

State of New Mexico



Statewide Home and Community-Based Services Transition Plan
Amendment

**Human Services Department
Medical Assistance Division**

Updated July 18, 2016

Table of Contents

- Introduction5
- Background5
- Overview of Existing HCBS Programs and Authorities6
 - Mi Via Waiver Program6
 - Developmental Disabilities Waiver Program6
 - Centennial Care Demonstration7
 - Medically Fragile Waiver Program7
- New Mexico’s Approach to Statewide Transition Plan8
- Transition Plan Timeline9
 - Table 1 – Statewide Transition Plan Milestones10
- Systemic Assessment14
 - Mi Via Waiver Program14
 - Developmental Disabilities Waiver Program15
 - Medically Fragile Waiver19
 - Centennial Care Demonstration20
 - Person-Centered Planning Compliance21
 - Table 2: Person Centered Planning Process for Mi Via, Developmental Disabilities, Medically Fragile
Wavers and Centennial Care Demonstration.....22
- Provider Self-Assessment22
 - Overall Response Rates24
 - Centennial Care Demonstration25
- Provider Assessment Validation Process25
 - Figure 1: Overview of Revised STP Process.....26
 - Preliminary Assessment of Areas of Potential Concern.....26
 - Provider Self-Assessment Survey Validation Approach27
 - Onsite Review Process28
 - Validation Process Conducted by Trained State Staff.....29
 - Review and Categorization Process29
 - Setting Categorization Process29
 - Category 1: Compliant29
 - Category 2: Compliant with Remediation.....30

Category 3: Presumptively Institutional/Additional Evidence Needed (Heightened Scrutiny)	30
Category 4: Institutional/Remove from HCBS Program (Beneficiary Relocation)	32
Participant/Member Assessment	33
Remediation Strategies/Activities	34
Provider Level Remediation Strategies	34
Mi Via Waiver Program	34
Developmental Disabilities Waiver Program	34
Centennial Care Demonstration	34
Validation Monitoring	35
Isolating Settings, Heightened Scrutiny	37
Ongoing Monitoring	38
Communication Plan & the New Mexico Public Comment Process	39
Mi Via Waiver Public Comment Process	39
Developmental Disabilities Waiver Public Comment Process	40
Statewide Transition Plan (including Centennial Care)	44
Appendices	45
Appendix A: Mi Via Wavier Systemic Assessment	46
Appendix B: Developmental Disabilities Waiver Systemic Assessment	52
Appendix C: Medically Fragile Waiver Systemic Assessment	90
Appendix D: Centennial Care Demonstration Systemic Assessment	101
Appendix E: Provider Self-Assessment Survey Results	111
Appendix F: Public Comments to SWTP	127
Appendix G: Mi Via Waiver Transition Plan	134
Appendix H: Developmental Disabilities Waiver Transition Plan	135
Appendix I: HSD Response to CMS's October 29, 2015 Comments	136

Introduction

The New Mexico Human Services Department (HSD) submits this amended Statewide Transition Plan (STP) in accordance with requirements set forth in the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Settings rule released on January 16, 2014(See CFR 441.301 (c)).

New Mexico submitted its initial STP to CMS on November 4, 2015 and December 9, 2015. On October 29, 2015, CMS provided comments on the NM STP. Based upon guidance provided by CMS, HSD revised its approach to validating responses to the provider self-assessment. CMS reviewed the revised transition plan and provided further guidance in April 2016 requesting clarification on the systemic assessment process, heightened scrutiny, beneficiary relocation, and ongoing monitoring. Furthermore, CMS requested that the Medically Fragile waiver be included in the systemic assessment process.

The following resubmitted amended plan incorporates guidance and requests for clarification from CMS on systemic assessment process, heightened scrutiny, beneficiary relocation, and ongoing monitoring, and inclusion of the Medically Fragile waiver systemic assessment.

Background

On January 16, 2014, the Centers for Medicare & Medicaid Services (CMS) published a Final Rule which addresses several sections of the Social Security Act and makes changes to the 1915(c) Home and Community-Based Services (HCBS) waiver program. The Final Rule was designed to improve available HCBS programs by ensuring the quality of HCBS, providing protections to participants, enabling participants to have the same opportunity to receive services in the most integrated setting appropriate and have full access to community living opportunities.

The main focus of the HCBS Final Rule is to ensure that all Home and Community-Based (HCB) settings meet certain qualifications¹, including:

- Integration in, and supports access to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;
- Selection by the individual from among all settings options that are identified and documented in the person-centered service plan and are based on the individual's needs and preferences;
- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;

¹ CMS Fact Sheet: Summary of Key Provisions of the HCBS Settings Final Rule.

