

Guide to June 15, 2015 Standards Changes

The DDW Service Standards, effective March 15, 2015, were revised to provide clarification from the previous version of the DDW Service Standards dated April 23, 2013, incorporate information that has been issued in the form of Director's Releases, and add new information regarding the Centers for Medicare and Medicaid Services (CMS) Final Rule (2249-F/2296-F) for Home and Community-Based Settings.

The Division will issue further guidance and training on the DD Waiver Transition Plan to come into compliance with the CMS Final Rule requirements. Compliance is required by 2019.

This guide highlights the more significant areas where changes were made for a quick reference, however, it is your responsibility to read the entire DDW Standards and comply with them.

Chapter 1-Introduction:

- List of Acronyms-updated
- Master List of Definitions-updated
- Information regarding the CMS Final Rule issued March 17, 2014
- Resource Allocation and Resource Allotments updated to include decision rules for the standard seven level system and covered waiver services by NM DDW Group Assignments

Chapter 3-Behavioral Support Consultation:

- Revised language in Scope of Service
- Revised language in Exception to Qualifications
- Professional Development Within First 12 months to include Aspiration Risk Management course
- Revisions to Requirements for Document Submission and Documentation

Chapter 4-Case Management Services

- Assessment-clarification on LOC for children and Jackson Class members
- Addition to Individual Service Planning regarding the review of the SIS
- Clarification on Case Management Staffing Ratio

Chapter 5-Community Integrated Employment Services

- New language in narrative of CIE: Individuals are provided the opportunity to participate in negotiating his/her work schedule, break/lunch times, and leave and medical benefits with his/her employer.
- Revisions and additions to the Scope of Service to comply with CMS Final Rule
 - Advocate for the individual to be integrated into the work culture, including attending job –related social functions and interacting with their non-disabled co-workers during lunch or break times. In addition individuals should have full access to employer designated dining/break areas

- When services are being provided within an agency-occupied building, the agency must allow 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 should not be used as barriers
- All Providers are required to store information and have policy in accordance with HIPAA requirements
- Ensure DSP don't talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present
- Ensure that personal support assistance is provided in private settings to the fullest extent possible, including dining options if applicable
- Provide a secure place for the individual to store personal belongings
- In agency-occupied setting, the agency must encourage visitors or others from the greater community (aside from paid staff) to be present and visit at times that are convenient for the individuals. Evidence of this must be present
- Allow individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, and afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)
- Provide for an alternative meal and/or private dining if requested by the individual
- Clarifying language in Service Requirements
- Additions to Agency Requirements to comply with CMS Final Rule
 - When services are being provided within an agency-occupied building, the agency must allow 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 should not be used as barriers
 - All agency-occupied buildings shall meet ADA standards and be physically accessible
 - Providers are required to store information and have policy in accordance with HIPAA requirements
 - Ensure that personal support assistance is provided in private settings to the fullest extent possible, including dining options if applicable
 - Ensure DSP don't talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present
 - Provide a secure place for the individual to store personal belongings
 - When services are being provided within an agency-occupied building, the agency must allow 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 should not be common practice
- Changes to Staff Requirements
- Reporting Requirements-clarification of VAP or other assessment profile

Chapter 6-Customized Community Supports

- Clarification in Scope of Service to include information on coordination/training with ANS services
- Clarification in Staffing Ratios regarding the e-CHAT and nursing collaboration
- Additions to Scope of Work to comply with CMS Final Rule

- In agency-occupied setting, the agency must encourage visitors or others from the greater community (aside from paid staff) to be present and visit at times that are convenient for the individuals. Evidence of this must be present.
- When services are being provided within an agency-occupied building, the agency must allow 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 should not be used as barriers;
- All agency-occupied buildings shall meet ADA standards and be physically accessible;
- Providers are required to store information and have policy in accordance with HIPAA requirements;
- Ensure that personal support assistance is provided in private settings to the fullest extent possible, including dining options if applicable;
- Ensure DSP don't talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present;
- Provide a secure place for the individual to store personal belongings;
- When services are being provided within an agency-occupied building, the agency must allow 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 should not be common practice;
- Allow individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, and afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs):
 - Provide for an alternative meal and/or private dining if requested by the individual.

