals have similar learning goals. The Individual Service Plan for each individual must clearly document the rationale for providing services in a group setting.

**Supported Living:**

- 340 hours of direct service per month will allow a provider to bill the entire month of 1 unit.
- Partial billing units are not allowed for Supported Living Services.

Reimbursement for Adult DD Residential Services is calculated on a monthly rate based upon Legislative appropriation.

Costs for room and board are the responsibility of the individual receiving the services. These costs may be paid through SSI or other personal funds.

**Non-billable hours include:**

- Travel to and from the individual's home, except when the individual is being transported.
- Attendance at training and other personnel development activities that are not face-to-face with the individual.
- Preparation of billing statements, progress notes, or quarterly reports.
- Adult SGF Residential Services provided under State General Fund (SGF) are not available to Medicaid Home and Community Based (1915c) Waiver recipients or Community Benefits recipients.

- Respite Services cannot be co-Fund with Adult SGF DD Residential Services. Respite Services cannot be billed for the same hour (s) of the same day (s) with any other DDSD Service.

### **Health Care Coordination**

Individuals receiving SGF Supported Living Services are required to have a Health Care Coordinator. Health Care Coordination involves deliberately organizing individual care activities and sharing information among all concerned with a person's care to achieve safer and more effective care. This means that the person's needs and preferences are known ahead of time and communicated at the right time, to the right people, and that this information is used to provide safe, appropriate, and effective care.

Healthcare Coordination describes the actions taken by the team to monitor and manage health related needs, respond proactively to health changes and concerns, facilitate the appropriate delivery of healthcare services, and support the larger process of Healthcare Coordination for the individual.

Healthcare Coordination in the SGF requires:

1. Communicating and coordinating planning treatment strategies for identified diagnoses and medication orders.
2. Coordinating visits with primary care and specialist providers while ensuring that a qualified person who knows the person well, understands their health issues, and who can communicate with the physician, attends the appointment.
3. Communicating with physicians, dentists, and other healthcare providers as indicated.
4. Timely sharing of information with the person, guardian, family, support team, medical and behavioral Provider Agencies.
5. Ensuring healthcare needs, conditions, and risk factors are accurately documented.
6. Coordinating with the Managed Care Organization staff to assure continuity and access to healthcare services as well as availability and access to medications, medical equipment and healthcare supplies.

### **Behavioral Behavior Support Consultation:**

Individuals receiving SGF services who are experiencing challenging behaviors can request a short-term short-term Behavior Support Consultation (BSC). The purpose of Behavior Support Consultation supports is to improve the ability of unpaid caregivers and paid direct support staff to carry out positive behavior support interventions enhance the participants' quality of life by providing Positive Behavior Supports (PBS); with efforts to teach, strengthen, and expand positive behaviors. The focus of support is primarily on assisting and guiding the person toward opportunities to pursue the goals that genuinely represent what is most important to the person.

BSC supports consist of an evaluation, a positive behavior support assessment/plan, training, and short-term consultation-monitoring to help individuals of any age who are experiencing challenging behaviors-behavioral challenges that could or may that interfere with their ability to fully participate in their the community.

BSC supports are available to any individual in SGF services. However, BSC supports are only available to individuals under age 21 to the extent that they are different from and do not duplicate services offered under the Medicaid Early Periodic Screening, Diagnostic and Treatment benefit, Medicaid School Based Services, services offered by the New Mexico State Department of Education or services offered through the Family Infant Toddler Program. BSC support does not include individual therapy, group therapy, or any other mental or behavioral health treatment that may be received from other sources listed above. Individuals wishing to receive BSC supports will need to contact their regional HCA Bureau of Behavior Support division for assistance.

