

**Developmental Disabilities Supports Division
State General Fund Program Service Standards
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HEALTH CARE
A U T H O R I T Y

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DDSD is grateful for the commitment, time, energy, and creativity of all who worked so hard on this project to improve the lives of individuals with intellectual and developmental disabilities (IDD) in New Mexico. We share a common goal and core values to establish a system that provides person centered services in support of individuals with IDD to achieve quality outcomes, to have choice, to live meaningful lives, and to engage in meaningful relationships in the community of their choice. These service standards are the framework for providers to operate a quality system of services and support for individuals with IDD.

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Chapter 1: Introduction

The Developmental Disabilities Supports Division (DDSD) mission is 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.

This program is designed to help individuals of all ages meet their daily living needs and enhance their quality of life through person-centered supports. Services are tailored to promote independence, inclusion, and overall well-being within the community.

1.1 General Purpose and Description of the State General Fund Program

The purpose of the State General Fund program is to provide support to individuals with intellectual and developmental disabilities (IDD) and children who are at risk of IDD who do not have access to Medicaid Home and Community Based Services (HCBS) or the Medicaid Community Benefit Program. It is intended to provide support for individuals in their communities and homes with a focus on prevention of abuse, neglect, and exploitation.

1.2 Purpose of Standards

The DDSD has established standards to guide service delivery and promote the health and safety of individuals supported by SGF provider agencies. All agencies that enter into a contractual relationship with DDSD to provide SGF Services are required to comply with all applicable standards and state rules.

SGF Service Standards establish provider requirements for service delivery through the SGF program. These requirements are enforceable and apply to all provider agencies and their staff whether directly employed or subcontracted with the approved provider agency.

1.3 Updates

These service standards may be updated periodically to communicate changes in policy and services. When supplements, corrections, and page replacements are issued, SGF provider agencies will be notified through email and website postings. DDSD will provide a public feedback period before issuing any substantial changes.

1.4 Organization of the SGF Service Standards

A numbering system is used throughout these standards to promote consistency and make information easy to locate and reference. The numbering format is as follows:

1. Chapters are numbered sequentially (e.g., Chapter 1, Chapter 2, Chapter 3).
2. Sections within each chapter are numbered using the chapter number followed by a decimal (e.g., 1.1, 1.2, 2.1, 2.2).
3. Subsections are numbered using the chapter and section numbers followed by an

additional decimal (e.g., 1.1.1, 1.1.2, 2.3.1).

1.5 Common References

There are many references to both the individual receiving services and the agencies providing services throughout these standards. For the most part the term “individual” refers to the SGF participant, eligible recipient, or individual in services. The term “Provider Agency” refers to any agency or sole proprietor with an active provider contract to provide specified SGF Services.

Acronyms are numerous in this program. Every attempt has been made to spell out the first use of an acronym as well as spell out instances where it would be helpful to the reader.

1.6 Using the SGF Service Standards

SGF provider agencies must adhere to all standards applicable to the services provided by the agency. There are many shared or common requirements across services detailed in these standards. Each agency is expected to read the entirety of these standards.

Chapter 2: Planning

Individuals or families seeking SGF Services begin the intake process by contacting the DDSD Preservice Intake Bureau (PSIB), or a Family Infant Toddler (FIT) program, operated by Early Childhood Education and Care Department (ECECD) (for children who are under age 3). Parents, guardians or individuals themselves will be connected to professionals who will assist with initiating the necessary eligibility review, documentation requirements, and referral processes.

DDSD PSIB determines if an applicant meets the definition of developmental disability required for services. The FIT program determines if the children receiving their services are at risk of delay or IDD. While provider agencies are not directly involved in the determination process completed by DDSD or the FIT program, they are an important point of contact. Provider agencies must refer individuals to the PSIB regional office where pre-service activities are initiated.

2.1 Children at Risk of Developmental Delay or Intellectual/Developmental Disability (IDD)

The Family Infant Toddler (FIT) Program provides early intervention services to children from birth through age three who meet FIT eligibility criteria for being at risk of developmental delay or intellectual/developmental disability (IDD).

At age three, children transition from FIT Services to the Developmental Delay (DD) Preschool program and subsequently into the public school system, as applicable. The DD Preschool program provides free, specialized education for children aged 3-9 years old who have developmental delays.

A child receiving FIT Services may receive State General Fund (SGF) Respite Services when Respite is included on the Individual Family Service Plan (IFSP). The IFSP is a written plan that outlines the supports and services needed to help children that are receiving services through the FIT program. SGF Respite Services may continue while the child is enrolled in school provided the child continues to meet the eligibility criteria outlined in the Respite section of these standards.

Individuals are expected to apply for DDSD Home and Community-Based Waiver and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Services at age 9. Upon aging out of or graduating from the school system, continued receipt of SGF Services requires completion of the application process and meeting the Pre-Service Intake Bureau (PSIB) definition of intellectual/developmental disability.

2.2 Individuals with Developmental Disabilities

SGF Services are also designed for eligible adults who have developmental disabilities limited to intellectual disability (ID) or a related condition as determined by DDSD. The developmental disability must reflect the individual's need for a combination and sequence of special interdisciplinary or generic treatment or other supports and services that are lifelong or of extended duration and are individually planned and coordinated.

2.2.1 Intellectual Disability (ID) Related Condition (RC)

An individual is considered to have a related condition if they have a severe, chronic disability that meets all the following:

1. Is attributable to a condition, other than mental illness, found to be closely related to ID because this condition results in limitations in general intellectual functioning or adaptive behavior like that of persons with ID and requires similar treatment or services
2. Is manifested before the person reaches age twenty-two (22) years;
3. Is likely to continue indefinitely; and
4. Results in Substantial Functional Limitations (adaptive behavior scores ≤ 70) in 3 or more of the following areas:
 - a. Self-care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living
 - g. Economic self-sufficiency

* Reference, New Mexico Administrative Code (NMAC) 8.290.400.

2.3 Eligibility for the SGF Program

Individuals wishing to receive SGF Services are required to meet one of the eligibility

requirements listed below:

Adults 18 and older (eligibility for Adult Residential, Day and Respite Services)

Individuals need to have completed the HCBS application process for developmental disabilities (DD) waiver services; be entered into the central registry; and be determined to meet the “yes match” criteria by DDSD Pre-service Intake Bureau in accordance with New Mexico Administrative Code (NMAC) 8.290.400

The HCBS Waiver and ICF/IID Application is available in English and Spanish at: <https://www.hca.nm.gov/pre-services-intake-bureau/>.

Ages 3 through 22 enrolled in school (Eligibility for Respite Services.)

1. Must 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 qualifying categories:
 - a. Autism,
 - b. Developmental Delay (ages 3-9 only),
 - c. Intellectual Disability,
 - d. Multiple Disabilities, or
 - e. Traumatic Brain Injury.
2. Must have previously received services under FIT and/or have an established condition or developmental delay that meets the criteria stated above.
3. Must have completed the HCBS application process and be determined a “yes match” by meeting the eligibility criteria as determined by the Central Registry Unit and in accordance with NMAC 8.290.400.

Birth to age 3 (eligibility for Respite Services)

1. If under the age of 3 eligible recipient must be enrolled in the Family Infant Toddler (FIT) program indicating they are at risk of delay or have IDD.
2. Respite Services must be included in the child’s Individualized Family Service Plan (IFSP). The IFSP is a plan that is designed to be family centered. It involves a partnership between the family, early intervention providers, and other professionals. This plan ensures the child’s needs are met and that the family’s preferences are considered.

2.4 Central Registry

As a condition of participation in the SGF Program, all eligible individuals must apply for HCBS Waiver Services at age nine or prior to enrollment in SGF Services if the individual is already age nine or older.

The DDSD Pre-Service Intake Bureau (PSIB), Central Registry Unit (CRU), determines if an applicant meets the developmental disability definition criteria required for waiver services. The application packet can be downloaded from the DDSD website, requested to be mailed out, or picked up from a DDSD regional office. The completed application can be submitted to PSIB in person, via fax or by mail.

This packet includes:

1. Home and Community-Based Waivers and ICF/IID Application Form,
2. HIPAA Information,
3. Pre-Service Intake Bureau Contact List, and
4. Pre-Service Intake Bureau Fact Sheet

If the individual meets the eligibility criteria, they will receive a “yes match” letter and be placed in the Central Registry on the allocation schedule for an offer to a waiver program of their choice. If the applicant does not meet the criteria, they will receive a “no match” letter, which includes a notice of their right to request an Administrative Fair Hearing.

Individuals who receive a “yes match” letter may elect to receive State General Fund (SGF) Services while awaiting a waiver allocation. Upon receipt of a waiver allocation letter, individuals receiving SGF Services are expected to proceed with and actively engage in the waiver enrollment process. SGF Services are intended to serve as temporary support during the interim period and are not a long-term alternative to waiver services when an allocation has been offered.

2.5 Starting and Ending SGF Services

SGF services are on a first-come, first-served basis when funding and service slots are available, and the individual is eligible for Respite or Adult Services. Exceptions to this include the following two circumstances:

1. Individuals who are in crisis, meaning the individual's current situation meets the statutory definition of abuse, neglect, or exploitation (ANE); available resources are inadequate; or the individual's primary caregiver is no longer able to provide continued care due to death, disability, or health, and an alternate primary caregiver is not available.
2. Individuals who have finalized New Mexico Division of Vocational Rehabilitation job stabilization. (Meaning they are no longer receiving job stabilization support from NMDVR, and long-term supports need to be transitioned to a SGF provider.)

2.6 Admission

Provider agencies that have vacancies must provide services if selected by an eligible individual. Providers must serve eligible individuals without discrimination based on diagnosis, intensity of needs, or complexity of supports required. Provider agencies may not selectively accept individuals for reasons unrelated to safety, service capacity or scope. Provider agencies cannot screen individuals through an admissions committee, nor can provider agencies implement waiting lists. If an individual was terminated from waiver services, they cannot receive SGF services as a replacement.

2.6.1 Use of the Add/Delete Form

The DDSD Add/Delete Form must be completed by the provider agency when admitting a new individual to services or discharging an individual from services. This form is utilized to maintain an accurate record of the SGF program census and to monitor the individual's status with the PSIB. Agencies can obtain this document by contacting their DDSD regional office SGF Regional Liaison, or by going to the SGF web page and clicking on the link (<https://www.hca.nm.gov/state-general-funded-services/>).

1. The completed Add/Delete Form must be submitted to the DDSD SGF Program Manager within seven (7) calendar days of an individual's request to enter or exit SGF services.
2. Upon receipt, the SGF Program Manager reviews the submitted form within seven (7) business days of receipt.
3. Providers may not initiate new services or discharge an individual until the Add/Delete Form has been reviewed and approved by the SGF Program Manager or designee.
4. Once a provider agency has received the DDSD-approved Add/Delete form, the agency will have up to 30 calendar days in which to begin providing services to the individual.

Chapter 3: Person-Centered Planning (PCP)

Person-centered planning is a process that places an individual at the center of planning their life and support. It is an ongoing process that is the foundation for all aspects of the SGF Program and SGF provider agencies working with individuals with IDD. The process is designed to identify the strengths, capacities, preferences, and needs of the individual. The process may include other people chosen by the individual who are able to serve as important contributors to the process. PCP enables and assists the individual 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.

For children receiving SGF services, person-centered planning activities shall be developmentally appropriate and focus on the child's strengths, needs, preferences, family support, community participation, education, and future goals. For adults receiving SGF services, person-centered planning shall additionally address adult life outcomes such as employment, retirement, independent living, community integration, income, and other age-appropriate goals.

