



State of New Mexico  
Human Services Department  
Human Services Register



**I. DEPARTMENT**  
NEW MEXICO HUMAN SERVICES DEPARTMENT

**II. SUBJECT**  
COLTS (C) HOME AND COMMUNITY-BASED SERVICES WAIVER

**III. PROGRAM AFFECTED**  
(TITLE XIX) MEDICAID

**IV. ACTION**  
PROPOSED REGULATIONS

**V. BACKGROUND SUMMARY**

New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) proposes to replace the Disabled and Elderly (D&E) Waiver rules (8.314.2 NMAC) with a new section to the Coordinated Long-Term Services Waiver rules (8.307.18 NMAC).

The CoLTS 1915 (c) Waiver serves individuals who are aged, blind or disabled. While case management services are not included in the CoLTS 1915 (c) Waiver, recipients receive service coordination services through their respective CoLTS Managed Care Organizations (MCOs). The New Mexico Aging and Long-Term Services Department (ALTSD) administers the CoLTS 1915 (c) Waiver.

8.307.7.11 NMAC, *Services Included in the Coordination of Long-Term Services Program Benefit Package*, is also amended to include a description of the CoLTS 1915 (c) Waiver coverage.

**II. EFFECTIVE DATE**

The Department proposes to implement these regulations effective July 1, 2010.

**VIII. PUBLIC HEARING**

A public hearing to receive testimony on these proposed regulations will be held at 9:00 a.m. on Thursday, May 13, 2010, in the ASD Conference Room of Plaza San Miguel, 729 St. Michael's Drive, Santa Fe, New Mexico.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Division toll free at 1-888-997-2583 and ask for extension 7-3156. In Santa Fe call 827-3156. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

#### **IX. ADDRESS**

Interested persons may address written or recorded comments to:

Kathryn Falls, Secretary  
Human Services Department  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 p.m., on May 13, 2010. Written and recorded comments will be given the same consideration as oral comments made at the public hearing. Interested persons may also address comments via electronic mail to:

[Magdalena.Romero@state.nm.us](mailto:Magdalena.Romero@state.nm.us).

#### **X. PUBLICATIONS**

Publication of these regulations approved by:

KATHRYN FALLS, SECRETARY  
HUMAN SERVICES DEPARTMENT

**TITLE 8 SOCIAL SERVICES**  
**CHAPTER 307 LONG TERM CARE SERVICES-WAIVERS**  
**PART 18 COLTS 1915 (C) HOME AND COMMUNITY-BASED SERVICES WAIVER**

**8.307.18.1 ISSUING AGENCY:** New Mexico Human Services Department.  
[8.307.18.1 NMAC - N, 7-1-10]

**8.307.18.2 SCOPE:** The rule applies to the general public.  
[8.307.18.2 NMAC - N, 7-1-10]

**8.307.18.3 STATUTORY AUTHORITY:** The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the human services department pursuant to state statute. See NMSA 1978 27-2-12 et seq.  
[8.307.18.3 NMAC - N, 7-1-10]

**8.307.18.4 DURATION:** Permanent.  
[8.307.18.4 NMAC - N, 7-1-10]

**8.307.18.5 EFFECTIVE DATE:** July 1, 2010, unless a later date is cited at the end of a section.  
[8.307.18.5 NMAC - N, 7-1-10]

**8.307.18.6 OBJECTIVE:** The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid program. These policies describe eligible providers, covered services, non-covered services, utilization review, and provider reimbursement.  
[8.307.18.6 NMAC - N, 7-1-10]

**8.307.18.7 DEFINITIONS:** [RESERVED]

**8.307.18.8 MISSION STATEMENT:** To reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.  
[8.307.18.8 NMAC - N, 7-1-10]

**8.307.18.9 COLTS 1915 (C) HOME AND COMMUNITY-BASED SERVICES WAIVER:** To help New Mexicans who are disabled or elderly receive services in a cost-effective manner, the human services department, medical assistance division (HSD/MAD) has obtained a home and community-based services (HCBS) waiver. The CoLTS 1915 (c) waiver provides home and community-based services to eligible recipients who are disabled or elderly, as an alternative to institutionalization. These regulations describe CoLTS 1915 (c) waiver eligible recipients, eligible providers, covered waiver services, non-covered services, utilization review and provider reimbursement.  
[8.307.18.9 NMAC - N, 7-1-10]

**8.307.18.10 ELIGIBLE PROVIDERS:**

A. Eligible independent providers and provider agencies must be approved by the CoLTS 1915 (c) waiver state-operating agency, aging and long-term services department/elderly and disabilities services division (ALTSD/EDSD) or its designee, have a provider agreement with ALTSD/EDSD, and have an approved medicaid provider participation agreement with MAD.