- Optimize autonomy and independence in making life choices; and
- Facilitate choice regarding services and who provides them.

In December 2014, CMS issued guidance to states with Section 1115 demonstrations that include HCBS as part of the program design. The notice clarified that states currently operating HCBS programs, regardless of the federal authority under which the programs operate, must submit a STP for approval. The STP must include the state's assessment of its regulations, standards, licensing requirements and provider requirements against the requirements in the Final Rule. The STP is also to describe the State's ongoing strategies to accomplish compliance with all federal requirements, including timeframes and deliverables.

Overview of Existing HCBS Programs and Authorities

In addition to the HCBS Final Rule applying to 1915(c), 1915(i), 1915(j), and 1915(k) authorities, CMS issued guidance in December 2014 to states with Section 1115 demonstrations that include HCBS as part of the program design. The New Mexico Human Services Department's Medical Assistance Division (MAD) provides HCBS under the following four programs:

- 1915(c) Mi Via Waiver
- 1915(c) Developmental Disabilities Waiver
- Section 1115 Centennial Care Demonstration
- 1915(c) Medically Fragile Waiver

Each of these programs will be addressed in the New Mexico STP.

Mi Via Waiver Program

New Mexico has been at the forefront of HCBS self-direction waivers with the implementation of the Mi Via Waiver in 2006. This waiver, targeted to Medically Fragile (MF) individuals and individuals with Intellectual or Developmental Disabilities (ID/DD), was originally designed and developed with self-direction and person-centered planning at its core. It is operated by the Department of Health (DOH). Person-centered planning remains a key program component, as such, Mi Via service and support plans (SSPs) are developed through a person-centered planning process which guides the participant's selection of services to achieve personally defined outcomes in the most integrated community setting. As of May 31, 2016, 1253 participants received services through the Mi Via Waiver. Through the provision of services and supports identified through the SSP and the implementation of a quality assurance and the improvement strategies, the State ensures the health and welfare of the individuals in the program. In addition, the program provides assurances of fiscal integrity and includes participant protections that will be effective and family-friendly.

Developmental Disabilities Waiver Program

The Developmental Disabilities HCBS waiver serves individuals with ID or persons with specific related conditions and DD that occur before the age of 22 and is administered by DOH. As of May 31, 2016, 3796 participants received waiver services. New Mexico provides community-based services designed to increase independence and achieve personal goals by providing care and support to enable individuals to live as active members of the community while ensuring health and safety. The purpose of the program is to provide a broad range of flexible community-based services outlined in an Individual Service Plan (ISP) that will support individuals to live successfully in their community and become more independent. Similar to the Mi Via Waiver program, among other assurances, the state ensures the health and welfare of participants, the fiscal integrity of the program, and provides for participant protections that will be effective and family-friendly.

Centennial Care Demonstration

Centennial Care has been providing a comprehensive and coordinated array of Medicaid services, including HCBS (the Community Benefit) and behavioral health services, since January 1, 2014 in a managed care delivery system. There are two different HCBS delivery models within the Centennial Care Demonstration. They are Agency Based Community Benefit (ABCB) and Self-Directed Community Benefit (SDCB). In ABCB, members work with care coordinators to develop a care plan and select community benefit providers in the managed care organization (MCO) network. The member's MCO ensures payment to community benefit providers. In SDCB, members work with a support broker, develop a care plan, select their own providers, authorize timesheets and ensure payment to their providers. Currently, over 22,000 individuals receive HCBS through the Community Benefit. The goal of Centennial Care is to assure that Medicaid participants in the program receive the right amount of care at the right time and in the most cost-effective or "right" settings. It also ensures that care being purchased under the program is measured in terms of quality and not quantity. The key components of Centennial Care include:

- Integrated benefits provided through contracted managed care health plans;
- Comprehensive person-centered care coordination system with personalized plans of care;
- Health literacy focus that uses community health workers, community health representatives, promotoras, and other trained, lay-workers to help individuals through the system; and
- Personal responsibility for our participants to become more active in their own health and more efficient users of the health care system.

Medically Fragile Waiver Program

The Medically Fragile HCBS waivers provides services for individuals diagnosed with a medically fragile condition, have a developmental disability, developmental delay, and/or are at risk for developmental delay before reaching 22 years of age. Participants receive services in their family home or their own home (home owned or leased by the participant, the participants' parents or legal guardians). As of May 31, 2016, 177 participants received waiver services.