3.1 Person-Centered Thinking

Person-centered thinking involves a process of examining the individual's values, strengths, needs, and skills to set the foundation for Individual Service Plan (ISP) development. Person-centered thinking respects and supports the individual with IDD to develop strategies to:

1. make informed choices;
2. exercise the same basic civil and human rights as other citizens;
3. have individual control over the life they prefer in the community of choice;
4. be valued for contributions to their community; and
5. be supported through a network of resources, both natural and paid.

Person-centered thinking must be employed by all SGF provider agencies involved in Person-Centered Planning (PCP). For adults receiving SGF services, person-centered thinking shall guide the development and/or modification of the Individual Service Plan (ISP). For children receiving SGF services, person-centered thinking shall guide age-appropriate service planning and support activities identified in the Respite Care Plan. Person-centered thinking must involve one or more activities that:

1. Document discovery interviews/conversations with (at a minimum) the individual, the guardian and/or family member(s) (if applicable) which may include:
 - a. what is working/not working,
 - b. specific aptitudes, skills, and abilities,
 - c. good day/bad day for the individual,
 - d. what is important to/important for the individual, and
 - e. what the individual does and does not want in their overall employment or retirement life.
2. Identify characteristics of people who support the individual best.
3. Identify what people like and admire about the individual.
4. Identify and utilize existing relations and natural supports.
5. Use preferred communication methods such as charts, plans/books, assistive technology, etc.; and preferred styles to communicate.
6. Use religious/spiritual/cultural and ethnic considerations, preferences, restrictions. (i.e., religious food restrictions, cultural dress restrictions, etc.)
7. Use other person-centered thinking tools available.

3.2 Person-Centered Planning

The individual receiving services is at the center of the process. Person-Centered Planning is facilitated by the provider agency's Service Coordinator (SC), and the individual is encouraged and supported to direct the process as much as possible. The SC serves as the team lead in planning and coordinating services in the SGF program. No matter what the nature or severity of an individual's disability, there are many ways to identify an individual's strengths, abilities, preferences, needs, and goals with the individual's participation.

The required elements of person-centered planning are to:

1. empower the individual to drive the process;
2. empower the individual to choose who to include;
3. create an environment where the individual with IDD is safe and free of abuse, neglect, or exploitation;
4. provide necessary information and support to empower the individual to direct the process as much as possible;
5. describe how the individual communicates their needs, wants and choices;
6. schedule the meetings at times/locations convenient to the individual, preferably chosen by the individual;
7. respect cultural considerations for the individual;
8. use plain language, and communicate in a format that the individual prefers such as English, Spanish or American Sign Language and/or aided with use of Assistive Technology (AT);
9. use strategies and ground rules to facilitate agreements as well as to solve disagreements or conflict among team members;
10. offer choices regarding the services and supports that the individual receives, without fear of retaliation or undue influence by any member of the interdisciplinary team;
11. follow established methods to request updates to the ISP or Respite Care Plan;
12. use what is important to and for the individual as the key factor to ensure delivery of services in a manner that reflects individual preferences and ensures optimal health and welfare;
13. clearly identify the strengths, preferences, needs (clinical and support), and desired outcomes of the individual;
14. include personal goals and preferences related to the development of relationships, community participation, employment, income and savings, health care and wellness, education, etc. based on informed choice;
15. identify risk factors; and
16. create plans to minimize adverse outcomes and manage risk.

3.3 Person-Centered Practice

Person-centered practice is aligning services and resources to support individuals to achieve individual-specific goals and outcomes. The support team, facilitated by the individual and their SC, is responsible for:

1. developing the ISP and/or Respite Care Plan;
2. indicating the supports needed; and
3. identifying who is responsible for providing the services and supports in the ISP.

3.4 Informed Choice

Individuals receiving services must be supported to make informed choices about their lives, services, and supports in accordance with person-centered practices. Informed choice occurs when individuals receive clear, understandable information about available options and are supported to make decisions based on their preferences, goals, and desired outcomes.

Supporting informed choice includes:

1. Assessing the individual's interests, preferences, strengths, abilities, and needs;
2. Providing clear information about available service options, community resources, and supports.
3. Offering opportunities for the individual to explore options through experiences or trial opportunities when appropriate.
4. Discussing potential impacts of choices on the individual's health, safety, and overall quality of life and identifying strategies to address related concerns.

Individuals must be supported to express their preferences and make decisions about their services and daily activities without coercion, intimidation, or undue influence.

Provider responsibilities are to:

1. Assist individuals to explore a range of service options and community resources, including non-disability specific settings and supports.
2. Respect and support the individual's preferences, goals, and decisions.
3. Document the individual's choices in the ISP.
4. Facilitate the use of augmentative communication and Assistive Technology which aid the individual to participate in meaningful activities.

Chapter 4: Human Rights

Individuals receiving SGF Services have the same basic legal, civil, and human rights and responsibilities as anyone else. These rights must be honored in all assistance, supports, and services received by the individual.

4.1 Dignity of Risk and Duty of Care

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, individuals 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 are fostered.

Duty of Care refers to each individual's responsibility to take reasonable care to ensure that their actions (or lack of action) do not cause injury or harm to self or others.

Dignity of Risk and Duty of Care apply equally to all individuals. Providers must balance

Dignity of Risk with Duty of Care by supporting individuals to make informed choices while implementing reasonable safeguards to ensure health, safety, and well-being.

Chapter 5: Service Coordination

Service Coordination (SC) supports individuals receiving State General Fund (SGF) Services by facilitating person-centered planning, coordinating services, and monitoring service delivery. The provider agency's Service Coordinator (SC) works with the individual, guardian, when applicable, and other support team members to ensure services are delivered in accordance with the individual's needs, preferences, and desired outcomes. Service Coordination promotes informed choice, ensures access to appropriate services and supports, and helps maintain the individual's health, safety, and participation in community life.

5.1 Responsibilities of the Service Coordinator

The SC is responsible for coordinating and monitoring services for individuals receiving SGF services. Responsibilities include, but are not limited to:

1. Person-Centered Planning
 - a. Facilitate the person-centered planning process.
 - b. Ensure the individual and guardian, when applicable, have the opportunity to participate in planning and decision-making.
2. Individual Service Plan (ISP) Coordination
 - a. Schedule and facilitate ISP or Respite Care Plan meetings.
 - b. Develop the ISP. For individuals receiving services from more than one SGF provider agency, responsibility for the ISP rests with the SC employed by the Residential provider agency. If Residential Services are not provided, responsibility rests with the SC employed by the Adult Day Services provider.
 - c. Ensure the ISP reflects the individual's goals, preferences, and support needs.
3. Service Coordination
 - a. Assist individuals in accessing services and resources identified in the ISP or Respite Care Plan.
 - b. Maintain communication with support team members.
 - c. Advocate for the individual's rights, preferences, and needs.
4. Monitoring Services
 - a. Conduct requires monitoring activities to ensure services are delivered in accordance with the ISP.
 - b. Address concerns related to service delivery, health, safety, and quality of supports.
5. Reporting and Documentation
 - a. Ensure required documentation and reporting are completed in accordance with SGF Service Standards.
 - b. Report concerns related to abuse, neglect, or exploitation according to established reporting procedures.
6. Transition Planning

- a. Support individuals in understanding and accessing long-term service options, including Medicaid waiver programs.
- b. Coordinate transition activities when an individual is offered a waiver allocation or other services.
- c. Promote continuity of care during transitions to minimize disruption in services.

Chapter 6: Individual Service Plan (ISP)

The SGF program requires a person-centered individual service plan for every individual receiving Adult Day Services, Employment, and Residential Services. The ISP is the person-centered plan used in the SGF adult program. The ISP is the form that the team uses to document the individual's goals, preferences, health and safety risks, as well as services, and supports needed. It is developed annually and revised as needed. The ISP term of 365 days is established at initial entry into SGF services.

A support team is a group of people who work with the individual, their family, and guardian, who collaborate to plan, coordinate, deliver, and monitor health care or SGF supports. The team works together to promote the individual's health, safety, independence, and quality of life, and to ensure services are responsive to the individual's needs, preferences, and goals. Team members can consist of the agency SC, agency nurses, direct support professionals (DSP), Behavior Support Consultants, family members, guardians, and anyone else the individual wishes to have participate.

In SGF services the SC takes the lead in the ISP development with the individual and their support team. The ISP is written by the SC with input from the individual and their support team.

6.1 ISP Development

The ISP is developed annually through an ongoing PCP process. The ISP development must:

1. Involve those whom the individual wishes to attend and participate in developing the ISP.
2. Identify needs, services, and supports to meet those needs.
3. Include individually identified goals and preferences related to community participation, employment, health care and wellness, natural supports, and others.
4. Identify roles and responsibilities of the support team members who are implementing the ISP.
5. Include the term of the ISP and how and when it is updated.
6. Address any concerns of possible abuse, neglect, and exploitation.

6.2 ISP Meeting Participation

1. The following support team participants are required to contribute:
 - a. the individual receiving services and supports;
 - b. court-appointed guardian or parents of a minor, if applicable;
 - c. SC;
 - d. DSP who provide on-going, regular support to the individual in the home, work, and/or recreational activities;
 - e. ancillary providers such as the Behavior Support Consultant, nurse and nutritionist, as appropriate; and
 - f. health care coordinator.
2. Others the individual may want to invite include, but are not limited to:
 - a. advocate (personal, legal, or corporate);
 - b. community representatives;
 - c. interpreter;
 - d. cultural liaison;
 - e. school representatives;
 - f. minister, priest, rabbi, or another spiritual/cultural advisor;
 - g. co-worker;
 - h. health care practitioner; and
 - i. DDSD representative.
3. Support team member participation can occur in person/face-to-face or remotely.
4. If a required participant is not able to attend the meeting in person or remotely, their input should be obtained by the SC prior to that meeting. Within 5 business days following the meeting, the SC needs to follow-up with that participant and document accordingly. Reschedule to meet the needs of the individual.

6.3 Preparation for ISP Meetings

The SC is required to meet with the SGF individual and guardian prior to the ISP meeting.

1. The SC clarifies the individual's long-term vision through direct communication with the individual where possible, or through communication with family, guardians, friends, and others who know the individual well. Information gathered prior to the annual ISP meeting shall include, but is not limited to the following:
 - a. strengths,
 - b. capabilities,
 - c. preferences,
 - d. desires,
 - e. cultural values,
 - f. relationships,
 - g. safety and abuse prevention strategies,
 - h. resources,
 - i. functional skills in the community,
 - j. work/learning interests and experiences,
 - k. hobbies,

- l. community membership activities or interests,
 - m. religious and/or spiritual beliefs or interests, and
 - n. communication and learning styles or preferences and health and safety for use in development of the ISP.
2. All SGF provider agencies should be aware of and respect the rights of the individual and guardian, if applicable, to discontinue services or change provider agencies.

6.3.1 Annual ISP Meetings

The following are requirements for ISP meetings:

1. The SC must notify the individual, guardian, and those the individual wants to invite to their meeting, in writing of the date, time, and location of the annual ISP meeting at least 21 calendar days in advance of the meeting.
2. The SC convenes the meeting with the support team members, including those who have the best information regarding progress during the past year, those who know the individual best, and that the individual chooses to invite.
3. There must be documentation in the ISP 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.
4. The SC documents how remote participation occurs when team members are not present at the annual ISP meeting.
5. The SC follows up with team members who were not able to participate at the meeting, and documents this accordingly.