B. Individual service providers participate as employees or contractors of approved agencies, except as otherwise recognized by these regulations. Providers may subcontract only with individuals who are qualified and must follow the general contract provisions for subcontracting.

C. Providers are required to follow state licensing regulations, as applicable. This includes, but is not limited to nurses, social workers, physical therapists (PTs), physical therapy assistants (PTAs), occupational therapists (OTs), certified occupational therapy assistants (COTAs), and speech language pathologists (SLPs). Refer to the New Mexico regulation and licensing department for information regarding applicable licenses.

D. Once enrolled, providers receive information including medicaid program policies, and other pertinent materials from MAD and ALTSD/EDSD. As MAD or ALTSD send new materials, providers are responsible for ensuring they receive, read and adhere to information contained in the materials.

E. **Qualifications of service coordination providers:** Service coordinators must:

- (1) comply with all applicable federal and state waiver regulations and service standards regarding service coordination services; and
- (2) ensure that each service coordinator has the following qualifications:
  - (a) a current social work license as defined by the NM board of social work examiners; or
  - (b) a current registered nursing license as defined by the NM board of nursing; or
  - (c) a bachelor's degree in social work, counseling, nursing, special education, or closely related field;
  - (d) one year of supervised clinical experience with the disabled or elderly population; and
  - (e) all other qualifications set forth in CoLTS 1915 (c) waiver service standards.

F. **Qualifications of home health care providers:**

- (1) Services may be provided by eligible agencies.
- (2) Agencies may be licensed by the department of health (DOH) as a home health agency pursuant to state law.
- (3) Providers must:
  - (a) comply with all applicable federal, and state waiver regulations and service standards regarding services;
  - (b) provide supervision to each respite staff at least quarterly, depending on the amount of respite used; supervision must include an on-site observation of the services provided and a face-to-face interview of the individual being served;
  - (c) comply with the Department of Health Act, NMSA 1978, Section 9-7-1, et. seq. and the Employee Abuse Registry Act, NMSA 1978, Sections 27-7A-1, et. seq.
  - (4) Providers must have available and maintain a roster of trained and qualified employees for back-up of regular scheduling and emergencies.
  - (5) Providers must ensure that each staff meets the following requirements:
    - (a) completes a services training program that may include, but is not limited to, agency in-service training or continuing education classes; all training must be documented as required in ALTSD/EDSD CoLTS 1915 (c) waiver service standards; and the following:
      - (i) New staff must complete 10 hours of training prior to providing services.
      - (ii) Following the first year of service provision, staff must complete a minimum of 10 hours of training annually.
      - (iii) New staff must complete a written competency test that demonstrates the skill and knowledge required to provide services with a minimum passing score of 85 percent or better, prior to or within 30 days of providing services, and
      - (iv) Staff assigned to new clients must receive instructions specific to the individual recipient prior to providing services to the recipient;
    - (b) possesses a minimum of one year experience as an aide in a hospital, nursing facility or rehabilitation center; or two years experience in managing a home or family;
    - (c) successfully passed nationwide criminal history screening pursuant to 7.1.9 NMAC and in accordance with the Caregivers Criminal History Screening Act, NMSA 1978, Section 29-17-1, et seq.; documentation that the screen has been successfully passed must be maintained in the employee's personnel file;
    - (d) a current tuberculin (TB) skin test or a chest x-ray upon initial employment by the provider as defined by the DOH; a copy of these results must be maintained in the employees personnel file;
    - (e) a current cardiopulmonary resuscitation (CPR)/heart saver certification; a copy of this certification must be maintained in the employee's personnel file;
    - (f) a current first aid certification; a copy of this certification must be maintained in the employee's personnel file;
    - (g) a valid New Mexico driver's license and a motor vehicle insurance policy if the waiver recipient is to be transported by staff; copies of the driver's license and motor vehicle insurance policy must be maintained in the employee's personnel file; and
    - (h) other qualifications set forth in CoLTS 1915 (c) waiver service standards.

G. **Qualifications of private duty nursing providers:**

(1) Private duty nursing services must be provided by a licensed home health agency, licensed or certified rural health clinic or federally qualified health center using only registered nurses (RNs), licensed practical nurses (LPNs) and vocational nurses, or by an independent provider that is an RN, LPN, or vocational nurse.

(2) Private duty nursing agency providers must have a valid DOH home health agency license pursuant to state regulation, or valid licensed rural health clinic or federally qualified health center pursuant to 7.13.2 NMAC.