Services under this waiver are not provided in either congregate living facilities, institutional settings or on the grounds of institutions, nor purchased or established in a manner that isolates the individual from the community of individuals not receiving Medicaid-funded HCBS. All settings under this waiver are presumed compliant with the rule and will not require any remediation.

New Mexico's Approach to Statewide Transition Plan

New Mexico previously submitted waiver-specific transition plans for the Mi Via Waiver and Developmental Disabilities Waiver due to the timing of the Mi Via Waiver renewal and Developmental Disabilities Waiver amendment. The Mi Via Waiver transition plan was submitted to CMS on November 14, 2014. The Developmental Disabilities Waiver transition plan was submitted to CMS on January 6, 2015. As stated previously, CMS issued guidance in December 2014 to New Mexico regarding the inclusion of the Centennial Care Demonstration in the STP because of the HCBS services provided under that program.

In light of this new requirement, New Mexico reached out to CMS for guidance about the timing of including Centennial Care into the STP. Based on discussions with CMS, New Mexico received approval to proceed with a multi-phase approach for developing the STP. The first phase of the STP incorporated the specific timelines and approaches for both the Mi Via Waiver and the Developmental Disabilities Waiver and was submitted to CMS on March 17, 2015.

In the second phase, the State amended the STP previously submitted to CMS to address the activities and timelines associated with the Centennial Care Demonstration. The amended STP was posted for public comment and submitted for Tribal Notification on March 23, 2015. The amendment will enable New Mexico to ensure that tribal leaders, stakeholders, and advocates are afforded the appropriate opportunity to provide input on the Centennial Care assessment-related activities through the tribal notification process and public comment period. Both the Mi Via and the Developmental Disabilities Waivers already completed their individual public comment periods, which are addressed later in this STP and in the separate transition plans.

The systemic assessment process activities for Centennial Care and Medically Fragile Waiver mirrored the systemic assessment activities completed for both the Mi Via and the Developmental Disabilities Waivers.

The third phase of implementation of the HCBS Final rule will entail provider onsite assessment and validation, member survey, remediation, close inspection of settings that are isolating in nature, and ongoing monitoring. The Centennial Care assessment will also include additional activities, as appropriate, to address the role of MCOs and issues unique to the managed care delivery system.

New Mexico is committed to strong stakeholder engagement in the development and implementation of the STP. As a result, multiple opportunities to obtain stakeholder input will be sought throughout the process. Stakeholder input will be of critical importance during assessment and remediation activities. Key to the process however, for the Mi Via, Developmental Disabilities and Medically Fragile Waivers will be the Advisory Council on

Quality Supports for Individuals with IDD and Their Families (ACQ). We refer you to the Transition Plan Timeline below for specific references to the ACQ's involvement.

Centennial Care will utilize the four MCO's Member Advisory Boards to obtain focused stakeholder support and feedback for implementation of the STP. Each MCO is required to convene a Member Advisory Board to advise the MCO on issues concerning service delivery and quality of all covered services (e.g., behavioral health, physical health and long-term care), member rights and responsibilities, resolution of member grievances and appeals and the needs of groups represented by Member Advisory Board members as they pertain to Medicaid. Member Advisory Boards consist of members representing all Centennial Care populations, family members, and providers. As a result, we believe that the MCO Member Advisory Boards are ideal for this purpose.

Transition Plan Timeline

The timeline for New Mexico's compliance with the HCBS Final Rule is located in Table 1 below. The timeline provides the road map of specific major activities that have occurred or will occur after receiving approval from CMS in order for the State to achieve full compliance with the HCBS Final Rule by March 17, 2019. As appropriate, the timeline will be updated to reflect Centennial Care's compliance review and related activities.