6.3.2 ISP Revisions

The ISP is a dynamic document that is required to be updated when there are changes with the individual's desires, circumstances, and need. Team members are required to collaborate and request a meeting from the SC when a need to modify the ISP arises. The SC convenes the support team within ten business days of receipt of any reasonable request to convene the team, either in person or through remote teleconference/video. Team meetings to review and/or modify the ISP must have meeting minutes or a summary documented in the individual's file and are required in the following circumstances:

1. When the individual or any member of the support team requests that the team be convened.
2. Within ten days of an individual's life change to take appropriate actions to minimize a disruption in the individual's life.
3. Transition to new provider, program or location is requested.
4. Changes in Desired Outcomes.
5. Loss or death of a significant person.
6. When an individual experiences a change in condition including a change in medical condition or medication that affects the individual's behavior or emotional state. This includes initiation of Palliative Care or Hospice Services.

7. When a service is terminated.
8. When there is criminal justice involvement (e.g., arrest, incarceration, release, probation, parole).
9. When there is loss of a job or change in employment status.
10. For any other reason that is in the best interest of the individual, or deemed appropriate, including development, integration or provision of services that are inconsistent or in conflict with the individual's Desired Outcomes of the ISP and the long-term vision.

6.4 SGF ISP Template

The ISP must be written according to templates provided by the DDS. The ISP template includes Vision Statements, Desired Outcomes, and a meeting participant signature page.

The ISP is written by the SC with input from the individual and support team and must be completed according to the following requirements:

1. SGF provider agencies should not recommend service type, frequency, or amount of services prior to the Vision Statement and Desired Outcomes being developed.
2. The individual does not require team agreement/approval regarding their dreams, aspirations, desired long-term outcomes, services, or supports.
3. A signature page and/or documentation of participation in person and telephonically must be completed.

6.5 Completion and Distribution of the ISP

The SC 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. The completed ISP must be distributed at least 14 calendar days prior to the effective day. The SC distributes the ISP, including the Teaching Support Strategies, to all support team members. The SC also distributes the ISP to the SGF Regional Liaison.

6.6 Provider Reporting Requirements

Provider agencies are responsible for tracking, documenting, and reporting required information to the SGF Program Manager and SGF Regional Liaisons at both the individual and agency level. This chapter identifies the required types of reports, reporting timelines, and submission requirements.

6.6.1 Quarterly Reporting

Provider agencies who provide Adult Day Services, Employment Services, and Residential Services are required to complete quarterlies for every individual they serve. Quarterly reports provide essential updates on individuals' health status, life circumstances, and progress toward ISP Desired Outcomes and treatment or clinical goals. Quarterly reporting requirements include:

1. Quarterly reports must be submitted as stated in provider contracts to the SGF Regional Liaison and SGF Program Manager by:
 - a. October 15,
 - b. January 15,
 - c. April 15, and
 - d. July 15.
2. The first quarterly report covers the period from the start of the fiscal year through the end of the first three-month period (90 calendar days) and is due ten calendar days after the period ends (100 days from the start of the fiscal year).

Required Elements of Quarterly Reports

Each quarterly report must include, at minimum:

1. The name of the individual and date on every page.
2. The timeframe covered by the report.
3. Documentation of timely completion of relevant ISP Action Plans and/or clinical service goals.
4. A description of progress toward ISP Desired Outcomes related to the services provided.
5. A description of progress toward any service-specific goals or treatment goals (e.g., nursing or health-related goals).
6. Documentation of significant changes in routine, staffing, health, or behavioral health status.
7. Documentation of unusual or significant life events.
8. The signature of the agency staff responsible for preparing the report.
9. Any additional service-specific elements required elsewhere in these standards.

Once completed, quarterly reports are required to be distributed to all members of the Support Team.

6.6.2 Monthly Reporting

SGF provider agencies are required to submit monthly reporting forms for Adult Day, Employment, Residential, and Respite Services. Forms include information about services, units provided and individuals served. The monthly submission requirements include:

1. Monthly reports must be submitted to the SGF Regional Liaison and SGF Program Manager by the 10th of each month.
2. Monthly reports must accompany the monthly service invoice.

3. Providers may only bill for individuals who have an Add/Delete Form approved by DDS prior to the start of services.
4. Provider agencies must use DDS-issued forms, including but not limited to:
 - a. Adult Services Monthly Report (formerly Form B).
 - b. Respite Report.

6.6.3 Individual Census and Service Summary per Provider Agency

SGF provider agencies must maintain a current client census and service summary and submit to DDS within 24 hours of a request. Required data elements of the client census and service summary include:

1. individual's last name;
2. individual's first name;
3. guardian name and relationship to individual;
4. date of birth;
5. social security number;
6. ISP term begin and end dates;
7. services provided by the specific SGF provider agency; and
8. region of service.

Chapter 7: Transitions

Individuals may choose to change services, provider agencies, or even withdraw altogether from SGF services. Although a resumption of services may ultimately occur, individuals may also be discharged, have services suspended, or be terminated from the SGF program under various circumstances. In any of these circumstances, appropriate planning must occur, and information must be discussed to facilitate a smooth transition and informed choices. The SC plays a critical role in all types of transitions.

When a SC is notified that an individual or guardian wishes to change provider agencies, the SC should inquire about the reason for the request and attempt to resolve any issues or concerns with the individual and/or guardian. If issues cannot be resolved, transition activities are initiated. The transition requirements are as follows:

1. The SC provides the individual or guardian, the regional office SGF Regional Liaison contact information.
2. The SGF Regional Liaison will provide information about the different provider agencies so that the individual and guardian, when applicable, can make an informed choice.
3. Once the individual or guardian has chosen a new provider agency, the individual and/or guardian is responsible for notifying affected agencies.
4. Once notified the SC will:
 - a. schedule a transition meeting with the individual and guardian, when applicable, the current provider agency, and the new provider agency within two weeks of being notified; and
 - b. facilitate the transition meeting, which should occur in person, but, if

necessary, can occur via teleconference.

5. The current provider agency is responsible for continuing the individual's services and support until the transition to the new provider agency is complete.

7.1 Out of Home Placement (OOHP)

OOHP is defined as the following:

1. acute hospital admission for medical or mental health needs;
2. admission to nursing home, rehabilitation center, skilled nursing facility or sub-acute hospital; or
3. admission to jail/detention center.

When an individual has an OOHP the following is required:

1. Provider agencies must speak with guardians to ensure any medical, behavioral, or psychiatric information is provided to the OOHP upon admission.
2. Residential provider agencies must communicate the need for existing Assistive Technology (AT), adaptive equipment and support to the out-of-home provider or placement and offer the individual's existing AT devices to the OOHP.
3. A transition meeting is required before discharge to ensure a safe and smooth transition back to the individual's home. The residential provider agency must promptly update any medical information relevant on the individual's ISP.

7.2 Transition to HCBS Waiver or ICF/IID Services

When an individual is offered an allocation via the letter of interest and primary freedom of choice (PFOC) for HCBS or ICF/IID services, it is expected that the individual will move forward with the process for the chosen program. Planning and coordination are required to support a smooth transition from SGF Services to the chosen service.

The following requirements apply:

1. Once a letter of interest and PFOC is sent to an SGF participant, the SGF Program Manager shall alert the SGF provider agency that they must support transition planning according to individual's choice.
2. Once the PFOC has been returned and a Case Manager (CM), Consultant, or ICF/IID has been selected the SGF Program Manager shall also inform the assigned CM, Consultant, or ICF/IID Program Manager that the individual is currently receiving SGF Services and provide the name of the SGF provider agency.
3. The SGF SC shall contact the assigned CM, Consultant, or ICF/IID to provide any information necessary to support the transition process and coordinate a transition meeting.
4. A transition meeting shall be conducted to discuss the individual's needs, service continuity, timelines, and any actions necessary to support a successful transition.
5. SGF provider agencies shall cooperate in the transition process and provide records, assessments, and other information necessary to ensure continuity of

care and supports.

6. SGF Services may continue during the transition period and shall end the day before the effective start date of the new service.
7. The SC shall complete and submit the required Add/Delete form associated with the transition.
8. In the event that the individual is not able to transition to the waiver or ICF/IID it is the responsibility of the primary SC to notify the SGF Program Manager

7.3 Withdrawal from SGF Services

If an individual withdraws from the SGF program, the SC is required to:

1. Contact the individual and guardian, when applicable, to discuss the withdrawal circumstances.
2. Inform the individual and guardian, when applicable, that SGF Services are available only to individuals who reside in New Mexico. SGF Services are not transferable or reciprocal between states, and individuals who relocate outside New Mexico are no longer eligible to receive SGF Services.
3. Notify the DDSD SGF Regional Liaison of the individual's withdrawal from the SGF program and the reason for the withdrawal.
4. Complete an Add/Delete form and submit it to the SGF Program Manager.

7.4 Discharge from Services

If a provider agency identifies an individual who is at risk of being discharged due to unmanageable unsafe behaviors, medical needs beyond the scope of service, or the individual and/or guardian 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:

1. The provider agency must provide the DDSD SGF Regional Liaison and the SGF Program Manager with a 30-calendar day notice to discharge the individual and an explanation of why.
2. The DDSD Director or designee approves or denies the discharge request made by the provider agency.
3. 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.
4. A transition meeting must be scheduled by the SC.
5. Every effort shall be made to transition the individual into a setting that meets their choice and needs.
6. Provider agencies will not and cannot discharge an individual until transition activities occur and must continue to serve them until this happens.

Chapter 8: Safeguards

Decisions belong only to the SGF individual and, if needed, their guardian or health care decision-maker. Provider agencies are responsible for respecting and supporting informed decisions of the SGF recipient and/or guardian. This includes helping the individual access medical advice, clear information, and any other available resources they may need.

1. If the individual and/or guardian disagrees with, is uncomfortable with, or does not support the implementation of a recommendation, they may request that the SC convene a team meeting to discuss the recommendation and address any concerns.
 - a. Support teams can discuss the rationale for recommendations including risks and benefits and alternatives (if available). This will be done in layman's terms and will include basic sharing of information designed to assist the individual/guardian with understanding the risks and benefits of the recommendation.
 - b. Alternatives should be presented, when available, if the guardian is interested in considering other options for implementation.
 - c. The decision made by the individual/guardian during the meeting is documented in meeting minutes or email, and the support team honors this decision in every setting.

8.1 Financial Rights and Responsibilities of the Individual in Services

An adult receiving SGF services is presumed able to manage their own funds unless the ISP documents and justifies limitations on self-management. Such justification must be supported by formal determination (e.g. guardianship or conservatorship) that restricts the individual's ability to manage finances independently.

8.2 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 this 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. Individual providers, provider employees, and agency providers are strictly prohibited from using restraints, restrictive interventions, or seclusion. Providers are responsible for ongoing monitoring and must immediately report any observed or suspected use in accordance with Abuse, Neglect, and Exploitation (ANE) reporting requirements.

Chapter 9: Health

This chapter includes standards designed to promote and protect the health, safety, and well-being of individuals receiving support through the SGF program. This chapter includes standards related to health care coordination for adults receiving Residential and Adult Day Services. Standards in this chapter require coordination among support

team members, including guardians, to provide the appropriate level of health support.

9.1 Roles and Responsibilities for SGF Provider Agencies in Health Care Coordination

All SGF provider agencies who provide Adult Day and/or Residential Services are required to provide health care coordination and are obligated to:

1. Communicate and coordinate treatment strategies for identified diagnoses and medication orders as approved by the individual and guardian.
2. Coordinate visits with primary care and specialist providers. Ensure a qualified person who knows the individual well, understands their health issues, and who can communicate effectively with the physician attends the appointment.
3. Communicate with physicians, dentists, and other health care providers as indicated.
4. Share information in a timely manner with the individual, guardian, family, support team, medical and behavioral provider agencies.
5. Ensure health care needs, conditions, and risk factors are accurately documented.
6. Coordinate with Managed Care Organization staff to assure continuity and access to health care services as well as availability and access to medications, medical equipment and health care supplies.