(3) Private duty nursing providers must:

(a) comply with all applicable federal and state waiver regulations and service standards regarding private duty nursing services;

(b) ensure that each private duty nurse has a current state license; and

(c) meet all other qualifications set forth in CoLTS 1915 (c) waiver service standards.

**H. Qualifications of respite providers:** Respite services include non-nursing services or private duty nursing services (by an RN or LPN).

(1) Respite services may be provided by eligible home health/respite agencies or private duty nursing agencies.

(2) Respite services may be provided by non-nursing staff or private duty nurses (either RNs or LPNs) based on the waiver recipient's needs.

(3) Respite providers must meet all qualifications described above in Subsection F, *qualifications of respite providers*.

(4) Private duty nursing respite providers must meet all qualifications described above in Subsection G, *qualifications of private duty nursing providers*.

**I. Qualifications of skilled maintenance therapy provider agencies:** Skilled maintenance therapy includes PT for adults, OT for adults, and speech and language therapy (SLT) for adults.

(1) Skilled maintenance therapy services may be provided by eligible skilled maintenance therapy agencies or independent therapists.

(2) Physical, occupational and speech and language therapists, and physical therapy assistants (PTAs) must possess a therapy license in their respective field from the New Mexico regulation and licensing department. Certified occupational therapy assistants (COTAs) must possess an occupational therapy assistant certification from the New Mexico regulation and licensing department. Speech clinical fellows must possess a clinical fellow license from the New Mexico regulation and licensing department.

(3) Skilled maintenance therapy providers must:

(a) comply with all applicable federal and state waiver regulations and service standards regarding therapy services;

(b) ensure that all PTAs, COTAs and speech clinical fellows are evaluated by a licensed therapist supervisor licensed in the same field at least monthly in the setting where therapy services are provided. Bi-monthly supervision must be provided;

(c) ensure all therapy services are provided under the order of the waiver recipient's primary care provider; the therapy provider will obtain the order; the original of this order must be maintained by the therapy provider in the recipient's therapy file and the therapy provider must give a copy of the order to the service coordinator; and

(d) meet all other qualifications set forth in CoLTS 1915 (c) waiver service standards.

**J. Qualifications for assisted living service provider agencies:**

(1) Assisted living services may be provided by an eligible assisted living facility agency.

(2) Assisted living service provider agencies must be licensed as an adult residential care facility.

(3) Assisted living facilities must:

(a) meet all the requirements and regulations set forth by DOH as an adult residential care facility pursuant to 7.8.2 NMAC et seq.;

(b) provide a home-like environment; and

(c) comply with the provisions of Title II and III of the Americans with Disabilities Act (ADA) of 1990, (42 U.S.C. Section 12101, et seq.):

(4) Assisted living providers must:

(a) comply with all applicable federal and state and waiver regulations and service standards regarding services;

(b) ensure that individuals providing direct services meet all requirements for service provision;

(c) ensure that individuals providing private duty nursing and skilled therapy services meet all requirements for these services if provided; and

(d) meet all other qualifications set forth in CoLTS 1915 (c) waiver service standards.

**K. Qualifications of adult day health provider agencies:**

(1) Adult day health services may be provided by eligible adult day health agencies.

(2) Adult day health facilities must be licensed by DOH as an adult day care facility.

(3) Adult day health facilities must meet all requirements and regulations set forth by DOH as an adult day care facility.

(4) Adult day health care provider agencies must comply with the provisions of Title II and III of the Americans with Disabilities Act of 1990, (42 U.S.C. Section 12101, et seq.).

(5) Adult day health care provider agencies must comply with all applicable city, county or state regulations governing transportation services.

(6) Adult day health care provider agencies must meet all other qualifications set forth in CoLTS 1915 (c) waiver service standards.

**L. Qualifications for environmental modifications providers:**

(1) Environmental modification services may be provided by eligible environmental modification agencies.

(2) Environmental modification providers must have valid New Mexico regulation and licensing department, construction industries division, GB-2 class construction license pursuant to the Construction Industries Licensing Act NMSA 1978, Section 60-13-1 et seq.

(3) Environmental modification providers must:

(a) comply with all New Mexico state laws, rules, and regulations, including applicable building codes, and the laws and regulations of the Americans with Disability Act Accessibility Guidelines (ADAAG), the Uniform Federal Accessibility Standards (UFAS), and the New Mexico state building code;

(b) provide at minimum a one-year warranty on all parts and labor; and

(c) meet all other qualifications set forth in CoLTS 1915 (c) waiver service standards.