Table 1 – Statewide Transition Plan Milestones

Activity	Target Completion Date
Stakeholder Engagement for Transition Plan	
Mi Via Waiver	
Tribal notification.	Completed (9/8/14)
Public notice released to stakeholders.	Completed (9/14/14)
Public notice posted to State website.	Completed (9/14/14)
Newspaper announcements published.	Completed (2nd week of 9/2014)
Public hearing held.	Completed (10/14/14)
Public comments due back from all stakeholders.	Completed (10/15/14)
Review, incorporate, and respond to public comments.	Completed (10/16/14)
Transition Plan submitted to CMS.	Completed (11/14/14)
Final Transition Plan posted on State website.	Completed (11/14/14)
Developmental Disabilities Waiver	
Tribal notification.	Completed (10/31/14)
Public notice posted to State website.	Completed (11/13/14)
Newspaper announcement published on public hearing.	Completed (11/30/14)
Public hearing held.	Completed (12/15/14)
Public comments due back from all stakeholders.	Completed (12/16/14)
Review, incorporate, and respond to public comments.	Completed (12/17/14)
Transition Plan submitted to CMS.	Completed (1/5/15)
Final Transition Plan posted on State website.	Completed (1/5/15)
Statewide Transition Plan (Mi Via Waiver and Developmental Disabilities Waiver)	
Submit Mi Via Waiver Transition Plan to CMS with waiver renewal (included separate public input process).	Completed (11/14/14)
Submit Developmental Disabilities Transition Plan to CMS with waiver amendment (included separate public input process).	Completed (1/5/15)
Submit Statewide Transition Plan to CMS (see public notice process below).	Completed (3/11/15)
Statewide Transition Plan Amendment Process (Centennial Care Demonstration)	
Draft Statewide amended Transition Plan submitted for Tribal Consultation.	Completed (3/23/15)
Public Notice posted for draft Statewide amended Transition Plan.	Completed (3/24/15)
Public comment period closes.	Completed (4/22/15)
Tribal consultation and public comment period closes.	Completed (5/25/15)
Update Statewide Transition Plan based on public comments if necessary.	Completed (5/28/15)
Submit Statewide amended Transition Plan to CMS.	Completed (6/1/15)
Regulations, Standards, Waiver Application Assessment, Centennial Care Contract, Special Terms and Conditions (STCs) and MCO Policy Manual	
Mi Via Waiver Assessment Process	
Non-Residential Settings Analysis	
Establish workgroup to conduct assessment review.	Completed (3/3/14)
Crosswalk of regulations, standards, and waiver application completed.	Completed (7/1/14) Supplemented 7/2016
Complete analysis of crosswalk to determine compliance and identify compliance issues.	Completed (8/29/14) Supplemented 7/2016
Revise the Mi Via service standards to expand the definition of Customized Community Group Supports (CCGS) to include requirements that CCGS services are provided in an integrated community setting that supports opportunities for participants to access community resources and activities with others in their community.	Completed (6/24/15)

Activity	Target Completion Date
Revise CCGS provider packets with updated service definition.	completed 8/31/15
Train Consultants on the new CCGS service standards and monitor implementation through SSP development.	Completed (7/10/15)
Present findings to the ACQ for Individuals with ID/DD and their families and obtain feedback.	Completed (6/11/15)
Revise vendor agreements	9/30/2016
Developmental Disabilities Waiver Assessment Process	
Residential Settings Analysis	
Establish workgroup to conduct assessment review.	Completed (7/1/14)
Crosswalk of regulations, standards, and waiver application completed for residential settings.	Completed (6/2/14) Supplemented 7/2016
Complete analysis of crosswalk to determine compliance and identify compliance issues.	Completed (7/21/14) Supplemented 7/2016
Present findings to the ACQ for Individuals with ID/DD and their families and obtain feedback.	Completed (8/12/14)
Update Developmental Disabilities Waiver standards to ensure eligible recipients have access to food at any time.	Completed (6/15/15)
Update Developmental Disabilities Waiver standards to allow for eligible recipients have visitors at any time.	Completed (6/15/15)
Update Developmental Disabilities Waiver standards for leasing arrangements to allow for privacy in sleeping or living units; units have lockable doors; allowing for keys to the recipients and appropriate staff.	Completed (6/15/15)
Non-Residential Settings Analysis	
Establish workgroup to conduct assessment review.	Completed (2/11/15)
Crosswalk of regulations, standards, and waiver application completed for residential settings.	Completed (3/6/15) Supplemented 7/2016
Complete analysis of crosswalk to determine compliance and identify compliance issues.	Completed (3/6/15) Supplemented 7/2016
Present findings to the ACQ for Individuals with ID/DD and their families and obtain feedback.	Completed (6/11/15)
Revise waiver service standards and distribute to providers.	Completed (6/15/15)
Develop and distribute training documents on revised service standards.	Completed (6/15/15)
Centennial Care Assessment Process	
Residential Settings Analysis	
HSD staff conducts assessment review.	Completed (3/11/15)
Crosswalk of the Centennial Care contract, STC, regulations, and MCO policy manual was completed for residential settings.	Completed (3/11/15)
Complete analysis of crosswalk to determine compliance and identify compliance issues.	Completed (3/11/15)
Collaborate with DOH to ensure Assisted Living Facilities (ALF) licensure requirements fully comply with the HCBS requirements.	Completed (7/1/15)
Update MCO policy manual to ensure Assisted Living Facilities (ALF) allow same responsibilities/protection from eviction as all tenants under landlord law of state, county, city or other designated entity.	Completed (10/01/15)
Update MCO policy manual for ALF leasing arrangements to allow for privacy in sleeping or living units; units have lockable doors; allowing for keys to the recipients and appropriate staff.	Completed (10/01/15)
Non-Residential Settings Analysis	
HSD staff conducts assessment review.	Completed (3/11/15)
Crosswalk of the Centennial Care contract, STC, regulations and MCO policy manual was completed.	Completed (3/11/15)
Complete analysis of crosswalk to determine compliance and identify compliance	Completed (3/11/15)