9.1.1 Health Care Coordination

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

Health care coordination involves deliberately organizing individual care activities and sharing information among all concerned with an individual's care to achieve safer and more effective care. This means that the individual'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.

The Health Care Coordinator (HCC) is the designated person on the team who arranges for and monitors health care services for the individual in SGF services. The HCC shall be identified by the individual or guardian and may be the individual, the guardian, or another member of the individual's support team.

If the HCC is a team member other than the individual receiving services, SGF provider agencies must assist the individual to be involved to the maximum extent possible.

9.2 Medical Stabilization

Licensed medical and dental health care providers, using professional judgment, may

elect to use immobilization, protective stabilization, or sedation to facilitate the safe and effective performance of appropriate medical or dental procedures. The medical or dental professional is responsible for obtaining any needed consent(s) from the individual or their parent, guardian or designated health care decision maker. If the physician or dentist orders medication to be given before the procedure, the medication must be delivered and documented on the Medication Administration Record (MAR) according to the order by the staff member assisting.

9.3 Use of Psychotropic Medications

Psychotropic medication is any medication that alters the chemicals in the brain and consequently impacts an individual's emotions and behaviors. Psychotropic medications treat a variety of psychiatric conditions including depression, bipolar disorder, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), and psychosis. While use of these medications can certainly ameliorate behavioral symptoms, they may not be sufficient to improve the quality of someone's life. Effective pharmacological intervention and support also considers the changes to the environment, relationships, skill building opportunities, and the activities available to an individual rather than targeting problem behaviors exclusively through medication. Use of psychotropic medication for an individual in SGF services includes the following requirements:

1. The use of psychotropic medication in the treatment of a diagnosed psychiatric condition must:
 - a. be in accordance with all applicable laws, regulations, and standards of acceptable practice, including the use of psychotropic medication only for conditions that are responsive to medication; and
 - b. be reviewed at a schedule established by the prescriber and individual in services or health care decision maker.
2. The administration of psychotropic medication is prohibited when the medication:
 - a. is for a chemical restraint, i.e., at a dose and/or frequency to intentionally and exclusively preclude behavior without identifying an underlying anxiety, fear, severe emotional distress, or other symptoms of psychiatric/emotional disturbance to be eased, managed, and/or treated. The administration of the medication may be regularly scheduled or on an "as needed" (PRN) basis;
 - b. is for substitution of meaningful support services.

Chapter 10: Overview of State General Fund Services

The State General Fund (SGF) program provides the following services:

1. Residential Services for adults, which includes Supported Living and Independent Living
2. Adult Day Services, which includes Day Habilitation, Community Access, and Community Integrated Employment
3. Respite Services for adults and children

Individuals receiving SGF Adult Residential or Adult Day Services must have an individual service plan (ISP). The ISP is developed by the individual's support team and

coordinated by the Service Coordinator (SC). Additional service requirements and standards for each service are described in the chapters that follow.

Chapter 11: Residential Services

Residential Services is an umbrella term used to describe services provided in a residential setting to adults aged 18 and older. Supported Living and Independent Living Services are provided in accordance with each individual's ISP. Residential Services are intended to provide the necessary assistance and support to meet the daily living and safety needs of individuals. Residential Services offer two service models, Supported Living and Independent Living for individuals aged 18 and older. Exceptions to the minimum age for Residential Services will only be considered for youth who are within 6 months of turning 18 years old. Requests for an exception must be made in writing to the SGF Program Manager.

11.1 Scope of Residential Services

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

1. Assistance with money management.
2. Meal planning and preparation.
3. Routine household maintenance and chores.
4. Training and education on self-advocacy and sexuality.
5. Individual health maintenance and monitoring.
6. Arrangement of medical and dental appointments.
7. Arrangement of transportation.
8. Personal care or activities of daily living (such as bathing, eating, dressing, and individual hygiene).
9. Supervision of nursing duties, as needed.
10. Nutritional counseling services, as needed.
11. Assistance to individuals who require a wheelchair for mobility and need physical assistance for bathing, dressing and transfers.
12. 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 funded therapies an individual may receive.
13. Assistance with development of natural support networks.
14. Development of social and individual relationships.
15. Community integration/ access/ utilization.
16. Service coordination activities such as writing the ISP or other service coordination functions.
17. Assistance with self-administration of medication and/or monitoring of medication needs.
18. Conduct monthly face-to-face visits in the home with the individual receiving services to include:
 - a. review implementation of the individual's ISP, Outcomes, and Action Plans;
 - b. schedule activities and appointments and advise the DSP regarding expectations and next steps, including the need for IST or retraining from a

- nurse, nutritionist, or BSC; and
- c. assist with resolution of service or support issues raised by the DSP or observed by the supervisor, SC, or other team members.
- d. Promote and create a safe environment free of abuse, neglect, and exploitation.

11.2 Supported Living

Supported Living (SL) Services allow up to four individuals with IDD to live in a home setting. SL Services are available 24 hours per day, 365 days a year. The time when an individual is employed, at school, visiting family, utilizing other natural supports as identified in the ISP or participating in Adult Day Services is excluded.

Twenty-four (24) hours of care must be provided when non-routine changes to an individual's daily schedule are required such as:

1. during illness, or recovery from illness, accidents, or hospitalizations;
2. in the event of emergencies, natural disasters, and/or a pandemic;
3. if the individual works during non-traditional hours (e.g., outside of weekdays from 9 am to 3 pm or 5pm);
4. on weekends and holidays; and
5. when the individual chooses to stay home.

SL cannot be provided in conjunction with any Respite or Independent Living service.

11.3 Independent Living

Independent Living (IL) Services are an individual intervention and support service that enables individuals with IDD to live independently in their own home or with family members in a more independent environment than SL. IL is intended for individuals who do not require the amount and intensity of paid direct care support provided under SL Services. 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, except for 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. IL includes a combination of instruction and individual support with activities of daily living (ADL), health related supports, meal preparation, household services and money management. Generally, this service is provided with a 1:1 staff to participant ratio; however, services may be provided to up to three individuals at a time when individuals have similar learning goals. IL can be provided by relatives or legal guardians.

11.3.1 Independent Living General Requirements

1. Services shall be available up to 365 days per ISP year. IL is not a service with 24 hours a day, 7-days a week coverage.
2. IL units are used based on needs of the individual and may change depending

- on individual circumstances during the week.
3. At least 20 hours of service must be provided each month to bill a whole unit.
 4. IL is delivered by Direct Support Personnel (DSP) in the individual's own home, family home, or in the community.
 5. Costs for room and board are the responsibility of the individual receiving the service.
 6. IL is intended to provide individual support, but IL may be provided to more than one individual at a time under the following circumstances:
 - a. Roommates (up to three individuals with IDD) all receive this service and have compatible outcomes for the service in their ISPs; and
 - b. Small groups (no more than three individuals with IDD) are supported during activities outside the home, such as social events or grocery shopping.
 7. IL can be provided to an individual who has roommates/housemates, including three individuals in other DDSD funded services.
 8. IL includes responsibility to assist the individual to coordinate transportation and use technology as outlined in the individual's ISP.

11.4 Individual Rights in Residential Settings

All individuals have the right to choose where they live. Provider agencies must facilitate individual choice and ensure that any residential service is chosen by the individual and is integrated in and supports full access to the community. Individuals should be given choices among all living options, including non-disability specific settings, such as personal homes, apartments or other rental options and shared living situations with non-disabled individuals. Provider agencies should ensure individuals have opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as their peers. Provider agencies must work to ensure Residential Services do not have the effect of isolating individuals from the broader community, especially if the service or setting is intended for group home living. This includes ensuring:

1. Individuals are informed of their rights at least annually.
2. Individuals live in a safe environment free of abuse, neglect, or exploitation.
3. Individuals are supported to learn and exercise their rights.
4. Individuals are provided with advance information about all costs including room and board, if paid to the provider.
5. Individuals retain the right to have utilities/phone/internet in their own names.
6. Individual needs and preferences are respected regarding housemates.
7. Individuals choose how to decorate their room and residence based on their own individual preferences, within the lease or other agreement.
8. Individuals have their own bed and the right to share a bedroom.
9. Individuals have the right to own individual property.
10. Individuals have the right to pursue adult relationships, both intimate and platonic.
11. Individuals have the right to privacy in the home i.e., units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed.

12. Toilets, tubs/showers provide privacy and are designed or adapted for the safe provision of individual care.
13. Individuals have privacy in bedrooms with the ability to lock bedroom doors, with the individual and appropriate staff having keys to doors as needed.
14. Individuals have free use of all common space in their residence, while respecting other's privacy, personal possessions, and individual interests.
15. Individuals have general control over when, if, and to where they move, unless precluded by a situation which presents an immediate risk to the individual or others in the home.
16. Individuals have the right to assume risk. (Dignity of Risk is balanced with the individual's ability to assume responsibility for that risk and a reasonable assurance of health and safety.)
17. Individuals have access to food at any time.
18. Individuals have freedom and support to control their schedules and activities.
19. Individuals may have visitors at any time they choose.
20. The setting is physically accessible to the individual.

11.4.1 Residential Environment Requirements

Provider agencies must ensure that each Supported Living residence is clean, safe, and comfortable, and each residence accommodates individual daily living, social and leisure activities. In addition, the provider agency must ensure the residence:

1. has basic utilities, i.e., gas, power, water, telephone, and internet access;
2. promotes a safe environment free of any abuse, neglect, and exploitation;
3. supports telehealth, and/or family/friend contact on various platforms or using various devices;
4. has battery-operated or electric smoke detectors or a sprinkler system, carbon monoxide detectors, and fire extinguisher;
5. has a general-purpose first aid kit;
6. has accessible written documentation of evacuation drills occurring at least three times a year overall, one time a year for each shift;
7. has water temperature that does not exceed a safe temperature (110 F);
8. has safe storage of all medications with dispensing instructions for each individual that are consistent with the Assistance with Medication (AWMD) training or each individual's ISP;
9. has an emergency placement plan for relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy;
10. has emergency evacuation procedures that address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding;
11. has or arranges for necessary equipment for bathing and transfers to support health and safety;
12. has the phone number for poison control within line of sight of the telephone;
13. has general household appliances, kitchen and dining utensils;
14. has proper food storage and cleaning supplies;
15. has adequate food to provide three meals per day that accommodate individual preferences;

16. has at least two bathrooms for residences with more than two residents;
17. training in and assistance with community integration that includes access to and participation in preferred activities to include providing or arranging for transportation needs or training to access public transportation; and
18. has Personal Protective Equipment available, when needed.

11.4.2 Medication Assessment and Delivery

SGF Residential provider agencies must support and comply with:

1. the processes identified in the DDSD Assisting With Medication Delivery training;
2. documentation requirements on a Medication Administration Record (MAR).
3. reporting any concerns of abuse, neglect, and exploitation according to requirements in ANE Reporting and Evidence Preservation.

11.4.3 Accounting for Individual Funds

Costs for room and board are the responsibility of the individual receiving the service and are not funded by the SGF program. Residential provider agencies must adhere to the following:

1. The Residential provider agency must produce a monthly accounting of all individual funds managed or used by the agency. The monthly accounting shall be maintained in the individual's agency file and be readily available for review upon request by DDSD, the individual, guardian, or other authorized entities.
2. When room and board costs are paid from the individual's SSI payment to a SGF Residential provider agency, the amount charged for room and board must allow the individual to retain 20% of their SSI payment each month for personal use.
3. A written and signed agreement must be in place between the individual and the provider agency that addresses the reasonable amount of discretionary spending money described in 2.