### **Person Centered Planning**

Person-centered planning is a process that places a person at the center of planning their life and supports. It is an ongoing process that is the foundation for all aspects of the SGF Program and SGF Provider Agencies' working with people with I/DD. The process is designed to identify the strengths, capacities, preferences, and needs of the person. The process may include other people chosen by the person who are able to serve as important contributors to the process. Overall, PCP involves person-centered thinking, person-centered service planning, and person-centered practice. PCP enables and assists the person to identify and access a personalized mix of paid and non-paid services and supports to assist him or her to achieve personally defined outcomes in the community. Person-centered planning is a process that places a person at the center of planning their life and supports. The process is designed to identify the strengths, capacities, preferences, and needs of the person. PCP enables and assists the person to identify and access a personalized mix of paid and non-paid services and supports to assist him or her to achieve personally defined outcomes in their lives. The DD Waiver's person-centered service plan is also the Individual Service Plan (ISP) used for the SGF program. Individuals receiving Adult SGF services to include Adult Day Services, Employment Support, and Residential Living are required to have an active ISP.

### **Support Team Membership and Meeting Participation**

The Support Team membership and meeting participation varies per person. At least the following Support Team participants are required to contribute:

- the individual person receiving services and supports.
- court appointed guardian or parents of a minor, if applicable.
- Service Coordinator; (The ISP author)
- DSP who provide provides on-going, regular support to the person in the home, work, and/or recreational activities;
- ancillary providers such as the BSC and nurse as appropriate
- healthcare coordinator.

### **ISP Meetings**

The ISP is developed at least annually and revised as needed. The ISP term of 365 days is established at initial entry into SGF services and cannot be changed. SGF Provider Agencies must be aware of the ISP term for each person they support and prepare accordingly throughout the year. When planning for the ISP meeting the Service Coordinator shall

- Notify all Support Team members, and those the individual wantschooses to invite to their meeting, in writing of the annual ISP meeting at least 21 calendar days in advance of the meeting.
- Not have tThe meeting must not occur more than 90 calendar days before the ISP expiration.
- Documentation in the ISP/Support Team—meetingTeam meeting notes that there was participation by Support Team members in the development of the ISP. ISP and signature page will suffice as the ISP meeting notes.
- Document how remote participation occurs when Support Team members are not present at the annual ISP meeting.

### **DDSD ISP Template**

The ISP must be written according to templates provided by the DDSD. The ISP template includes Vision Statements, Desired Outcomes, a meeting participant signature page. The ISP templates may be revised and reissued by DDSD to incorporate initiatives that improve person - centered planning practices. Companion documents may also be issued by DDSD and be required for use to better demonstrate required elements of the PCP process and ISP development.

The ISP is written by the Service Coordinator with input from the Support Team input. Not all areas of the DD Waiver ISP will be applicable to the SGF services the individual is receiving. When a section of the ISP is not applicable the SC should place an N/A in that section.

- The person does not require Support Team agreement/approval regarding their dreams, aspirations, and desired long-term outcomes.
- When there is disagreement, the Support Team is required to plan and resolve conflicts in a manner that promotes respect and dignity of the individual, health, safety, and quality of life through consensus. Consensus means a state of general agreement that allows members to support the proposal, at least on a trial basis.
- A signature page and/or documentation of participation in person and telephonically must be completed.

When developing the ISP, the Support Team should:

- Involve those whom the person wishes to attend and participate in developing the ISP.
- Identify needs to identify services and supports.
- Include individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, natural supports, and others.
- Identify roles and responsibilities of the support team members who are implementing the ISP.
- Include the term of the ISP and how and when it is updated; and
- Outline how the person is informed of services which include natural and community resources.
- Address any concerns of possible abuse, neglect, and exploitation.
- Succession of care plan in the event of illness or death of the direct care family provider

## **Vision Statements**

The long-term vision statement describes the person's major long-term (e.g., within one to three years) life dreams and aspirations in the following areas:

- Live, Vision for My Life
- Work/Education/Volunteer, Vision for My Education, Employment, and/or Volunteering
- Develop Relationships/Have Fun, and Vision for My Relationships/Things to Have Fun
- Health and/or Other (Optional). Vision for My Health/Other Visions I Have (optional)

## **Desired Outcomes**

A Desired Outcome is required for each life area (Live, Work, Fun) for which the person receives paid supports through the SGF. Each service does not need its own, separate outcome, but should be connected to at least one Desired Outcome.

Desired outcomes must:

- be directly linked to a Vision;
- be meaningful;
- be measurable;
- allow for skill building or personal growth;
- be desired by the person,
- not contain "readiness traps" or artificial barriers and steps others would not need to complete to pursue desired goals; and
- not be achievable with little to no effort (e.g., open a savings account or one-time action).