**M. Qualifications for emergency response providers:**

(1) Emergency response services may be provided by eligible emergency response agencies.

(2) Emergency response providers must comply with all laws, rules and regulations of the New Mexico state public corporation commission for telecommunications and security systems, if applicable.

(3) Emergency response providers must meet all other qualifications set forth in CoLTS 1915 (c) waiver service standards.

[8.307.18.10 NMAC - N, 7-1-10]

**8.307.18.11 PROVIDER RESPONSIBILITIES:**

A. Providers who furnish services to medicaid recipients must comply with all medicaid provider participation requirements as outlined in 8.302.1 NMAC, *General Provider Policies*.

B. Verify every month that each recipient is eligible for full medicaid coverage and CoLTS 1915 (c) waiver services prior to providing services pursuant to Subsection A of 8.302.1.11 NMAC, *General Provider Policies*; providers must document the date and method of eligibility verification (i.e. HSD/MAD contracted agency's automated voice response system (AVRS), or eligibility help desk); possession of a medicaid card does not guarantee a consumer's financial eligibility because the card itself does not include financial eligibility, dates or other limitations on the individual's financial eligibility; agencies that provide CoLTS 1915 (c) waiver services to individuals who are not medicaid or CoLTS 1915 (c) waiver eligible cannot bill medicaid for the services provided to the individual.

C. Maintain records that are sufficient to fully disclose the extent and nature of the services provided to the individual as outlined in 8.302.1 NMAC, *General Provider Policies*.

D. Comply with random and targeted audits conducted by the department or its audit agent that ensure providers are billing appropriately for services provided; the department or its designee will seek recoupment of funds from providers when audits show inappropriate billing for services.

E. Comply with DOH incident reporting and investigation requirements for providers of community based services pursuant to 7.1.13 NMAC.

F. Maintain a continuous quality management program with annual reports of the program implementation and outcomes. Reports must be submitted to ALTSD pursuant to CoLTS 1915 (c) waiver regulations herein.

[8.307.18.11 NMAC - N, 7-1-10]

**8.307.18.12 ELIGIBLE RECIPIENTS:**

A. The program is limited to the number of federally authorized unduplicated recipient (UDR) positions and program funding.

B. CoLTS 1915 (c) waiver services are limited to individuals who have received an allocation for CoLTS 1915 (c) waiver services and who meet institutional level of care criteria and institutional financial criteria as determined by HSD. Pursuant to 8.290.400.10 NMAC, *basis for defining the group*.

C. In addition to meeting institutional criteria specified above, individuals must meet the following requirements to be eligible for CoLTS 1915 (c) waiver services:

(1) persons who are elderly (age 65 or older), or persons aged birth to 64 with a disability (blind or disabled) as determined by the disability determination unit utilizing social security disability guidelines, who reside in the community; or

(2) persons who are elderly (age 65 or older), or persons aged birth to 64 with a disability (blind or disabled as determined by the disability determination unit utilizing social security disability guidelines), who are institutionalized and want to return to community living or are at risk of institutionalization.

[8.307.18.12 NMAC - N, 7-1-10]

**8.307.18.13 COVERED WAIVER SERVICES:** All CoLTS 1915 (c) waiver providers must comply with all applicable federal and state waiver regulations and service standards regarding the provision of covered waiver services. The CoLTS 1915 (c) waiver covers the following services for a specified and limited number of waiver recipients as a cost effective alternative to institutionalization in a nursing facility.

A. **Private duty nursing services for adults:** Private duty nursing services include activities, procedures, and treatment for a physical condition, physical illness or chronic disability.

(1) Services include the following:

- (a) medication management, administration and teaching;
- (b) aspiration precautions;
- (c) feeding tube management;
- (d) gastrostomy and jejunostomy;
- (e) skin care and wound care;
- (f) weight management;
- (g) urinary catheter management and bowel and bladder care;
- (h) health education;
- (i) health screening;
- (j) infection control and environmental management for safety;
- (k) nutrition management;
- (l) oxygen management;
- (m) seizure management and precautions;
- (n) anxiety reduction;
- (o) staff supervision; and
- (p) behavior and self-care assistance.

(2) Private duty nursing services must be provided under the order and direction of the recipient's primary care provider, in accordance with the New Mexico Nursing Practice Act NMSA 1978, Section 61-3-1, et seq. and in conjunction with the interdisciplinary team and the service coordinator.

(3) Private duty nursing services must be provided in accordance with all applicable federal and state program regulations and ALTSD/EDSD CoLTS 1915 (c) waiver service standards. Children receive this service through the medicaid early periodic screening, diagnosis and treatment (EPSDT) program.