Chapter 12: Adult Day Services

Adult Day Services is an umbrella term used to explain structured services provided to adults with intellectual and developmental disabilities (IDD) that support the development and maintenance of skills, promote independence, and encourage participation in community life. The services provided under Adult Day Services are Day Habilitation, Community Access, and Community Integrated Employment.

12.1 Day Habilitation

Day Habilitation (DH) for adults is designed to assist an individual to increase their independence and potentially reduce the amount of paid support, to establish or strengthen interpersonal relationships, to join social networks, and to participate in typical community life.

DH offers structured, group-based activities aimed at increasing independence, skill development, and engagement in community life. These services may occur in community settings or at the agency-operated facilities. Services are provided outside

the residential setting. Day Habilitation also includes support in accessing both disability-related and generic community resources, such as those offered by the Department of Workforce Solutions (DWS) or the Division of Vocational Rehabilitation (NM DVR).

DH is based upon the preferences and choices of each individual and designed to measure progress toward Desired Outcomes specified in the ISP. Activities include adaptive skill development, adult educational support, citizenship skills, communication, social skills, self-advocacy, informed choice, community integration, and relationship building.

Outcomes from this service may include an enhanced capacity for self-determination, development of social networks that allow the individual to experience valued social roles while contributing to his or her community and establishing lasting community connections.

12.1.1 Scope of Service

DH should be provided in the community to the fullest extent possible. Services should lead to participation and integration in the community and support the individual to reach his or her personal goals and Desired Outcomes for growth and development.

When planning DH, the support team members shall recognize the individual's right to make life choices that may include risk. The support team members should assess risk on an individual basis and develop or enhance risk mitigation strategies as needed. The assumption of risk shall be balanced with the individual's ability to assume responsibility for that risk and a reasonable assurance of health and safety while maintaining compliance with DDSD SGF Service Standards and the NM Nurse Practice Act for those with health-related supports.

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

1. Arrangement of transportation;
2. Assistance with self-administration of medication and/or monitoring of medication needs;
3. Assistance with the development of choice making skills;
4. Assistance with the development of natural support networks;
5. Implementation of behavior support plans;
6. Development of social and personal relationships;
7. Education on rights and responsibilities in the workplace;
8. Education on self-advocacy;
9. Assistance with personal care activities of daily living, personal growth, and development;
10. Service coordination activities such as writing or updating the ISP or other service coordination functions;
11. Supervision of nursing duties, as needed; and
12. Nutritional counseling services, as needed.

12.1.2 Community Access

Community Access is for adults receiving SGF Adult Day Services. Community Access is a subcategory of Day Habilitation. It is designed on a one-on-one and small group basis occurring in the community-setting. These services are designed to establish and enhance individual access to participation in the community through activities such as volunteering, adult or continuing education, recreation, and any other ways people with and without disabilities keep actively engaged outside of their job. This includes engaging and interacting with non-disabled people in their neighborhood and community who share the individual's interests, passions, and desired role. Community Access also includes support with pursuing both disability-related and generic community resources, such as those offered by the Department of Workforce Solutions (DWS) or the Division of Vocational Rehabilitation (NM DVR).

When an individual obtains paid employment, Supported Employment services may be added to the Individual Service Plan (ISP). A provider agency may bill for both Community Access and Supported Employment services, when the need for both services is identified and documented in the ISP, and the required service hours for each service are delivered in accordance with the ISP. Community Access Services are designed to assist individuals in the development and maintenance of valued social roles. Community Access is generally provided with 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 ISP for each individual must clearly document the rationale for providing services in a group setting.

12.1.3 Settings Requirements for Non-Residential Settings

All individuals have the right to choose where they receive services. All provider agencies must facilitate individual choice and must ensure that any service provided in an agency-operated facility is a setting chosen by the individual, is integrated and supports full access to the community. Settings are expected to be free of any abuse, neglect, or exploitation. Provider responsibilities in agency-occupied settings include but are not limited to:

1. Encouraging and allowing visitors to visit at times that are convenient for the individuals.
2. Allowing individuals to access the building to the fullest extent possible while remaining safe. For example, gates, Velcro strips, locked doors, fences, or other barriers preventing individuals' entrance to or exit from certain areas should not be used.
3. Ensuring the building meets ADA standards and is physically accessible.
4. Ensuring that personal support assistance is provided in private settings to the fullest extent possible, including dining options if applicable.
5. Ensuring any staff of the SGF provider agency do not talk about an individual(s) in the presence of others or in the presence of the individual as if s/he were not present, and that staff address the individual directly when discussing the individual or matters concerning the individual.

6. Providing a secure place for the individual to store personal belongings.
7. Ensuring individuals have full access to a dining area with comfortable seating and the opportunity to converse with others during break or mealtimes.
8. Affording dignity to the diners, e.g., individuals are treated age-appropriately and not required to wear bibs.
9. Assisting with arranging alternative meals and/or private dining if requested.

12.2 Community Integrated Employment (CIE)

Community Integrated Employment (CIE) is a service available to adults in SGF Adult Day Services. CIE activities support individuals to obtain and maintain employment in the community. Services are individualized to meet the needs, interests and skills of the individual that is being supported. Employment Services support individuals in jobs that are in integrated businesses, industries, or government environments.

12.2.1 Scope of Service

Prior to receiving Community Integrated Employment (CIE) Services, individuals shall be referred to and provided the opportunity to participate in the New Mexico Division of Vocational Rehabilitation (DVR) process. SGF-funded CIE Services are intended to supplement employment support when DVR Services have been exhausted, determined unavailable, or are otherwise insufficient to meet the individual's ongoing employment support needs. Documentation of the DVR referral and outcome shall be maintained in the individual's record.

CIE is intended to provide support that results in jobs in the community which increase economic independence, self-reliance, social connections, and the ability to grow within a career. CIE Services are geared to place individuals with disabilities in employment settings with non-disabled co-workers within the general workforce or assist the individual in business ownership. This service may include small group employment. Individuals are supported to explore and seek opportunities for career advancement through growth in wages, hours, experience, promotions and/or movement from group to individual employment. Individuals are provided with the opportunity to participate in negotiating their work schedule, break/lunch times, leave and medical benefits with their employer.

CIE includes Job Development, Job Coaching, Job Maintenance, Self-Employment, Job Sampling and on-site analysis. All the models may incorporate elements of customized employment, which includes job carving, employer negotiations, job restructuring, and negotiated responsibilities. Reasonable accommodation is essential for employment, when needed. Services must be provided in a way that does not embarrass, disrespect, or restrict an individual from making friendships and co-worker relationships. Natural/peer support should be explored and encouraged to potentially fade the paid supports. Fading paid support is most successful when natural/peer supports are in place and stable.

12.2.2 Service Requirements

CIE Services shall be provided based on the interests of the individual and Desired Outcomes listed in the ISP. 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 job. Services may include remote based support if they are appropriate, and individual centered. Individuals should be supported to be as independent as possible, on the job. CIE staff are expected to support, teach/train and promote independence and are not allowed to complete the job for the individual.

Requirements include:

1. Arranging for, providing, or training on transportation supports during CIE including the use of public transportation (i.e., bus, train, ride share, etc.) options;
2. Accessing services and supports through agencies such as the Division of Vocational Rehabilitation (DVR) and Department of Workforce Solutions (DWS), including attendance at appointments. Individuals who have a change in employment such as loss of a job, wants a second job, wants to advance and/or transition to other types of employment are required to utilize funding for services available through vocational rehabilitation and special education as mandated in federal regulation;
3. Providing basic assistance needed for individual care and ADL (such as eating, toileting and personal hygiene);
4. For individuals with health care needs, providing assistance with medication delivery in accordance with DDSD AWMD requirements;
5. Implementing a Communication Dictionary, and communicating any needs or concerns to the appropriate therapist in a timely manner, including battery replacement and use of recharging devices as needed to assure function;
6. Promoting and encouraging a safe environment free of abuse, neglect, or exploitation;
7. Ensuring and implementing a system to communicate and minimize any disruption to an individual's employment when an individual suffers a "life change" (e.g., hospitalization, health status change, relocation to another city, loss of employment);
8. Attending team meetings when there is a change in the individual's life to take appropriate actions to minimize a disruption in the individual's employment;
9. Providing integrated community-based employment services that are not delivered in center-based provider facilities; and
10. Providing services in integrated work settings where at least 50 percent of employees, excluding provider staff, do not have disabilities.

Chapter 13: Respite Services

Respite is a flexible family support service that provides short-term, temporary care to people with IDD 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.

13.1 Scope of service

The scope of Respite Services is as follows:

1. Assist individuals in developing and strengthening self-help skills and in completing activities of daily living.
2. Provide non-medical personal care and health-related supports.
3. Support individuals with activities of daily living, including meal preparation and consumption, personal hygiene, sleep routines, and related daily tasks.
4. Facilitate opportunities for community and neighborhood participation and inclusion.
5. Support engagement in leisure, play, and other recreational activities.
6. Encourage and support individuals to make age-appropriate and skill-appropriate choices regarding daily activities.

13.2 Service Requirements

1. Staff to individual ratio is typically 1:1 or 1:2 in family households or community settings. This ratio can go as high as 1:4 for a group setting.
2. Locations where respite may be provided include the following:
 - a. The individual's/family's home,
 - b. The Respite provider's home, or
 - c. A community setting of the family's choice (e.g. community center, swimming pool, park, etc.).
3. A Respite Care Plan is required for this service and is developed by the SGF Respite provider with the assistance of the individual and their family/guardian. The Respite Plan should include at least the following:
 - a. Date of plan,
 - b. Individual name,
 - c. Parent/Guardian name and contact information,
 - d. Communication style,
 - e. What personal care assistance is needed from the Respite DSP,
 - f. Any medical conditions DSP should be aware of,
 - g. Routines/schedule, and
 - h. Location and activities.
4. A maximum of 200 hours per year is available to recipients. Additional hours require approval from the SGF Program Manager.
5. Individuals receiving Adult Residential Services are not eligible to receive Respite Services.

13.3 Agency Requirements

Respite provider agencies must meet the following requirements:

1. The Respite provider agency must provide an individual accounting of any individual funds used monthly, including receipts for expenditures in the community.
2. Reporting suspected abuse, neglect, or exploitation.
3. DSP providing Respite cannot also be a primary caregiver or an individual who resides in the same dwelling as the individual supported.
4. When Respite is provided overnight, DSP may sleep when the individual is asleep, but only when the support team members agree to this and the environment is safe and secure.
5. The SC must complete quarterly (4 per year) visits in the home to monitor service delivery according to Respite Care Plan.

Chapter 14: Nursing Services

Individuals receiving Adult Day Services and Residential Services require the support of nursing services as needed. Nurses play a pivotal role in supporting individuals and their guardians or legal Health Care Decision makers within the SGF program. SGF nurses assist individuals in identifying and expressing their preferences regarding health care decisions. Nurses promote health awareness and support individuals in managing medications and health conditions to the greatest extent possible. Nurses assess, monitor, and address health-related concerns. They provide education to individuals, guardians, DSPs, and other support team members regarding health conditions, medications, and treatment recommendations.

Nurses also respond proactively to chronic and acute health changes and concerns, facilitating access to appropriate health care services. This involves communication and coordination both within and beyond the SGF program. SGF nurses must contact and collaborate with the individual, guardian, support team members, DSP and all medical and behavioral providers including medical providers or Primary Care Practitioners (physicians, nurse practitioners or physician assistants), Specialists, Dentists, and the Medicaid Managed Care Organization (MCO) Care Coordinators. Nurses must report any concerns regarding possible cases of abuse, neglect, or exploitation.