Activity	Target Completion Date
issues.	
Revise MCO policy manual to expand the definition of Customized Community Supports (CCS); Adult Day Health; and Employment Supports to include requirements that services are provided in an integrated community setting that supports opportunities for members to access community resources and activities with others in their community.	Completed (3/1/16)
Revise MCO policy manual to include in the written care plans: allow individuals the opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Completed (3/1/16)
Revise MCO policy manual to include in the written care plans: individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others.	Completed (3/1/16)
Provider Survey Process	
Mi Via Waiver –Vendors	
Draft survey.	Completed (4/6/15)
Finalize comprehensive survey respondent lists.	Completed (5/22/15)
Finalize survey.	Completed (5/22/15)
Surveys distributed to respondent lists.	Completed (5/22/15)
Training webinar/conference call on surveys for potential respondents.	Completed (6/1/15 and 6/3/15)
Vendor survey closes.	Completed (7/13/15)
Follow-up with vendor survey non-respondents.	Completed (8/6/15)
Compile and analyze draft vendor survey results.	Completed (8/19/15)
Final analysis of survey results and report completed.	Completed (11/20/15)
Present findings to the ACQ for Individuals with ID/DD and their families and obtain feedback.	Completed (12/11/15)
Developmental Disabilities Waiver – Providers	
Draft survey.	Completed (4/6/15)
Finalize comprehensive survey respondent lists.	Completed (5/22/15)
Finalize survey.	Completed (5/22/15)
Surveys distributed to respondent lists.	Completed (5/27/15)
Training webinar/conference call on surveys for potential respondents.	Completed (6/1/15 and 6/3/15)
Provider survey closes.	Completed (7/13/15)
Follow-up with provider survey non-respondents.	Completed (8/6/15)
Compile and analyze draft provider survey results.	Completed 8/19/15
Final analysis of survey results and report completed.	Completed (11/20/15)
Present findings to the ACQ for Individuals with ID/DD and their families and obtain feedback.	Completed (12/11/15)
Centennial Care Demonstration – Community Benefit Providers	
Draft survey.	Completed (4/6/15)
Finalize comprehensive survey respondent lists.	Completed (5/22/15)
Finalize survey.	Completed (5/22/15)
Surveys distributed to respondent lists.	Completed 5/27/15)
Training webinar/conference call on surveys for potential respondents.	Completed (6/1/15 and 6/3/15)
Provider survey closes.	Completed (7/13/15)
Follow-up with provider survey non-respondents.	Completed (8/6/15)
Compile and analyze draft provider survey results.	Completed (8/19/15)
Final analysis of survey results and report completed.	Completed (11/20/15)

Activity	Target Completion Date
Present findings to the Member Advisory Boards and obtain feedback.	Completed (4 th Quarter Board Meeting 2015)
Updates to STP and Public Comment Notification Prior to Provider Validation	
Per CMS directions, updated STP submitted to CMS for review	(Completed) 2/29/16
CMS provides comments on updated STP	(Completed) 3/29/16
STP revised based upon CMS comments	(Completed)
HSD posts updated transition plan for public comment review and tribal consultation	07/18/2016
Public Hearing and end of tribal notification and public comment period	09/19/2016
HSD submits revised STP to CMS	09/30/2016
Provider Validation/Heightened Scrutiny	
Finalize details of onsite review assessment process and validation tools	09/30/2016
Train staff to conduct onsite validations	9/30/2016
Conduct onsite reviews for select providers – if necessary heightened scrutiny assessment and review completed during this time	01/31/2017
Conduct validation process for remaining providers	01/31/2017
Compile results from validation activities	03/31/2017
Report (summary level) of provider validation process	04/30/2017
Submit results to providers (45 business days following completion of reviews)	04/30/2017
Providers submit CAP in response to state notification (30 business days following receipt of State notification)	05/30/2017
State responds to provider CAP (30 business days from receipt of provider CAP)	06/30/2017
Issues in provider CAPs are addressed	02/28/2018
Updates to STP and Public Comment Notification Following Provider Validation	
HSD posts updated transition plan for public comment review and tribal consultation	06/30/2017
Public Hearing and end of tribal notification and public comment period	08/30/2017
HSD submits revised STP to CMS	09/01/2017
HSD submits request to CMS for heightened scrutiny, if necessary	12/31/2018
Training	
Create workgroup of MCO, DOH, and HSD staff	08/31/2017
Identify areas and issues to be addressed in training on HCBS Final Rule and issues identified in support broker/agency vendor and provider self-assessment surveys	08/31/2017
Workgroup to determine appropriate venues and training approaches	09/30/2017
Workgroup to develop training materials	10/31/2017
Workgroup to schedule training	10/31/2017
Workgroup to conduct training	11/30/2017
For DDW and Mi Via conduct statewide trainings	11/30/2017
Beneficiary Relocation	
Notification of all beneficiaries subject to relocation notification	03/31/2018
Completion of relocation of all beneficiaries	03/31/2019
Ongoing Monitoring	
Activities regarding assessment of individual and provider compliance with HCBS final rule	Ongoing