## **Action Plan**

Each Desired Outcome requires an Action Plan. The Action Plan addresses individual strengths and capabilities in reaching Desired Outcomes. Multiple service types may be included in the Action Plan under a single Desired Outcome.

- Action Plans include actions the person will take; not just actions the staff will take.
- Action Plans delineate which activities will be completed within one year.
- Action Plans are completed through Support Team consensus during the ISP meeting.
- Action Plans must indicate under "Responsible Party" who is responsible for carrying out the Action Step. Title of the position of "Responsible Party" must be indicated.

## **Teaching Support Strategies**

After the ISP meeting, Support Team members conduct a task analysis and assessments necessary to create effective TSS to support those Action Plans that require this extra detail. All TSS should support the person in achieving their Vision.

## **Individual Specific Training in the ISP**

The Service Coordinator, with input from the support team at the annual ISP meeting, completes the IST requirements section of the ISP form listing all training needs specific to the individual. The Support Team must come to an agreement through a team process about who needs to be trained, at what level (awareness, knowledge, or skill), and within what timeframe.

### **Completion and Distribution of the ISP**

The Service Coordinator is required to assure all elements of the ISP, including signature page, and companion documents are completed and distributed to the Support Team, to include the individual, and/or guardian prior to the expiration of the ISP. ISP must be provided at least 14 calendar days prior to the effective day. The Service Coordinator distributes the ISP, including the TSS, to all Support Team members. The Service Coordinator also distributes the ISP to the Regional Office.

### **ISP Implementation and Monitoring**

All State General Fund Provider Agencies are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies. Service Coordinator's facilitate and maintain communication with the person, their guardian, other Support Team members and relevant parties to ensure that the person receives the maximum benefit of their services and that revisions to the ISP are made as needed. All State General Fund Provider Agencies are required to cooperate with monitoring activities. Provider Agencies are required to respond to issues at the individual level and agency level. Implementation of the ISP by all State General Fund Provider Agencies is monitored in the following ways:

- Service Coordinator site visits monthly.
  - Service Coordinator site visit must be documented
- DDSD contract management activities

### **Abuse Neglect Exploitation**

DDSD is committed to promoting health and safety of the individuals served in our programs. Any incident of abuse, neglect, or exploitation (ANE) is unacceptable. People with intellectual and developmental disabilities have significantly higher risk of ANE. ANE prevention strategies are a part of our programs. The following are examples of ANE prevention strategies:

- Monitoring by service providers in all environments to verify and promote the participant is safe and free of abuse, neglect, or exploitation.
- Comprehensive ANE Training requirements for DDSD, and providers.
- ANE identification and reporting requirements.

### **Reporting ANE**

The SGF provider who suspects or is aware of ANE, suspicious injury, environmental hazard, or death is ultimately responsible for appropriate reporting. When reporting, SGF provider agencies shall:

- Immediately report all alleged crimes to law enforcement.
- Once ANE, suspicious injury, environmental hazard or death is suspected, ensure the person's health and safety, as well as others potentially affected.
- After health and safety are assured, immediately call the hotline:

**Adults call 1-866-654-3219**  
**Children call 1-855-333-7233**

## **Standards For Direct Support Professionals**

The purpose of the standards for direct support professional is to establish requirements for the provision of services under State General Fund Provider Agreements with the Developmental Disabilities Supports Division of the Health Care Authority. These standards apply to personnel who provide the following State General Fund services: Respite Services (Children and Adult), Adult Residential Services and Adult Day Services. The standards apply whether the personnel are directly employed or subcontracting subcontract with the provider agency and are in addition to the requirements set forth in the remaining sections of the State General Fund Service Standards.

## **Qualifications For Direct Support Professionals**

Direct Support Professionals are persons paid to provide face-to-face services to the individual and family.

- Direct support professionals must be eighteen (18) years or older.
- Direct support professionals should be available to communicate in the language required by the individual or in the use of specific augmentative communication system utilized by the individual.
- Direct support professionals are required to meet the competencies specified by DDSD through the DDW training requirements.
- Direct support professionals must have the ability to read and carry out the requirements in an Individualized Family Service Plan (IFSP) or an Individual Service Plan (ISP).