B. **Respite services:** Respite services are provided to participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of the unpaid primary caregiver normally providing the care.

(1) Respite services may consist of non-nursing services or private duty nursing services, based on the recipient's needs.

(2) Respite services may be provided in a participant's home, the respite provider's home, or the community.

(3) Services include assistance with routine activities of daily living (e.g., bathing, toileting, preparing or assisting with meal preparation and eating), enhancing self-help skills, and providing opportunities for leisure, play and other recreational activities, and allowing community integration opportunities.

(4) Respite services are limited to a maximum of 100 hours annually per ISP year.

C. **Skilled therapy services for adults:** Skilled maintenance therapy services for adults include physical therapy (PT), occupational therapy (OT) and speech and language therapy (SLT) services. Children receive this service through the Medicaid EPSDT program.

(1) PT promotes gross or fine motor skills, facilitates independent functioning or prevents progressive disabilities.

(a) Specific services may include:

- (i) professional assessment(s), evaluations and monitoring for therapeutic purposes;
- (ii) PT treatment interventions;
- (iii) training regarding PT activities;
- (iv) use of equipment and technologies or any other aspect of the individual's PT

services;

- (v) designing, modifying or monitoring use of related environmental modifications;
- (vi) designing, modifying and monitoring use of related activities supportive to the ISP

goals and objectives; and

- (vii) consulting or collaborating with other service providers or family members, as

directed by the participant.

(b) PT services must be provided in accordance with all applicable federal and state waiver program regulations and ALTSD/EDSD CoLTS 1915 (c) waiver service standards.

(2) OT promotes fine motor skills, coordination, sensory integration, facilitates the use of adaptive equipment or other assistive technology, facilitates independent functioning, and prevents progressive disabilities.

(a) Specific services may include:

- (i) teaching daily living skills;
- (ii) developing perceptual motor skills and sensory integrative functioning;
- (iii) designing, fabricating or modifying assistive technology or adaptive devices;
- (iv) providing assistive technology services;
- (v) designing, fabricating or applying selected orthotic or prosthetic devices or selecting

adaptive equipment;

- (vi) using specifically designed crafts and exercise to enhance function;

- (vii) training regarding OT activities; and

- (viii) consulting or collaborating with other service providers or family members, as

directed by the participant.

(b) OT services must be provided in accordance with all applicable federal, state and waiver program regulations, policies and procedures, and ALTSD/EDSD CoLTS (c) waiver service standards.

(3) SLT preserves abilities for independent function in communication, facilitates oral motor and swallowing function, facilitates use of assistive technology, and prevents progressive disabilities.

(a) Specific services may include:

- (i) identifying communicative or oropharyngeal disorders and delays in the development

of communication skills;

- (ii) preventing communicative or oropharyngeal disorders and delays in the development

of communication skills;

- (iii) developing eating or swallowing plans and monitoring their effectiveness;

- (iv) using specifically designed equipment, tools, and exercises to enhance function;

- (v) designing, fabricating or modifying assistive technology or adaptive devices;

- (vi) providing assistive technology services;

- (vii) adapting the participant's environment to meet his needs;

- (viii) training regarding SLT activities; and

- (ix) consulting or collaborating with other service providers or family members, as

directed by the participant.

(b) SLT services must be provided in accordance with all applicable federal and state waiver program regulations and ALTSD/EDSD CoLTS 1915 (c) waiver service standards.

D. **Assisted living services:** Assisted living is a residential service that includes homemaker services, companion services, medication management (to the extent required under state law; medication oversight as required by state law), 24-hour on-site response capability to meet scheduled or unpredictable participant needs, and to provide supervision, safety and security. Services also include social and recreational programming.

(1) Coverage does not include 24-hour skilled care or supervision.



(2) Rates for room and board are excluded from the cost of services and are either billed separately by the provider or an itemized statement is developed that separates the costs of waiver services from the costs of room and board.

(3) Nursing and skilled therapy services are incidental, rather than integral to the provision of assisted living services. Nursing and skilled therapy services may be provided by third parties and must be coordinated with the assisted living provider.

(4) Assisted living providers must enter into an agreement with the recipient that details all aspects of care to be provided including identified risk factors. The original agreement must be maintained in the recipient's file and a copy must be provided by the assisted living provider to the service coordinator.

(5) Assisted living services must be provided as set forth by DOH as adult residential care facilities, pursuant to 7.8.2 NMAC and all other applicable federal and state waiver program regulations and ALTSD/EDSD CoLTS 1915 (c) waiver service standards.