Systemic Assessment

The State is committed to completing a systematic statewide review of its waiver applications, applicable waiver program standards, and applicable NMACs for each of its HCBS programs against the requirements set forth in the HCBS Final Rule. Additionally, for Centennial Care the review also included assessment of the Centennial Care contract, the Special Terms and Conditions (STCs), the provider application, and the MCO policy manual. This assessment crosswalk is the first step to determining the extent to which our HCBS programs comply with the existing federal requirements.

Mi Via Waiver Program

The systemic assessment for the Mi Via waiver program completed on July 1, 2015 was based on the 2009 waiver application, 2012 service standards and 2014 NMAC. Mi Via waiver living supports and other supports (In Home Living, Homemaker, and Home Health Aide) services are not considered to be provided in a residential setting as these services are provided in a participants (or their families', caregivers'), non-vendor, privately owned homes. The assessment completed for the Mi Via Waiver found that the waiver, service standards, and NMAC rules comply with the HCBS Final Rule. The State's analysis included a thorough review of each requirement within the HCBS Final Rule compared against the requirements in the approved waiver application, State standards, and the NMAC rules. For example, for the HCB settings requirement that the setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, it was found that the approved waiver description (Appendix C) and the person-centered planning process is compliant with this provision. This level of analysis was continued for each of the HCBS Final Rule requirement. The analysis for the Mi Via Waiver program was completed by MAD and DOH staff and included review of the following:

- Service standards effective 2/2012
- NMAC 8.314.6
- 1915(c) waiver application
- Vendor agreements

Through the State's review of Mi Via's service standards, it was determined that the 2012 service standard for Customized Community Group Supports required modification to achieve compliance with the CMS Final Rule. A remediation action the State completed was the expansion the definition of CCGS in the Mi Via service standards to include information that CCGS services are provided in an integrated community setting that supports opportunities for participants to access community resources and activities with others in their community. New Mexico will revise CCGS provider packets to include an attestation that the services and supports provided will be delivered in a community-based integrated setting. The State sent a notice to each CCGS enrolled provider to submit the required attestation. The State informed participants and consultant agencies of the attestation via the Mi Via newsletter. New Mexico will train consultant agencies on the new CCGS service standards that monitor implementation

through SSP development implementation and quarterly reviews.

The service standards for CCGS were revised on June 24, 2015. Training on the new service standards was provided to Mi Via consultant agencies on July 10, 2015 and offered to Mi Via participants, employees, vendors, and other interested stakeholders through statewide trainings conducted between August 2015 and September 2015. With the October 2015 Mi Via waiver approval, regulations and service standards were updated to incorporate waiver changes and HCBS Final Rule requirements. The updates regulations and service standards were effective March 1, 2016.

It was also found that the vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. This will be completed by September 30, 2016.

The specific results of the Mi Via Waiver assessment review can be found in Appendix A.

Developmental Disabilities Waiver Program

Similar to the Mi Via Waiver, MAD and DOH staff completed an assessment of the extent to which the waiver, service standards, and NMAC rules complied with the specific requirements of the HCBS Final Rule. The following were reviewed for the Developmental Disabilities Waiver:

- 1915(c) waiver application (amended April 2015)
- Service standards, effective November 1, 2102/ revised April 23, 2013 and June 15, 2015
- Applicable state regulations (NMAC 8.314.5, 7.26.3, 7.26.5)
- DD Waiver Provider Applications and Agreements