Chapter 7-Customized In-Home Supports

- Revisions to Scope of Service
- Provisions of Services-respite changes (no more 50% of total dollars) and additional clarification on who can provide respite
- Revisions to Health Care Requirements
- Clarification language around Reporting Requirements and when reports are due

Chapter 8-Crisis Supports

- Clarification under Agency Requirements regarding on-call coverage

Chapter 9-Environmental Modifications

- Clarification under Service Requirements that this service is available to any individual of any age
- Procedure for Obtaining Environmental Modification services has additional descriptive and clarifying language
- Agency Requirements has additional descriptive and clarifying language
- General Requirements has additional descriptive and clarifying language

Chapter 11-Family Living

- Clarifying language under supervision
- Additional language to Individual Rights to comply with CMS Final Rule
 - The individual has a lease or other legally enforceable agreement
 - Individuals have access to food at any time. Human Rights Committee review when food has a potential to be a danger to the individuals
 - Individuals can have visitors at any time
- Nursing information moved to ANS chapter
- IDT Coordination-inserted language about access to adaptive equipment, augmentative communication and assistive technology and staff being available as respondents for SIS assessments
- Additional Residence Requirement added to comply with CMS Final Rule
 - Provide lockable entrance doors with individuals and appropriate staff having keys as needed

Chapter 12-Supported Living

- Revised language in the Scope of Service
- Additional language to Individual Rights to comply with CMS Final Rule
 - The individual has a lease or other legally enforceable agreement
 - Individuals have access to food at any time
 - Individuals can have visitors in their home at any time they choose
- Revisions to Healthcare Requirements around delegation and medication delivery
- Clarification to Agency Requirements to include CCS Individual In-Home services and access to adaptive equipment, augmentative communication and assistive technology and staff being available as respondents for SIS assessments
- Addition of Non-Ambulatory Stipend provider responsibilities
- Additional Residence Requirement added to comply with CMS Final Rule
 - Provide lockable entrance doors with individuals and appropriate staff having keys as needed

Chapter 13-Intensive Medical Living Services

- Service Requirements-clarifying language added about Healthcare Plans being reviewed, revised and re-dated and regarding delegation

Chapter 15-Adult Nursing Services

- Additions to service definition to include language about young adults ages 18 through 20 who are at risk for aspiration and whose desire to have Aspiration Risk Management (ARM) services
- Clarification on who the service is intended to support: to include people who require ANS but don't receive Living Supports and people who require ANS during participation in Customized Community Supports and/or Community Integrated Employment
- Addition to scope of nursing assessment and consultation being required if the individual receives health related supports from surrogate providers that require training and oversight by nursing
- Clarification on when a Decisions Consultation form is not needed

- Clarification under Nurse Delegation
- Clarification that medication oversight is not optional if AWMD supports are provided by surrogate staff in Customized Community Supports or Community Integrated Employment services.
- Clarification of minimum requirements for Nursing Monitoring
- Clarification under Agency Requirements: ANS must be offered and provided by all Family Living providers and Providers of CCS Group, who also offer CCS-Individual and/or Small Group.

Chapter 17-Personal Support Technology

- Service criteria removed

Chapter 21-Supplemental Dental Care

- Addition to Billable Activities
 - The Supplemental Dental Care Provider may include a service fee up to ten percent (10%) of the cost of the services to cover administrative costs.

Chapter 22-Therapy Services

- Clarification added under General Requirements regarding young adults aged 18-20 eligible for therapy as identified in the Aspiration Risk Management Policy and Procedure and EPSDT
- Clarification added under Referral for Medicaid DDW Therapy Evaluation
- Revisions to Therapy Service Model
- Clarification to Provider Agency-Therapist Collaboration
- Clarification to Therapist-Therapist Collaboration to include young adults receiving ARM services and attending school.
- Revisions to Training by Therapists of IDT members to include WDSIs, AT and AT inventory monitoring
- Clarification to Monitoring requirements