F. **Adult day health services:** Adult day health services offer health and social services to assist participants to achieve optimal functioning and activates, motivates and rehabilitates the participant in all aspects of their physical and emotional well-being, based on the recipient's individual needs.

(1) Services include:

(a) a variety of activities for recipients that promote personal growth and enhance the recipient's self-esteem by providing opportunities to learn new skills and adaptive behaviors, improve capacity for independent functioning, or provide for group interaction in social and instructional programs and therapeutic activities; all activities must be supervised by program staff;

(b) supervision of self-administered medication as determined by the New Mexico Nursing Practice Act NMSA 1978, Section 61-3-1, et seq.;

(c) involvement in the greater community;

(d) transportation to and from the adult day health program; and

(e) meals that do not constitute a "full nutritional regime" of three meals per day.

(2) Services are generally provided for two or more hours per day on a regularly scheduled basis, for one or more days per week, by a licensed adult day-care, community-based facility.

(3) The provider must assure safe and health conditions for activities inside or outside the facility.

(4) Adult day health services include nursing services and skilled maintenance therapies (physical, occupational and speech) that must be provided in a private setting at the facility. The nursing and skilled maintenance therapies do not have to be directly provided by the facility. If directly provided, the facility must meet all program requirements for the provision of these services.

(5) Adult day health services must be provided as set forth by DOH as an adult day health facility, pursuant to 7.13.2 NMAC and all other applicable federal and state waiver program regulations and ALTSD/EDSD CoLTS 1915 (c) waiver service standards.

F. **Environmental modification services:** Environmental modifications services include the purchase and installation of equipment and making physical adaptations to an individual's residence that are necessary to ensure the health, welfare and safety of the individual or enhance the individual's level of independence.

(1) Adaptations include the following:

(a) installation of ramps and grab-bars;

(b) widening of doorways or hallways;

(c) installation of specialized electric and plumbing systems to accommodate medical equipment and supplies;

(d) purchase or installation of lifts or elevators;

(e) modification of bathroom facilities (roll-in showers, sink, bathtub, and toilet modifications, water faucet controls, floor urinals and bidet adaptations and plumbing);

(f) turnaround space adaptations;

(g) specialized accessibility, safety adaptations or additions;

(h) installation of trapeze and mobility tracks for home ceilings;

(i) purchase or installation of automatic door openers or doorbells, voice-activated, light-activated, motion-activated and electronic devices;

(j) fire safety adaptations;

(k) purchase or installation of modified switches, outlets or environmental controls for home devices;

(l) purchase or installation of alarm and alert systems or signaling devices;

- (m) air filtering devices;
  - (n) heating/cooling adaptations; and
  - (o) glass substitute for windows and doors.
- (2) Service coordinators must consider alternative methods of meeting the individual's needs prior to listing environmental modifications on the ISP.
- (3) Environmental modifications have a limit of \$5,000 every five years.
- (4) The environmental modification provider must ensure proper design criteria is addressed in planning and design of the adaptation, provide or secure licensed contractor(s) or approved vendor(s) to provide construction or remodeling services, provide administrative and technical oversight of construction projects, provide consultation to family members, waiver providers and contractors concerning environmental modification projects to the individual's residence, and inspect the final environmental modification project to ensure that the adaptations meet the approved plan submitted for environmental adaptation.
- (5) The environmental modification provider must submit the following information and documentation to the MCO as required by ALTSD/EDSD CoLTS 1915 (c) waiver service standards,
- (a) an environmental modification evaluation;
  - (b) a service cost estimate including equipment, materials, supplies, labor, travel, per diem;
  - (c) a letter of acceptance of service cost estimate signed by the recipient;
  - (d) a letter of permission from owner of property;
  - (e) a construction letter of understanding;
  - (f) photographs of the proposed modification; and
  - (g) documentation demonstrating compliance with the American with Disabilities Act Accessibility Guidelines (ADAAG), the uniform federal accessibility standards (UFAS), and the New Mexico state building code.
- (6) After the completion of work, the environmental modification provider must submit the following to the MCO:
- (a) a letter of approval of work completed, signed by the recipient; and
  - (b) photographs of the completed modifications.
- (7) Environmental modification services must be managed by professional staff available to provide technical assistance and oversight for environmental modification projects.
- (8) Environmental modification services shall be provided in accordance with all applicable federal and state waiver program regulations including applicable federal, state and local building codes, and ALTSD/EDSD CoLTS 1915 (c) waiver service standards.
- G.. Emergency response services:** Emergency response services provide an electronic device that enables a participant to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center when a "help" button is activated. The response center reacts to the signal to ensure the recipient's health and safety.
- (1) Emergency response services include:
- (a) testing and maintaining equipment;
  - (b) training participants, caregivers and first responders on use of the equipment;
  - (c) 24 hour monitoring for alarms;
  - (d) checking systems monthly or more frequently, if warranted by electrical outages, severe weather, etc.; and
  - (e) reporting participant emergencies and changes in the participant's condition that may affect service delivery.
- (2) The response center must be staffed by trained professionals.
- (3) Emergency response service categories consist of emergency response and emergency response high need.
- (4) Emergency response providers shall provide the recipient with information regarding services rendered, limits of services and information regarding agency service contracts.
- (5) Emergency response providers must report recipient emergencies and changes in the recipient's condition that may affect service delivery to the MCO within 24 hours.
- (6) Emergency response providers must complete quarterly reports for each recipient served. The original report must be maintained in the recipient's file and a copy must be submitted by the emergency response provider to the MCO.