## **Supervision Requirements**

Personnel who are directly responsible for the supervision of direct support professionals must meet the following requirements.

- Employees who supervise direct support professionals or serve as a member of a supervisory team must be twenty-one (21) years of age or older.
- Must possess a high school diploma or G.E.D.
- Employees who supervise direct support professionals must have a minimum of one year's experience working with individuals with disabilities or in related field; OR a degree in a related field may substitute for experience.
- Employees who supervise direct support professionals must meet the competencies specified in the Developmental Disabilities Supports Division Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators.
- Must have the ability to read and carry out the requirements in an Individual Family Service Plan or Individual Service Plan.

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## **Caregiver Screening**

The provider must screen all personnel regarding their qualifications, references, and

employment history. In addition, all providers must comply with the NMHCA/DDSD Criminal Records Screening ~~NMAC Title 7 Chapter 1 General health Provision Part 9 7.1.9.1: Caregivers Criminal History Screen Requirements (NMAC 8.370.5)~~ as implemented by the Health Care Authority. The Caregivers Criminal History Screening Program (CCHSP) is essential to the enforcement of the DDSD policy of “Zero Tolerance” of Abuse, Neglect and Exploitation (ANE). CCHSP includes Provider Agency requirements to complete a caregiver criminal history screening background check and to check the Employee Abuse Registry (EAR). Requirements are as follows:

- ~~1.~~ For the purposes of the SGF program, the CCHSP applies to any non-licensed person whose employment, contractual or volunteer service with a SGF Provider Agency, includes direct care or routine and unsupervised physical or financial access to any care recipient serviced by that Provider Agency including:
  - ~~a.~~ DSP, Direct Support Supervisors and Service Coordinators for Adult Day Services, Supported Employment, Respite, and Living Supports (Supported Living and Independent Living).
  - ~~b.~~ Paid LRIs, relatives or legal guardians.
  - ~~c.~~ Administrators or operators of facilities who are routinely on site where support is provided.
  - ~~d.~~ Any compensated persons such as employees, contractors, volunteers, and employees of contractors.
- ~~2.~~ All non-licensed personnel must obtain a caregiver criminal history screening background check within 20 calendar days of hire (NMAC 8.370.5 ~~NMAC 7.1.9~~). Provider Agencies must also check the EAR prior to hiring or contracting with an employee (NMAC 8.370.5 ~~7.1.12~~).
- ~~3.~~ Individuals with a disqualifying criminal conviction or who have been placed on the EAR for a substantiation of ANE are not eligible to work as a caregiver or have access to patient/client/resident information or records.

### **Direct Support Staff Educational Requirements**

DSP refers to the staff and subcontractors employed by SGF Provider Agencies that provide direct, daily, hourly and routine support. DSP are primary implementers of the ISP and carry out individualized strategies developed and trained to promote health, safety, and the achievement of ISP visions and Desired Outcomes. DSP are full participating members of the Support Team ~~Team IDT~~.

DSP and their supervisors (DSS) or Service Coordinators are an integral part of the structure of Provider Agencies that provide Supported Employment, Adult Day Services, Respite, and Living Supports (Supported Living, and Independent Living).

Minimum education requirements for DSP and DSS are:

- DSP must be 18 years or older; and have a high school diploma or GED. DSP hired prior to January 1, 2013; DSP in family living, related by affinity or consanguinity; and DSP in Respite are exempt from this requirement. The exemption to the high school diploma or GED requirement for DSP hired prior to January 1, 2013, remains applicable only when there is less than a 24-month gap in employment at any time.

- DSS must be 21 years of age or older, have a high school diploma or G.E.D, and have a minimum of one year of experience working with people with I/DD or related field or have a degree in a related field as a substitute for experience.

### **Direct Support Staff Training Requirements**

The purpose of this section is to outline requirements for completing, reporting, and documenting DDSD training requirements for SGF Provider Agencies.