14.1 Licensing, Supervision, and Delivery of Nursing Services

All SGF Nursing provided within Adult Day or Residential Services must be provided by a Registered Nurse (RN) or licensed practical nurse (LPN) with a current license and be in good standing under the Nurse Licensure Compact (NLC). The Nurse Licensure Compact is an agreement between New Mexico and other states that allows reciprocity for licensed nurses.

1. Nurses and Certified Medication Aides (CMAs) must comply with all aspects of the New Mexico Nursing Practice Act.
 - a. An RN must provide routine supervision and oversight for LPNs, Certified Medication Aides (CMAs), and all DSP to whom they have delegated

- specific nursing tasks.
- b. An LPN or CMA may not work without the routine supervision and oversight of an RN.

14.2 Medication Administration and Nursing

Nurses are required to:

1. Comply with the New Mexico Nurse Practice Act.
2. Educate the individual, guardian, family, and support team regarding the use and implications of medications as needed.
3. Administer any new medication for individuals in Residential Services until:
 - a. The nurse determines the individual's condition is stable;
 - b. The above is applicable in residential settings except for individuals residing with and receiving support from their related family.
4. Monitor the MAR and treatment records at least monthly for accuracy.
5. Respond to calls requesting delivery of PRNs from AWMD trained DSP within 30 minutes.
6. Respond to calls at any time from agency staff who seek advice or assistance regarding medication issues.
7. Assure that all orders for PRN medications or treatments have:
 - a. clear instructions for use; and
 - b. observable signs/symptoms or circumstances in which the medication is to be used or withheld.
8. Monitor the individual's response to the use of routine or PRN pain medication and contact the prescriber as needed regarding its effectiveness.
9. Assure documentation of the response to and effectiveness of the PRN medication is on the MAR and in routine progress notes from the DSP and Nursing.
10. Document any observed or reported signs of allergic reaction or adverse medication effects or side effects and provide needed follow-up and support including accessing appropriate medical treatment and communicating with the ordering practitioner.
11. Know where medication information from the prescribing pharmacy is kept online, in the home, and Adult Day service locations.
12. Support the DSP awareness of the expected desired outcomes from medications.
13. Support the individual's increased independence and participation by taking their medications independently if possible.
14. Collaborate with agency supervisors to examine and correct medication errors and missing medications as needed.

14.2.1 Nurse Delegation

1. Nursing delegation is only required when delegated nursing tasks are performed by a service provider who is not related to the individual by affinity or consanguinity.
2. Nurses must ensure compliance with the New Mexico Nurse Practice Act, SGF Service Standards and relevant agency policies and procedures when delegation of specific nursing functions has been granted. Refer to Chapter 14.1.1: Licensing, Supervision, and Delivery of Nursing Services.

14.2.2 Self-Administration of Medication

1. If the individual has the potential to self-administer medications and only needs additional training and support (which is based on the recommendation and the level of delivery agreed upon by the support team), the support team (including the nurse) should coordinate, plan, and provide this training and support.
2. Individuals and staff should receive appropriate training as needed to support the individual's optimal self-sufficiency.
3. All individuals who self-administer medications in Supported Living must have a current Primary Care Practitioner (PCP) order to self-administer medication and a current written consent from the guardian if one is present.
4. Individuals receiving Independent Living (IL) while living with family or friends are not required to have a PCP order or consent to self-administer medications.

14.2.3 Self-Administration of Medication with Physical Assistance by Staff

1. Individuals with physical challenges that prevent them from completing the process of taking medication independently, but who otherwise meet all criteria for independent self-administration, may receive support in the form of physical assistance from staff.
2. All individuals in Supported Living must have current written consent, obtained from the individual or guardian/surrogate health care decision maker for provision of self-administration of medication with physical assistance and a current PCP order to self-administer medications with physical assistance by staff.

14.2.4 Assistance with Medication Delivery by Staff (AWMD)

For individuals who do not meet the criteria to self-administer medications independently or with physical assistance, trained staff may assist with medication delivery if:

1. Staff Requirements:
 - a. Current written consent has been obtained from the individual/guardian/surrogate health care decision maker.
 - b. There is a current PCP order to receive AWMD by staff.
 - c. All DSP who are supporting a non-related individual and who assist with routine or PRN medications must have access to an on-call nurse or physician service in all service settings.

2. Nursing and CMA requirements:
 - a. Nurses must administer medications or treatments for routes that are not addressed under the AWMD training program.
 - b. The nurse must administer medications via the following routes:
 - i. Nasogastric Tube (NG Tube)
 - ii. Nebulizers that are not premixed
 - iii. Intramuscular (IM) and intravenous (IV) medications
 - c. Nurses must administer any new medication that requires a routine ordered assessment with the delivery of each dose for individuals in Residential Services until:
 - i. The nurse determines the individual's condition is stable; and
 - ii. DSP, including CMAs, are adequately trained and demonstrate competence related to the individual's condition, the desired effects of the medication utilized, and the routine ordered with the delivery of each dose.
 - d. The above (a-b) is applicable in all settings except for when living with family.
 - e. A Certified Medication Aide (CMA) Level I or II may administer medications through all routes included in the Certified Medication Aide chapter of the New Mexico Nursing Practice Act.
 - f. CMAs must have a current certificate in good standing and must be supervised or directed by an RN.
 - g. CMAs may only work for and perform medication administration for a SGF agency that is currently approved by the Board of Nursing as a CMA Provider and functions in accordance with all New Mexico Board of Nursing Rules.
 - h. A Certified Medication Aide Level II may deliver subcutaneous insulin via pen only. CMA Level I may not deliver insulin.
 - i. Nurses or Certified Medication Aides Level I or II may administer medication through a gastrostomy, or jejunostomy tube (G or J or G/J tube). The nurse may choose to formally delegate this task to DSP.

Chapter 15: ISP Implementation and Monitoring

All SGF provider agencies who provide adult services are required to provide the services as detailed in the ISP. SCs facilitate and maintain communication with the individual, their guardian, and other support team members to ensure that the individual receives the maximum benefit of their services and that revisions to the ISP are made as needed. All SGF provider agencies are required to cooperate with monitoring activities. Provider agencies are required to respond to issues identified at both the individual and agency level. Implementation of the ISP by all SGF provider agencies is monitored by the SC conducting monthly site visits. The site visit must also be documented.

15.1 Monitoring and Evaluating Service Delivery

The SC is required to complete a formal, ongoing monitoring process to evaluate the quality, effectiveness, and appropriateness of services and supports provided to the individual as specified in the ISP. The SC is also responsible for monitoring the health and safety of the individual's environment. Monitoring and evaluation activities include the following requirements:

1. The SC is required to meet face-to-face with adult SGF individuals at least 12 times annually (one time per month) or quarterly for those in Respite Services.
2. Immediately report any concern of abuse, neglect or exploitation using the established reporting process.
3. Face-to-face visits must occur as follows:
 - a. At least one face-to-face visit per quarter shall occur at the individual's home, if receiving services in the home.
 - b. At least one face-to-face visit per quarter shall occur at the day program for individuals who receive Adult Day Services and/or Employment service in an agency operated facility.
 - c. The SC considers the preferences of the individual when scheduling face-to-face-visits in advance.
 - d. Face-to-face visits may be unannounced depending on the purpose of the monitoring.
4. The SC must verify, that the ISP, Respite Care Plan, and any applicable Behavior Support Plans are in place at the individual's residence and Adult Day Services location(s) during their visits.
5. The SC must report all suspected ANE as required by New Mexico Statutes.
6. If there are concerns regarding the health or safety of the individual during monitoring or assessment activities, the SC immediately notifies appropriate supervisory personnel within the SGF provider agency and documents the concern.
7. If the SC's reported concerns are not remedied by the provider agency within a reasonable, mutually agreed upon period of time, the SC shall report the concerns to the DDSD SGF Regional Liaison.
8. SC site visits must be documented and kept in the SGF provider agency file. The site visit document must be available for review by DDSD.

Chapter 16: Qualified Provider Agencies

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's.

16.1 Caregivers Criminal History Screening Program

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) and to the DHI mission of enhancing the quality of health systems for all New Mexicans. 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, the CCHSP applies to any non-licensed individual 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 served by that provider agency including:
 - a. DSP, Direct Support Supervisors and SC for Day Habilitation, Community Integrated Employment, Respite, Independent Living, and Supported Living;
 - b. Paid relatives or legal guardians;
 - c. Administrators or operators of facilities who are routinely on site where support is provided;
 - d. Any compensated individuals such as employees, contractors, volunteers, and employees of contractors.
2. All non-licensed persons must obtain a caregiver criminal history screening background check and obtain the results prior to the staff member being allowed to work. Provider agencies must also check the EAR prior to hiring or contracting with an employee (NMAC 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.

16.2 Direct Support Professional Educational and Experience Requirements

Direct Support Professionals (DSP) are staff and subcontractors employed by SGF provider agencies who deliver direct, daily, hourly, and routine support to individuals receiving services. DSPs are the primary implementers of the ISP and are responsible for carrying out individualized strategies designed to promote health, safety, skill development, and achievement of the individual’s vision and Desired Outcomes. DSPs are fully participating members of the individual’s team.

Direct Support Supervisors (DSS) and SCs work alongside DSPs to ensure the delivery of quality services. Together, these roles form the core workforce for the following SGF-funded services:

1. Supported Employment,
2. Adult Day Services,
3. Respite Services, and
4. Residential Services (Supported Living and Independent Living).

16.2.1 Direct Support Professionals (DSP)

DSPs must meet the following minimum education requirements:

1. Be 18 years of age or older; and
2. Possess a high school diploma or GED.

The high school diploma/GED requirement does not apply to:

1. DSPs hired prior to January 1, 2013,
2. DSPs providing Respite Services.

The exemption for DSPs hired prior to January 1, 2013, remains valid only if there has not been a break in employment of 24 months or more at any time.

16.2.2 Direct Support Supervisors (DSS) and Service Coordinators

DSSs and SCs must meet the following minimum requirements:

1. Be 21 years of age or older.
2. Possess a high school diploma or GED; and
3. Have at least one year of experience working with individuals with intellectual and/or developmental disabilities (I/DD) or in a related field.

A degree in a related field may substitute for the one year of required experience.

16.3 Professional Licensure

Professionals licensed by their respective boards must practice under the confines of their license and provide a current license to their agency annually. Agencies must provide current licenses to DDSD upon request. All relevant professional licensure for all hired and subcontracted personnel must be active in the state of New Mexico for:

1. Nursing
2. Nutritionist

16.4 Conflict of Interest

SGF provider agencies must mitigate any conflict-of-interest issues by adhering to at least the following:

1. Any individual who is an employee or subcontractor of an entity that is compensated for providing SGF services to an individual must not serve as guardian or Power of Attorney for that individual, except when related by affinity or consanguinity [§ 45-5-31(1) A NMSA (1978)]. Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement.
2. SGF provider agencies may not employ or sub-contract with DSPs who are immediate family members to support the individual in services, except when the individual is in IL.
3. SGF provider agencies may not employ nor subcontract with a spouse or domestic partner to support the individual in services.

Chapter 17: Training Requirements

Training standards establish uniform requirements for the completion, reporting, and documentation of all training required of provider agencies and personnel delivering services funded through the State General Fund (SGF). These standards apply to DSP, Direct Support Supervisors (DSS), SC, contractors, trainers, mentors, and agency staff supporting individuals receiving:

1. Residential Services (Supported Living and Independent Living),
2. Adult Day Services,
3. Supported Employment, and
4. Respite.

Relatives providing paid services must also comply with these training requirements.