(7) Emergency response services shall be provided in accordance with all applicable federal and state waiver program regulations and ALTSD/EDSD CoLTS 1915 (c) waiver service standards.

H. **Service coordination:** Service coordination operates independently within the CoLTS MCO/SE using recognized professional standards adopted by the CoLTS MCO/SE and approved by the state, based on the service coordinator's independent judgment to support the needs of the member and is structurally linked to the other CoLTS MCO/SE systems, such as quality assurance, member services and grievances. Clinical and other decisions shall be based on medical necessity and not on fiscal considerations.

Service coordination activities include specialized service management that is performed by a service coordinator, in collaboration with the member or the member's family or representatives as appropriate, which is person-centered, and includes, but is not limited to:

(1) identification of the member's needs, including physical health services, mental health services, social services, and long-term support services; and development of the member's ISP or treatment plan to address those needs;

(2) assistance to ensure timely and coordinated access to an array of providers and services;

(3) attention to addressing unique needs of members; and

(4) coordination with other services delivered in addition to those noted in the ISP, as necessary and appropriate.

I. **Community transition goods and services:**

(1) Community transition goods and services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement (excluding assisted living facilities) to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

(a) security deposits that are required to obtain a lease on an apartment or home;

(b) essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;

(c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;

(d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;

(e) moving expenses;

(f) necessary home environmental modifications provided no more than 180 days prior to transition;

(g) specialized medical equipment and supplies not otherwise covered by medicaid and purchased within 60 days of the scheduled transition;

(h) assistive technology and durable medical equipment not otherwise covered by medicaid purchased within 60 days of the scheduled transition;

(i) nutrition support services such as short-term nutritional counseling and education in food preparation skills;

(j) non-medical transportation;

(k) non-medical transportation supports such as vehicle modification;

(l) family services to support or educate the informal support network; and

(m) the purchase and maintenance of service animals.

(2) Community transition goods and services are furnished only to the extent that the goods or services:

(a) are reasonable and necessary as determined through the service plan development process;

(b) are clearly identified in the service plan;

(c) cannot be obtained from other sources;

(d) are not prohibited by federal and state statutes and regulations; and

(e) are not experimental in nature; and the person is unable to meet such expense.

(3) Community transition goods and services do not include monthly rental or mortgage expense, food, regular utility charges, or household appliances or items that are intended for purely diversional/recreational purposes.

(4) Community transition goods and services are limited to \$3,500.00 per person every five years. In order to be eligible for this service, the person must have a nursing facility stay at least 30 days prior to transition to the community.

**J. Community relocation specialist services:** Community transition relocation specialist services are specialized services, provided while the person is in the nursing facility and during the first 60 days of transition to the community, to assess the person's needs, complete a service plan, assist the person to arrange for and procure needed resources for the move from the nursing facility to the community, and monitor transition service delivery, provided the service is provided no more than 60 days for waiver participant's who have been institutionalized for more than six months, or 14 days for those who have been in the institution for less than six months.

(1) The relocation specialist educates the consumer/participant about home and community-based service options, the transition process, and other relevant issues. The relocation specialist works with the consumer/participant, the consumer/participant's support network when applicable and the consumer/participant's CoLTS MCO service coordinator to develop a person-centered, community-based transition plan as part of the consumer/participant's individual service plan (ISP) that includes a detailed transition plan and budget.

(2) The relocation specialist works with each allocated consumer/participant while in the nursing facility to ensure that services, goods, and supports needed prior to the individual moving to the community are in place, and ensures that consumer/participants have the opportunity to educate their caregivers. The CoLTS MCO service coordinator is the single provider responsible for developing a comprehensive service plan for the individual when they are living in the community, its implementation and conducting service monitoring activities.