These Service Standards apply to trainers and mentors of core curriculum training courses, Direct Support Professionals, Direct Support Supervisors, Contractors, and Provider Agencies of the following services:

- Living Supports (Supported Living, and Independent Living),
- Adult Day Services,
- Supported Employment,
- Respite

LRIs, relatives and legal guardians must also meet training requirements by job and service classification. Trainings Training must successfully be completed within 30 calendar days of hire and prior to working alone with a person in service. The training shall address at least the following:

### **Agency Providing and Tracking 30-Day Required Safety Training**

<u>Individual Specific Training: Complete IST requirements in accordance with the specifications described in the ISP of each person supported</u>
<u>First Aid/CPR: Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines.</u>
<u>Hazardous Chemicals: Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals).</u>
<u>Operating a Fire Extinguisher</u>
<u>General Vehicle Safety Precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat</u>
<u>Assisting Passengers with Cognitive And/or Physical Impairments (e.g., general guidelines for supporting people who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)</u>
<u>Operating Wheelchair Lifts and Tie – Down Procedures (if applicable to the staff's role)</u>
<u>Emergency And Evacuation Procedures (e.g., roadside emergencies, fire emergency).</u>

Any staff being used in an emergency to fill in or cover a shift must have at a minimum the

DDSD required core trainings as identified in the NM Waiver Training Hub, Job Classification Documents, and be on shift with a DSP who has completed the relevant IST.

DSP and DSS must also complete DDSD-approved core curriculum training facilitated by certified trainers:

<u>Training Course</u>	<u>Timeframe</u>	<u>Platform</u>
<u>ANE Awareness (prior to working alone with a person in service)</u>	<u>30 days/ Every Calendar year</u>	<u>Livestream/In-Person/Online</u>
<u>HIPAA</u>	<u>30 days</u>	<u>Online</u>
<u>Intro to Person-Centered Planning (before taking Individual Service Plan (ISP) for DSP/DSS)</u>	<u>30 days</u>	<u>Online</u>
<u>Keys to Health (prior to working alone with a person in service)</u>	<u>30 days</u>	<u>Livestream/In-person/Online</u>
<u>Standard Precautions</u>	<u>30 days</u>	<u>Online</u>
<u>Individual Service Plan (ISP) for DSP/DSS</u>	<u>60 days</u>	<u>In-Person/Livestream</u>
<u>Assisting With Medication Delivery (AWMD) Part 1 Session 1 &amp; 2 (if required to assist with medication delivery and prior to working alone with a person in service)</u>	<u>69060 Days</u>	<u>Livestream/In-Person/Online</u>
<u>AWMD Part 2 &amp; 3 Agency Trainer (if required to assist with medication delivery and prior to working alone with a person in service)</u>	<u>Within 30 days of completing Part 1</u>	<u>Livestream/In-Person</u>
<u>Advocacy in Action</u>	<u>90 days</u>	<u>Livestream/In-Person/Online</u>
<u>Communication Supports Training (CST)</u>	<u>90 days</u>	<u>Livestream/In-Person/Online</u>
<u>Intro to Supporting Sexuality for Persons w/ IDD if designated in the ISP or by the Support Team (Service Coordinators only)</u>	<u>90 days</u>	<u>Livestream/In-Person</u>
<u>Positive Supports Training (PST)</u>	<u>90 days</u>	<u>Livestream/In-Person/Online</u>
<u>Any other training that DDSD designates as being required</u>	<u>TBD</u>	<u>TBD</u>
<u>Introduction to Waivers Supported Employment</u>	<u>30 Days 1 day</u>	<u>Online Online</u>

<u>Training Across Waivers</u>		
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All Livestreaming and In-Person courses must be scheduled in the New Mexico Training Hub calendar

Staff providing services on a temporary or interim basis shall comply with the training requirements of the staff for whom they are replacing.

Additional Training Requirements for ~~Community Integrated~~Supported Employment Agencies and Staff:

- All staff at each Supported Employment Agency are required to complete “Supported Employment Training Across Waivers” located in the New Mexico Waiver Training Hub prior to providing any employment service.
- At least one staff person in each Supported Employment Agency must hold the Association for Community Rehabilitation Educators (ACRE) Certificate or be a valid Certified Employment Support Professional (CESP) through the Association for People Supporting Employment First (APSE), at all times.
- Supported Employment Agencies must maintain and track accurate ACRE and CESP staff certification records.
- All Supported Employment staff must be entered into the Hub as SGF Supported Employment.