Provider Application and Agreements

The systemic assessment conducted by New Mexico to determine the extent the state's regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance with the HCBS Final Rule settings requirements included an extensive review of the 2012 Developmental Disabilities Waiver Service Standards (revised June 2015), the 1915c DD Waiver, the NMAC and the DDSD Provider Application and Agreement. Residential settings, also referred to as living care arrangements include Family Living, Supported Living, Intensive Medical Living and Customized In-Home Supports were reviewed to determine if standards are in compliance with, partial compliance with, silent about or in conflict with the HCBS settings requirements. Non-residential settings, which include customized community supports and community integrated employment services, were also reviewed. In general, the DD Waiver rules and standards (the waiver application, NMAC, DD Waiver Service Standards, DDSD Provider Application, and the DOH Provider Agreement) were found to be compliant, partially compliant, or silent about key aspects of the settings requirements. None of the DD Waiver governing rules were found to be in conflict with the settings requirements.

DD Waiver Service Standards areas of strength include the presence of language about:

1. Individual rights including rights to privacy, choice, legally enforceable agreements, access to food, choice of roommates, ability to decorate one's own room, lockable doors, and financial control;
2. Implementing an individual's definition of a meaningful day;
3. The Employment First Principle in the context of informed choice;
4. Provider agency requirements to follow all applicable federal and state laws which by default includes the settings requirements;
5. Person centered planning; and
6. Activities to be provided outside the home and in the community.

DD Waiver Service Standards that need to be addressed include:

1. Individual rights listed comprehensively in some service standards but absent or minimally noted in other service standards;
2. Silence about provider responsibilities to ensure rights and protection;
3. Silence about the setting location within the community and about personal choice of setting, among all options particularly non disability specific settings;
4. Silence about requirements to ensure the setting does not have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS especially when the service is intended for groups;
5. Silence about personal control of schedules;
6. Silence about conflict of interest in service planning by paid DD Waiver providers;
7. Over emphasis of service coordination among DD Waiver providers and under emphasis of coordination of natural supports and other non-disability specific community based options, over emphasis on group settings and under emphasis on promoting individual choice within day programs; and
8. Silence about choice group make-up for services provided in groups.

DOH Waiver Provider Agreement and Application areas of strength include the presence of language about:

1. Meaningful activities that promote integration and access to the greater community;
2. Reflecting what's important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare;
3. Requirements to describe how the agency will encourage, promote and support individuals to gain meaningful employment; and
4. Community resources and transportation

DOH Waiver Provider Agreement and Application areas that need to be addressed include:

1. Does not address many areas of specific settings requirements

1915c DD Waiver areas of strength include the presence of language about:

1. Settings being integrated in and supporting access to the greater community;

2. Opportunities for employment in competitive integrated settings and engaging in community life; and
3. Person-centered planning.

1915c DD Waiver areas that need to be addressed include:

1. Silence on informed choice;
2. Silence on responsibilities and protections from eviction;
3. Silence on individual rights; and
4. Lack of adequate information in written documentation in the individual service plan.

NMAC (applicable areas of regulations included Developmental Disabilities Home and Community-Based Services Waiver, Rights of Individuals with Developmental Disabilities Living in the Community, and Service Plans for Individuals with Developmental Disabilities Living in the Community) areas of strength include the presence of language about:

1. Person-centeredness
2. Written service plans
3. Integration and access to the community
4. opportunity to seek employment and work in competitive integrated setting, engage in community life, and control personal resources
5. individual rights
6. Optimized individual initiative, autonomy, and independence in making life choices

NMAC areas that need to be addressed include:

1. Silence on areas of the settings that are fully integrated with individuals not receiving Medicaid HCBS and encouragement of interactions with people from the community
2. Silence on transportation and access options
3. Silence on physical accessibility
4. Silence on age-appropriateness of activities
5. Silence on staff interactions
6. Silence on food and dining options
7. Silence on provider responsibilities in settings
8. Silence on legally enforceable agreements and protections from evictions
9. Silence on choice of roommates
10. Silence on choice of schedule

Remediation:

The State has already conducted some remediation activities by incorporating necessary changes identified through the review of waiver rules, standards, and regulations for the Developmental Disabilities Waiver. The seven specific additions to the service standards revised June 15, 2015 included provisions for:

1. A lease or legally enforceable agreement
2. Privacy in sleeping or living units
3. Lockable entrance doors
4. Access to food at any time
5. Visitors at any time
6. Access to agency occupied buildings to the fullest extent possible
7. Other protections for privacy and secure place for personal belongings

In addition, DOH conducted training for its providers on the newly revised standards. Training documents were disseminated to Developmental Disabilities Waiver providers on February 1, 2016 and the training of providers begin on March 1, 2016 and was completed by July 1, 2016. The training was recorded and is posted (<http://actnewmexico.org/webinars-trainings.html>) for continual reference.