17.1 Training Requirements

1. All required DDSD training courses must be completed within 30 calendar days of hire and before working alone with any individual in service.
2. Required trainings shall be taken according to the Job Requirements by Job Classification document available through the DDSD Training Unit and website (<https://www.cdd.unm.edu/cddlearn/ddsd/JobRequirementsbyJobClassification.pdf>).
3. Provider agencies must enter all staff training data and required updates into the DDSD statewide training database, including hire dates, completed training, job changes, and separations.

17.1.1 Required 30-Day Safety and Foundation Training

All DSPs, DSSs, SCs, and other applicable staff must complete the following within 30 days of hire and prior to working independently:

1. Individual-Specific Training (IST) in alignment with each individual's ISP.
2. First Aid and CPR certification, meeting OSHA guidelines (population-specific: adult, infant, or both).
3. Hazardous Chemicals Training (as applicable, per OSHA).
4. Fire Extinguisher Operation.
5. General Vehicle Safety.
6. Passenger Assistance for Individuals with Cognitive/Physical Impairments.
7. Wheelchair Lift Use and Tie-Down Procedures (as applicable).
8. Emergency and Evacuation Procedures.

17.1.2 Required 30– 180-day Training

Personnel must complete ongoing annual training, including Abuse, Neglect and Exploitation (ANE) Awareness (annual), recertification as required, and any additional DDSD-designated training courses.

Staff covering emergencies or interim shifts must have, at minimum, the DDSD-required core trainings and must work alongside a DSP who has completed relevant Individual-Specific Training (IST).

Training Course	Timeframe	Job Classification	Platform
Abuse, Neglect & Exploitation (ANE) Awareness (prior to working alone with a person in service)	30 days/ Every Calendar Year	SC, DSS, CIE, Respite, DSP	Livestream/In-Person/Online
Health Insurance Portability and Accountability (HIPAA)	30 days	SC, DSS, CIE, DSP	Online
Intro to Person-Centered Planning (before taking Individual Service Plan (ISP) for DSP/DSS)	30 days	SC, DSS, CIE, DSP	Online
Keys to Health (prior to working alone with a person in service)	30 days	SC, DSS, CIE, DSP	Livestream/In-Person/Online
Standard Precautions	30 days	DSS, CIE, DSP	Online
Individual Service Plan (ISP) for DSP/DSS	60 days	SC, DSS, CIE, DSP	In-Person/Livestream
ISP Critique	90 days	SC	
Assisting With Medication Delivery (AWMD) Part 1 Session 1 & 2 (if required to assist with medication delivery and prior to working alone with a person in service)	90 days/Every Calendar Year	DSS, CIE, Respite, DSP	Livestream/In-Person/Online
Promoting Effective Teamwork	60 days	SC	Training Calendar
AWMD Part 2 & 3 Agency Trainer (if required to assist with medication delivery and prior to working alone with a person in service)	Within 30 days of completing Part 1	DSS, CIE, DSP	Livestream/In-Person
Advocacy in Action	90 days	SC, DSS, CIE, DSP	Livestream/In-Person/Online
Communication Supports Training (CST)	90 days	SC, DSS, CIE, DSP	Livestream/In-Person/Online
Intro to Supporting Sexuality for Persons w/ IDD if designated in the ISP or by the Support team (Service Coordinators only)	90 days	SC, (Respite if noted in Care Plan),	Livestream/In-Person
Positive Supports Training (PST)	90 days	SC, DSS, CIE, DSP	Livestream/In-Person/Online

Aspiration Risk Management	180 days	SC	
Any other training that DDSD designates as being required	TBD	SC, DSS, CIE, Respite, DSP	TBD
Introduction to Waivers	30 days	SC, DSS, CIE, DSP	Online
Supported Employment Training Across Waivers	1 day	CIE	Online

17.2 Training Requirements for Service Coordinators (SC)

Service Coordinators must complete all required 30-day trainings within established timeframes and prior to working alone with any individual in service. SCs must also complete all core curriculum training courses facilitated by certified trainers. Emergency or interim staff functioning in an SC role must meet the same core requirements and work alongside a DSP trained in IST.

17.3 Supported Employment Training Requirements

Supported Employment provider agencies must ensure:

1. All staff complete Supported Employment Training Across Waivers prior to delivering any employment service.
2. At least one agency staff member must hold an Association of Community Rehabilitation Educators (ACRE) certificate or Certified Employment Support Professional (CESP) credential at all times.
3. Agencies must maintain accurate documentation of all ACRE and CESP certifications.
4. Supported Employment staff must be entered into the Training Hub as SGF Supported Employment.

17.4 Training Requirements for Respite

Respite care providers must:

1. Maintain certification in First Aid and CPR appropriate to the population served (adult and/or infant).
2. Complete 40 hours of SGF Respite/Substitute Care training within the first year of employment and 10 hours annually thereafter. CPR and First Aid may count toward these hours.
3. Providers recruited for a single individual must complete 20 hours of individual-specific training, tailored to the individual's needs.
4. Receive individual-specific training from the parent or family, which may count toward training requirements:
 - a) 8 hours toward the initial 40-hour requirement, or
 - b) 4 hours toward annual 10-hour requirement.
5. Agencies may allow up to 6 months for completion of additional training requirements beyond the initial 40 hours.

6. Training may include HIPAA, child abuse reporting, information on specific disabilities or conditions, and other relevant topics.
7. The provider and employer should collaborate to determine annual training topics.
8. Respite providers must complete AWMD training within 90 days if they assist with medication and complete sexuality training when indicated in the Respite Care Plan.

17.5 Individual-Specific Training (IST)

Individual-Specific Training (IST) is training provided to DSP on the specific needs, supports, and services required for each individual they serve. This training may include information related to the individual's ISP, health and safety needs, communication methods, behavioral supports, daily routines, and other supports necessary to safely and effectively provide services.

Individual-Specific Training (IST) ensures staff are competent to support the unique needs of each individual receiving services. IST must be completed for each individual served and updated every ISP year. The individual receiving services should participate in the training process whenever possible.

17.6 Reporting and Documentation Requirements

These Service Standards establish minimum requirements for reporting, documentation, and training compliance of DDSD training requirements. Requirements are:

1. All agencies are responsible for taking the online training on use of the New Mexico Waiver Training Hub and passing the competency. Agency administrators are required to monitor training compliance for their agencies a minimum of once every month.
2. Agency administrators shall submit all personnel changes (hires, resignations or terminations, name changes, job classification changes) to the Training Hub using approved processes within five (5) working days of the date of the change occurring. This applies to all job classifications.
3. All personnel employed by provider agencies that deliver Supported Living, Independent Living (IL), Community Integrated Employment (CIE), or Developmental Habilitation (DH) Services shall be listed in the New Mexico Waiver Training Hub as Direct Support Professionals (DSPs). Personnel providing Community Integrated Employment (CIE) Services shall be identified in the Training Hub as CIE.
4. Within five (5) working days of a training, certified trainers of core curriculum modules (except AWMD) shall, using approved forms/processes, submit course information to the New Mexico Waiver Training Hub.
 - a. Course submissions must include participant identifying information, attendance status, and whether the participant passed, failed, or was a no-show.
 - b. AWMD training must be entered only after successful completion of the required on-the-job skills demonstration and must be entered within five (5)

- working days of successful completion of on-the-job skills demonstration.
5. Within five (5) working days of a train-the-trainer session, certified mentors of core curriculum modules shall, using approved forms/processes, submit trainer certification information to the New Mexico Waiver Training Hub.
 6. Agencies must maintain accurate and complete training records and maintain documented proof that former and current staff have completed required trainings. Documented proof consists of one or more of the following:
 - a. Transcripts produced by the New Mexico Waiver Training Hub, which are the official record of an individual's training history;
 - b. Agency compliance reports;
 - c. Competency verification forms;
 - d. Signed and dated course rosters (for agency trainers);
 - e. Copies of course completion certificates/cards (when courses do not require trainees to complete a competency verification form/test);
 - f. Completed on-site skills demonstration forms for AWMD; and
 - g. Agency sign-in sheets (only for IST sessions outside of a formal classroom setting).
 7. Within ten (10) working days of a request, agencies shall provide former and current staff with copies of the first page of their completed competency verification forms and/or course completion certificates/transcripts/cards.
 8. Agencies shall develop a written procedure, specifying the standardized process for agency tracking of IST requirements.
 9. Agencies shall be subject to training audits conducted by state personnel or designees. Training audits may include (but not be limited to) the following:
 - a. Training record reviews;
 - b. Interviews with agency personnel

17.6.1 IST Training Rosters

Training Rosters are required for all IST trainings and must include the following:

1. Individual's name,
2. Date, start/end time, and duration,
3. IST competency level (Awareness, Knowledge, Skill),
4. Training topics,
5. Trainee signatures and competence level achieved, and
6. Trainer signature and title.

Chapter 18: Incident Management System

DDSD is committed to promoting the health and safety of the individuals served in our programs. Any incident of abuse, neglect, or exploitation (ANE) is unacceptable. DDSD's ANE prevention strategy includes but is not limited to:

1. Monitoring by service providers in all environments.
2. Comprehensive ANE Training requirements for DDSD, and providers.

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

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

Adults call 1-800-445-6242
Children call 1-855-333-7233

18.1 ANE Reporting and Evidence Preservation

The SGF provider who suspects or is aware of ANE, suspicious injury, environmental hazard, or death is ultimately responsible for reporting. The SGF provider agency may be sanctioned in accordance with NMAC 7.1.14.11 for failure to report incidents of ANE, suspicious injury, environmental hazard, or death; for failure to provide or maintain evidence of an existing IMS and employee, subcontractor, or volunteer training; or for failure to adequately protect individuals from ANE.

All SGF provider agencies shall:

1. immediately report alleged crimes to law enforcement;
2. once ANE, suspicious injury, environmental hazard or death is suspected, ensure the individual's health and safety, as well as others potentially affected;
3. after health and safety are assured, immediately call the DHI hotline at 1-(800) 445-7233
4. ensure the provider agency's employee, subcontractor, or volunteer with firsthand knowledge of the alleged incident makes the report with assistance in reporting from an experienced staff or provider agency manager as needed;
5. refrain from internal investigations until DHI's investigation is completed, except to the extent necessary to make the report and ensure the health and safety of the individual;
6. safeguard, secure and not disturb any records or physical evidence related to an alleged incident of ANE; and
7. if physical evidence must be removed or affected, take photographs, or do whatever is reasonable to document the location and type of evidence found which appears related to the incident, including, for example:
 - a. taking overall (wide) photographs, unless prohibited by agency policy;
 - b. taking close-up photographs of evidence (e.g., bruises, clothing, location of fall);
 - c. diagramming the scene; and
 - d. listing all evidence found including the name of finder, date, time, location.

18.2 Immediate Action and Safety Plans (IASP)

Upon discovery of any alleged incident of ANE, the SGF provider agency shall:

1. develop an Immediate Action and Safety Plans (IASP) for potentially endangered individuals;
2. be immediately prepared to report the IASP verbally to the DHI during the reporting of the initial allegation;
 - a. report the IASP in writing on the DHI- issued IASP form within 24 hours;
 - b. revise the plan according to the DHI's direction, if necessary;
 - c. closely follow and not change or deviate from the accepted IASP, without approval from the DHI.

18.3 Agency Cooperation during Division of Health Improvement (DHI) Investigations

All SGF provider agencies who are subject to an investigation must:

1. facilitate immediate physical or in-person access, and assist with scheduling interviews by DHI personnel investigating the incidents;
2. provide unrestricted access to the DHI for announced or unannounced visits to any facility, building or location operated by the provider agency;
3. provide, upon request of DHI, immediate access to formal and informal applicable records, regardless of media, including but not limited to financial records, individual records, ISP, volunteer and personnel records, employee contact information, including training records, incident reports, quality assurance activities and agency policy and procedure manuals; and
4. provide, upon request of the DHI, copies of records within timelines established by DHI.