**Training Requirements for Service Coordinators (SC)**

Service Coordinators (SCs) refer to staff at agencies providing the following services: Supported Living, Independent Living, Adult Day Services, Supported Employment.

A SC must successfully complete all required 30 calendar day trainings within the required timeframe and prior to working alone with a person in service. Refer to table Agency providing and tracking 30 day required training.

Any staff being used in an emergency to fill in or cover a shift must have at a minimum the DDSD required core trainings as identified in the NM Waiver Training Hub, Job Classification Document, and be on shift with a DSP who has completed relevant IST.  
SC shall also complete at DDSD-approved core curriculum training facilitated by certified trainers

**Training Requirements for Substitute Care and Respite**

Substitute care and ~~Respite~~respite staff shall complete a minimum of 40 hours of training within the first year of assignment. Thereafter, they shall complete a minimum of 10 hours per year. Specific requirements shall include:

- Applicable safety training requirements described in AGENCY PROVIDING AND TRACKING 30 DAY REQUIRED TRAINING above
- Agency-specific course requirements (which may include DDSD core curriculum trainings as well as Personal Care Training).
- Complete ANE (Abuse, Neglect and Exploitation) Awareness training within 30 calendar days of hire and prior to working alone with a person in service, then complete ANE Awareness annually every year
- The maximum number of IST hours outside of a formal classroom setting that can be applied to the 40-hour requirement is (8) eight.
- The maximum number of IST hours outside of a formal classroom setting that can be applied to the 10-hour requirement is (4) four.
- Assistance with Medication Delivery (AWMD) within 90 days of hire if designated to assist with medications.
- Introduction to Supporting Sexuality for Persons with IDD as designated in the Individual Service Plan (ISP) or by the Support Team.

### **Individual-Specific Training (IST)**

The following are elements of IST:

defined standards of performance, curriculum tailored to teach skills and knowledge necessary to meet those standards of performance, and formal examination or demonstration to verify standards of performance, using the established DDSD training levels of awareness, knowledge, and skill.

- **Awareness:**  
Reaching an awareness level may be accomplished by reading plans or other information. The trainee is cognizant of information related to a person's specific condition. Verbal or written recall of basic information or knowing where to access the information can verify awareness.
- **Knowledge:**  
Reaching a knowledge level may take the form of observing a plan in action, reading a plan more thoroughly, or having a plan described by the author or their designee. Verbal or written recall or demonstration may verify this level of competence.
- **Skill:**  
Reaching a skill level involves being trained by a therapist, nurse, designated or experienced designated trainer. The trainer shall demonstrate the techniques according to the plan. The trainer must observe and provide feedback to the trainee as they implement the techniques. This should be repeated until competence is demonstrated. Demonstration of skill or observed implementation of the techniques or strategies verifies skill level competence.

Trainees should be observed on more than one occasion to ensure appropriate techniques are maintained and to provide additional coaching/feedback.

Individuals shall receive services from competent and qualified Provider Agency personnel who must successfully complete IST requirements in accordance with the specifications described in the ISP of each person supported.

IST must be arranged and conducted every ISP year. IST includes training on the ISP Desired Outcomes, Action Plans, Teaching and Support Strategies, and information about the person's preferences regarding privacy, communication style, and routines. More frequent training may be necessary if the annual ISP changes before the year ends.

The person should be present for and involved in IST whenever possible.

Provider Agencies are responsible for tracking IST requirements.

Provider Agencies must arrange and ensure that DSPs are trained on the contents of the plans in accordance with timelines indicated in the Individual-Specific Training Requirements.

### **IST Training Rosters**

IST Training Rosters are required for all IST trainings.

IST Training Rosters must include:

- The name of the person receiving SGF services.
- The date, start time, and end time (duration) of the training;
- The competency level (Awareness, Knowledge, and Skill Level) of the training is based on the IST section of the ISP.
- Topics of IST training.
- The person receiving services should be present for and involved in IST whenever possible.
- Name and Signature of each trainee
- The level of competence the trainee has attained
- Signature and title of the trainer
- Provider Agencies are responsible for tracking IST requirements.
- Provider Agencies must arrange and ensure that DSPs are trained on the contents of the plans in accordance with timelines indicated in the Individual-Specific Training Requirements.