(3) Services are limited to 10 hours (or \$500) per transition per person. In order to be eligible for this service, the person must have a nursing facility stay of at least 30 days prior to transition to the community. Services are also limited to no more than 180 days prior to transition to the community and no more than 60 days following transition to the community.

[8.307.18.13 NMAC - N, 7-1-10]

**8.307.18.14 NON-COVERED SERVICES:** Only the services listed as covered waiver services in these regulations are provided under the CoLTS 1915 (c) waiver program. CoLTS 1915 (c) waiver eligible recipients qualify for full state plan medicaid benefits. Additional services may be accessed through medicaid state plan services. See 8.301.3 NMAC, *General Noncovered Services* for an overview of non-covered services. Medicaid does not cover room and board as waiver service or ancillary services.

[8.307.18.14 NMAC - N, 7-1-10]

**8.307.18.15 INDIVIDUALIZED SERVICE PLAN (ISP):** An ISP must be developed by an interdisciplinary team of professionals in collaboration with the recipient and others involved in the recipient's care. The ISP must be in accordance with the ALTSD/EDSD CoLTS 1915 (c) waiver service standards.

A. The interdisciplinary team must review the ISP at least every six months or more often if indicated.

B. The individualized services plan must contain the following information:

- (1) statement of the nature of the specific problem and the specific needs of the recipient;
- (2) description of the functional level of the recipient;
- (3) statement of the least restrictive conditions necessary to achieve the purposes of treatment;
- (4) description of intermediate and long-range goals, with a projected timetable for their attainment and the duration and scope of services;

(5) statement and rationale of the ISP for achieving these intermediate and long-range goals, including provision for review and modification of the plan; and

(6) specification of responsibilities for areas of care, description of needs, and orders for medications, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the recipient.

[8.307.18.15 NMAC - N, 7-1-10]

**8.307.18.16 PRIOR AUTHORIZATION AND UTILIZATION REVIEW:** All medicaid services are subject to utilization review for medical necessity and program compliance. Reviews by MAD or its designee may be performed before services are furnished, after services are furnished, before payment is made, or after payment is made. See 8.302.5 NMAC, *Prior Authorization and Utilization Review*. Once enrolled, CoLTS 1915 (c) waiver providers receive instructions and documentation forms necessary for prior approval and claims processing.

A. **Prior authorization:** To be eligible for CoLTS 1915 (c) waiver services, recipients must meet the level of care (LOC) requirements for services provided in a nursing facility (NF). LOC determinations are made by MAD or its designee. The ISP must specify the type, amount and duration of services. All services specified in

the ISP require prior authorization from MAD or its designee. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process.

**B. Eligibility determination:** Prior authorization of services does not guarantee that individuals are eligible for medicaid. Providers must verify that individuals are eligible for medicaid and CoLTS 1915 (c) waiver services or other health insurance prior to the time services are furnished. Recipients may not be institutionalized, or hospitalized, or receive other HCBS waiver services at the time CoLTS 1915 (c) waiver services are provided. See 8.290.400.10 NMAC, *basis for defining the group*.

**C. Reconsideration:** Providers who disagree with the denial of a prior authorization request or other review decisions may request a re-review and reconsideration. See 8.350.2 NMAC, *Reconsideration of Utilization Review Decisions* [8 NMAC 4.MAD.953].  
[8.307.18.16 NMAC - N, 7-1-10]

**8.307.18.17 REIMBURSEMENT:** Waiver service providers must submit claims for reimbursement to the CoLTS MCO. Once enrolled, agencies receive instructions on documentation, billing, and claims processing. Claims must be filed per the billing instructions in the medicaid policy manual. Providers must follow all medicaid billing instructions. Reimbursement to providers of waiver services is made at a predetermined reimbursement rate. See 8.302.2 NMAC, *Billing For Medicaid Services*  
[8.307.18.17 NMAC - N, 7-1-10]

#### **HISTORY OF 8.307.18 NMAC:**

**Pre-NMAC History:** The material in this part was derived from that previously filed with the State Records Center.  
ISD-Rule 310.2000, Coordinated Community In-Home Care Services, 3/19/84.

#### **History of Repealed Material:**

ISD-Rule 310.2000, Coordinated Community In-Home Care Services, Repealed 1/18/95.  
8 NMAC 4.MAD.733, Disabled and Elderly Home and Community-Based Services Waiver, filed 1/10/97 - Repealed effective 8/1/2006.  
8.314.2 NMAC, Disabled and Elderly Home and Community-Based Services Waiver, filed 7/18/2006 - Repealed effective 5/1/2010.