18.4 Notifications

After an allegation of ANE has been reported to DHI, SGF provider agencies have requirements related to notifying individuals, guardians, and support team members regarding allegations of ANE. Notification responsibilities are outlined below:

1. The non-responsible reporting provider shall verbally notify the responsible provider within 24 hours of the report being made to IMB.
2. The responsible provider shall:
 - a. verbally notify the Guardian within 24 hours of the report being made to IMB;
 - b. verbally notify the accused individual and alleged victim, when appropriate and using situational discretion;
 - c. provide the IASP to the support team; and
 - d. provide the CPA plan to the SC only.
3. The SC shall verbally notify the alleged victim of Closure letters and outcomes of the investigation at the next monthly site visit.

18.5 Reports of Death

Any death should be reported using the DHI toll-free hotline at 1-866-654-3219.

In the event of a death of an individual receiving services through the SGF, the following must occur:

1. The provider agency must immediately notify the SC and the DHI of the individual's death.
2. Regardless of circumstances, the SC must ensure any death is immediately reported to DHI after knowledge of the death.
3. The individual's primary file must be made available to DDSD upon request.
4. If systemic issues are identified in the mortality review process, the DDSD will work with the relevant provider agency to address concerns in a quality improvement process.
5. If provider level issues are identified in the mortality review process, the DDSD will work with the relevant provider agency to address concerns in a quality improvement process.

18.6 Corrective and Preventive Action Plans for Substantiated Findings.

Provider agencies will be held accountable for the actions of employees, volunteers, subcontractors, or contractors when incidents are substantiated by the DHI investigation.

The SGF provider agency shall:

1. establish and maintain a quality improvement program for reviewing alleged complaints and incidents of ANE made against them as a provider;
2. provide to the DHI written documentation of corrective actions taken;
3. take all reasonable steps necessary to prevent further incidents.

Chapter 19: Provider Documentation and Client Records

SGF provider agencies shall comply with all applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). All SGF provider agencies are required to store information, have adequate procedures for maintaining privacy as well as security of medical records and of individually identifiable health information. Medical records and individually identifiable health information are collectively defined as "Protected Health Information" (PHI). HIPAA compliance extends to electronic and virtual platforms.

19.1 Client Records Requirements

All SGF provider agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the individual receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary.

SGF provider agencies are required to adhere to the following:

1. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the individual during the provision of the service.
2. Provider agencies must have readily accessible MARs, ISPs, BSPs in home and community settings in paper or an electronic form.
3. Provider agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each individual, including any routine notes or data, annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.
4. Each provider agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.
5. All records must be retained for six (6) years and must be made available to DDSD upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.

19.1.1 Medication Administration Record (MAR)

Administration of medications applies to all provider agencies of Adult Day Services and Residential Services.

1. Medications and treatments must be recorded per assisting with medication delivery per the DDSD Assisting with Medication Delivery (AWMD) program.
2. Provider agencies must configure and use the MAR when assisting with medication.
3. Provider agencies continually communicate any changes about medications and treatments between team members to assure health and safety.
4. Provider agencies must include the following in the MAR:
 - a. The name of the individual, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed.
 - b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber.
 - c. Documentation of all time limited or discontinued medications or treatments.
 - d. The initials of the person administering or assisting with medication

- delivery.
- e. Documentation of refused, missed, or held medications or treatments.
- f. Documentation of any allergic reaction that occurred due to medication or treatments.
- g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements:
 - i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period;
 - ii. clear follow-up detailed documentation that the DSP contacted the agency nurse or physician service prior to assisting with the medication or treatment; and
 - iii. documentation of the effectiveness of the PRN medication or treatment.

Chapter 20: Billing Requirements

This chapter outlines requirements related to billing and service reimbursement for SGF provider agencies.

20.1 General Billing Requirements

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

1. a fully executed Provider Agreement with the DDSD;
2. an approved Add/Delete form signed by DDSD.

20.2 Record Keeping and Documentation Requirements

SGF provider agencies must maintain all records necessary to demonstrate provision of services to support billing. At a minimum, provider agencies must adhere to the following:

1. The type of service provided must be supported in the ISP prior to service delivery and billing.
2. Comprehensive documentation of direct service delivery must include, at a minimum:
 - a. the agency name;
 - b. the name of the recipient of the service;
 - c. the location of the service;
 - d. the date of the service;
 - e. the type of service;
 - f. the start and end times of the service;
 - g. the signature and title of each staff member who documents their time; and
 - h. details of the services provided. A provider agency that receives payment for services must retain all medical and business records for a period of at least six years from the last payment date.

20.3 Billing for Adult Day Services

Adult Day Services may be billed when services are delivered in accordance with the individual's ISP and meet the requirements outlined in the SGF Service Standards. Billing must reflect the actual services provided and must be supported by documentation of service delivery.

Adult Day Services may not be billed when the individual is not present, when services are not delivered, or when activities do not align with the scope of service or the individual's ISP.

The following are the required hours to bill for Adult Day services.

<5 hours	0 unit
5–9 hours	0.25 unit
10–14 hours	0.50 unit
15–19 hours	0.75 unit
≥20 hours	1.0 unit

20.4 Billing for Residential Services

Residential Services may be billed when services are delivered in accordance with the individual's ISP and meet the requirements outlined in these standards.

Provider Agencies must maintain documentation demonstrating that the individual received the required level of support during the billing period. Documentation must support the services delivered and include relevant service records maintained by the provider agency.

Residential Services may only be billed when the individual is residing in the approved residential setting and receiving services from the provider agency in accordance with the established service requirements.

1. Supported Living (Service is only billed in a whole unit unless a new admission)

Hours/Month	Billing Unit
≥340 hours	1 unit
≤340 hours	Cannot bill

*Up to 2 hours per month of non-face-to-face support may be billed as part of the 340 required hours if related to ISP outcomes.

2. Independent Living

Hours/Month	Billing Unit
>20	1 unit
15-19	.75 unit
10-14	.50 unit
5-9	.25 unit

20.5 Non-Billable Services, Activities, Circumstances

The following are not billable:

1. Services furnished to an individual who:
 - a. does not reside in New Mexico;
 - b. is not eligible for SGF services; or
 - c. is hospitalized or in an institutional care setting.
2. Services which do not provide face-to-face/video conferencing unless the type of non-face-to-face/video conferencing support is expressly included in the scope of work.
3. Care provided by a parent or guardian to their minor child under age 18.
4. Care provided by a spouse.
5. Activities that are not included in the:
 - a. scope of service; or
 - b. the individual's approved ISP.
 - c. Administrative fees.
6. Services that are not provided in accordance with the provider's license and supervision requirements.
7. Mental health treatment, transportation, therapy or nursing services otherwise billable under the Medicaid State Plan benefit or through the behavioral health system.
8. Services covered under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to individuals under age 21.
9. Room and board, including building maintenance, upkeep, and improvement.
10. Services that duplicate a service(s) already being provided.
11. Attendance at team meetings when attendance is already built into the service reimbursement rate.
12. Services provided at the same time by different provider agencies unless collaborative or shared support is expressly allowed and described in the service scope and requirements.
13. Time associated with:
 - a. travel to and from a site of any billable service, except when transporting the individual in accordance with the scope of the service;
 - b. preparing or updating reports, progress notes and logs;

- c. employer activities including administrative duties, preparing, or maintaining routine paperwork and billing documentation, employer staff meetings or meetings with supervisors that are not client specific;
- d. professional development and continuing education;
- e. missed appointments;
- f. program set up and clean up;
- g. review of relevant records, unless they are included in professional and clinical assessment activities;
- h. participation in assessments not performed by the specific service provider;
- i. outreach or marketing activities including time spent developing and distributing information or educational materials about their agency and services to individuals potentially eligible for the SGF services.

Appendix C Individual Rights and Freedoms

As an individual with an intellectual and/or developmental disability (IDD), and an individual receiving services, I have the same basic legal, civil, and human rights and responsibilities as everyone else. My rights shall never be limited or restricted unnecessarily; without due process and the ability to challenge the decision, even if I have a guardian. All my rights should be honored through any assistance, support, and services I receive.

Some Examples of My Rights Include:

- Get paid competitive wages to work in an inclusive setting
- Contribute to my community
- Access services in the community the same way individuals who don't receive services do
- Full inclusion in community and cultural life
- Have access to education and information in a way I can understand
- Choose where I live based on what I can afford
- Choose who I live with
- Lock my doors and home, and choose those who may come in
- Access common places in my home
- Exercise tenant rights in accordance with state law
- Accessibility wherever I go
- Choose to be alone and my privacy respected
- Privacy and confidentiality
- Access to all my personal information (financial, medical, programmatic, behavioral, legal)
- Receive information to make informed decisions regarding my health care.
- Choose supports that I need and want
- Choose from all available service provider agencies
- Independence
- Choose/develop my own schedule
- Go out at any time
- Develop my own person-centered plan of support
- Be treated with dignity and respect
- Control my money
- Be free from coercion, restraint, seclusion, and retaliation
- Have visitors at my home at any time
- Choose when/what to eat, and have access to food at any time
- Choose my clothing
- Be part of a family or start one
- Live with my partner or get married
- Form loving relationships, either platonic or sexual, with whomever I choose
- Be free from abuse, neglect, exploitation
- Have access to advocacy supports and resources
- Participate in any discussion about restricting my right
- Vote
- Exercise religion or belief of my choice

Appendix D Authorities

7.1.12 NMAC Health- Health General Provisions Employee Abuse Registry
7.1.14 NMAC Health-Health General Provisions Abuse, Neglect, Exploitation and Death Reporting, Training and Related Requirements for Community Provider Agencies
7.1.9 NMAC Health-Health General Provisions Caregivers Criminal History Screening Requirements
7.14.2 NMAC Quality Management System and Review Requirements for Provider Agencies of Community Based Services
7.14.3 NMAC Incident Reporting and Investigation Requirements for Provider Agencies of Community Based Services
7.26.3 NMAC Health Developmental Disabilities Rights of Individuals with Developmental Disabilities Living in the Community
7.26.4 NMAC Health Developmental Disabilities Client Complaint Procedures
7.26.5 NMAC Developmental Disabilities Service Plans for Individuals with Developmental Disabilities Living in the Community
7.26.6 NMAC Health Developmental Disabilities Requirements for Developmental Disabilities Community Programs
7.26.7 NMAC Health Developmental Disabilities (Appendix A) Individual Transition Planning Process
8.7.30.8 NMAC Health Family & Children Health Care Services Requirements for Family Infant Toddler Early Intervention Services
8.200.400 NMAC Social Services Medicaid Eligibility -General Recipient Policies
General Medicaid Eligibility
Health Insurance Portability and Accountability Act (HIPAA) of 1996, including the SCS Administrative Simplification Provisions
Fair Labor Standards Act of 1938 (FLSA), as amended 29 USC §201 et seq.; 29 CFR Parts 510 to 794
New Mexico Nursing Practice Act, Chapter 61, Article 3, New Mexico Statute Authority (NMSA)
New Mexico Nursing Practice Act – NMAC 16.12.2.11 Includes NM Board of Nursing requirements governing Certified Medication Aides and administration of medications
Individuals with Disabilities Education Act (IDEA), Part C
Education Department General Administrative Regulations (EDGAR)

DDSD Contact Information:

DDSD Community Programs Bureau

SGF Unit

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DDSD Regional Offices

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