### **Provider Reporting Requirements**

Provider Agencies are responsible for tracking and reporting to the DDSD SGF Program Manager and SGF Regional Liaisons in several areas on an individual and agency wide level. The purpose of this chapter is to identify what information Provider Agencies are required to report to DDSD and how to do so.

ConsumerClient Census per provider agency

SGF Provider Agencies must maintain a current client census and service summary.

Required data elements of the client census and service summary include:

- Consumer'sClients last name.
- Consumer'sClients first name.
- Guardian name and relationship to consumerclient.
- Date of birth.

- Social security number
- ISP term begin and end dates.
- Services provided by the specific SGF Provider Agency.
- Setting of service and address, if providing Adult Day Services, Supported Employment, Independent Living, Supported Living, or Respite Services.
- Region of service

### **Quarterly Reporting**

The quarterly report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the SGF program. This report may guide actions taken by the person's Support Team if necessary. Quarterly reports may be requested by DDS for QA activities. Quarterly reports are required to be submitted to the Health Care Authority (HCA) SGF regional liaison and HCA SGF program manager by the 15th of September, October, December, January, March, April, May, June, and July..

### **Requirements for Quarterly Reporting:**

- SGF Provider Agencies must complete quarterlies.
- A Respite Provider Agency must submit a quarterly progress report that describes progress on the Action Plan(s) and Desired Outcome(s) when Respite is the only service included in the ISP, for an adult age 21 or older.
- The first quarterly report will cover the time from the start of the person's ISP year until the end of the subsequent three-month period (90 calendar days) and is due ten calendar days after the period ends (100 calendar days).
- The fourth quarterly report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting.
- Quarterly reports must contain at a minimum written documentation of:
  - the name of the person and date on each page.
  - the timeframe that the report covers;
  - timely completion of relevant activities from ISP Action Plans or clinical service goals during timeframe the report is covering.
  - a description of progress towards Desired Outcomes in the ISP related to the service provided.
  - a description of progress toward any service specific or treatment goals when applicable (e.g., health related goals for nursing).
  - significant changes in routine or staffing if applicable.
  - unusual or significant life events, including significant change of health or behavioral health condition.
  - the signature of the agency staff responsible for preparing the report; and
  - any other required elements by service type that are detailed in these standards.
  - 
  - Quarterly reports must be distributed to the Support Team members.
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## **Billing Requirements**

This chapter outlines requirements related to billing and service reimbursement for SGF Provider Agencies.

### General Billing Requirements

To bill for services provided, a SGF provider must have:

- a fully executed Provider Agreement with the DDSD that is current.

Every SGF provider is required to submit monthly invoices for billing. When a SGF provider has no billing to submit they are still required to submit a zero-cost invoice. SGF provider agencies are also required to submit monthly service reports that accompany their invoices.

### Monthly Reporting

SGF Provider agencies are required to submit monthly reporting of adult and respite services to the HCA regional liaison and HCA SGF program manager by the 10<sup>th</sup> of each month. The reports are to be submitted monthly accompanying the monthly service invoice. All individuals served must be determined eligible by DDSD prior to the first day of service. Reports must be submitted using DDSD issued forms such as the Adult Services Monthly Report (Formerly Form B) and the Respite Report.

### Billable Activities

Specific billable activities are defined in the scope of work and service requirements for each SGF service. In addition, any billable activity must also be consistent with the person's approved ISP.

### Non-Billable Activities

The following are not billable:

- Services furnished to a person who: a. does not reside in New Mexico.
- Is hospitalized, in waiver services or in an institutional care setting.
- Services which do not provide face-to-face/video conferencing.
- Care provided by a parent or guardian to their minor child under age 18.
- Care provided by a spouse.
- Activities that are not included in the scope of service, or the person's approved ISP.
- Services that are not provided in accordance with the provider's license and supervision requirements.
- Mental health treatment, transportation, therapy or nursing services are otherwise billable under the Medicaid State Plan benefit or through the behavioral health system.
- Services covered under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to individuals under age 21.
- Room and board, including building maintenance, upkeep, and improvement.
- Service amounts that exceed limits to frequency, type, and amount established

- in the approved SGF program.
- Services that duplicate a service(s).
- Attendance at Support Team meetings
- Services provided at the same time by different Provider Agencies.
- Time associated with:
- Travel to and from a site of any billable service, except when transporting the person in accordance with the scope of the service.
- Preparing or updating reports, progress notes and logs.
- Employer activities including administrative duties, quarterly reports
- Program set up and clean up.
- Review of relevant records

### Unit Calculation

<u>Service</u>	<u>Hours</u>	<u>Units</u>	<u>Rate</u>	<u>Total</u>
<u>Respite</u>	<u>1Hour</u>	<u>N/A</u>	<u>Hourly</u>	<u>1 Hour x Hourly rate = total</u>
<u>Supported Living</u>	<u>340 hours or more per month</u>	<u>1</u>	<u>monthly</u>	<u>340 hours = 1 unit = monthly rate</u>
<u>Independent Living</u>	<u>20 hours or more per month</u>	<u>1</u>	<u>monthly</u>	<u>20 hours = 1 unit = Monthly rate</u>
<u>Adult Day Services</u>	<u>40 hours or more per month</u>	<u>1</u>	<u>monthly</u>	<u>40 hours = 1 unit = monthly rate</u>
<u>Employment</u>	<u>4 hours of direct staff support</u>	<u>1</u>	<u>monthly</u>	<u>4 hours of direct support = 1 unit = monthly rate</u>
<u>COMBINATION</u>				
<u>Adult Day Services combined with Employment</u>	<u>10 hours of staff support</u>	<u>1</u>	<u>monthly</u>	<u>Combined staffing of 10 hours or more = 1 unit = monthly rate</u>

Partial service billing can be submitted using quarter units.

### Invoices

Invoices are to be submitted by the 10th of each month to the DDSD SGF Program manager and DDSD invoice department. SGF provider agencies should use the monthly invoice document supplied to them by DDSD. If the provider did not provide any services in a given month an invoice with a zero balance will still need needs to be submitted.

## Reference Page

Pertinent Laws, Regulations, Policies, and Procedures Governing the Provision of Services Under the State General Fund Provider Agreement with the Developmental Disabilities Supports Division (DDSD) of the New Mexico Health Care Authority (NMHCA)

1. Fair Labor Standards Act and Child Labor Laws
2. New Mexico Nursing Practice Act – NMAC 16.12.2.11  
Includes NM Board of Nursing requirements governing Certified Medication Aides and administration of medications.
3. Federal Individuals with Disabilities Education Act (IDEA), Part C
4. Early Childhood Education and Care Requirements –  
*Family Infant Toddler Early Intervention Services* (NMAC 8.7.30.8)
5. Service Plans for Individuals with Developmental Disabilities Living in the Community –  
NMAC 7.26.5 and NMAC 8.371.5
6. Rights of Individuals with Developmental Disabilities Living in the Community –  
NMAC 7.26.3 and NMAC 8.371.3
7. Client Complaint Procedures –  
NMAC 7.26.4 and NMAC 8.371.4

8. Requirements for Developmental Disabilities Community Programs –  
NMAC 7.26.6 and NMAC 8.371.4
9. Individual Transition Planning Process –  
NMAC 7.26.7 and NMAC 8.371.7
10. Dispute Resolution Process –  
NMAC 7.26.8 and NMAC 8.371.8
11. Statewide Incident Management System Policies and Procedures –  
NMHCA/DDSD
12. Policy Governing Training Requirements for Direct Support Professionals –  
NMHCA/DDSD
13. Reporting and Documentation of DDSD Training Requirements
14. Policies and Procedures for Centralized Admission and Discharge Process for New  
Mexicans with Disabilities
15. Policy for Behavioral Support Services
16. Criminal Records Screening Requirements for Caregivers –  
NMAC 7.1.9 and NMAC 8.370.5
17. New Mexico Health Care Authority (NMHCA) Provider Agreements
18. Additional Applicable Guidance –  
Includes all applicable rules, regulations, policies, director's releases, or interpretive  
memoranda published by DDSD, NMHCA, or DOH that relate to State General Fund-  
funded services.