The results of the Developmental Disabilities Waiver systemic review of standards (approve waiver, state regulation, service standards and provider agreements) related to residential settings can be found in Appendix B.

Remediation of the DD Waiver rules and standards involves submitting a DD Waiver renewal application to CMS planned for December 2016. Considerations for restricting or substantially altering services require public input, a transition plan and approval by CMS in the renewal of the DD Waiver or a subsequent amendment.

Additional remediation of the DD Waiver rules and standards will generally involve:

1. DD Waiver Renewal application with basic updates and enhancements to language planned for March 2017
2. Subsequent amendments after a focused collection of meaningful public input related to systemic assessment
3. Reissue of DD Waiver service standards after approval of DD Waiver renewal application and again as needed after an amendments planned for October 2017
4. Revision of provider application process and add language to provider agreements planned for October 2016
5. Promulgation of revised regulations after DDW Renewal, STP approval and again after any subsequent DD waiver amendments planned for October 2017
6. Alignment of any additional DDSD policies and procedures with any changes to above as needed, ongoing
7. Ad hoc training to stakeholders, website updates and other required training updates to reinforce changes

Considerations for restricting or substantially altering services require public input, a transition plan and approval by CMS in the renewal of the DD Waiver or a subsequent amendment

Areas of remediation, which require stakeholder and public input includes:

1. Addition of a chapter in the DD Waiver Service Standards specifically for settings requirements that require all living care arrangements, community supports and

- employment supports to comply so that clarity and strength of language about settings requirements are consistent;
2. Addition of a chapter in the DD Waiver Service Standards on person centered planning practices that includes roles and response abilities of service providers including considerations for conflict free service planning which prevents:
 - a. Plans that focus on the convenience of the IDT members who are service providers rather than being person-centered, and
 - b. Plans that reflect patterns of provider self-referral and undue influence resulting in compromised individual choice of services or providers.
 - c. Plans reflect undue influence of the Provider resulting in a choice of activities convenient for the Provider and not activities chosen by the individual;
 3. Addition of a chapter in the DD Waiver Service Standards to include an expansive list of individual rights and protections to be ensured by all service providers (e.g. Kansas DADS: https://www.kdads.ks.gov/docs/default-source/CSP/CSP-Documents/bhs-documents/Providers/SED_Waiver/participant_rights_cms_final_rules.pdf),
 4. Enhancement of the case management service requirements to include language and requirements explicitly demonstrating choice of setting among all settings including non-disability specific settings;
 5. Enforcement of Individual Service Plan (ISP) Quality Assurance (QA) requirements in the case management chapter of the DD Waiver Service Standards and in conjunction with the remediation of standards, review and enhance ISP template and use of its associated QA tool;
 6. Reference all applicable authorities in the standards including the CMS Final Rule.
 7. Review and enhance home study approval criteria for Family Living settings and consider similar “site study” and approval process to ensure the quality of all settings is not isolating;
 8. Addition of settings requirements section in NMAC regulations and Provider Application and Agreement;
 9. Addition of provider policy requirements to Provider Application and/or Agreements that address and comply with the settings requirements;
 10. Enhance the regulation outlining specific rights of people with I/DD to be more inclusive of settings requirements language and accessibility; and
 11. Include language about informed choice to include providers and setting freedom of choice

The results of the Developmental Disabilities Waiver systemic review can be found in Appendix B.

Medically Fragile Waiver

MAD and DOH staff completed the assessment for the Medically Fragile Waiver (MFW)_for compliance with the Final Rule. This assessment included a review of the following:

- 1915c application
- State standards for MFW providers,
- NMAC 8.314.3

- State provider application and agreements

The settings of the MFW were noted to be compliant. The NM.0223.R05.00 waiver renewal application was updated to reflect current practice. There are no contracted hospitals or nursing facilities or ICF/IDD facilities. All respite is provided in a private residence or family home. Upon approval of the NM.0223.R05.00 renewal waiver application, New Mexico Department of Health MFW service standards and NMAC will be revised to reflect the approved waiver services.

Updates to the Respite and the General Provider Requirements are necessary. Institutional respite references will be deleted in the Respite Standard. The General Provider Requirements Standard will be updated to reflect NMAC changes and will include compliance with the Final Rule specifically.

The Provider requirements within the Provider Enrollment Agreement and Review form for MFW will require complaints to be included in the Quality Assurance/Quality Improvement Plan and reporting.

The assessment noted compliance and strength in providing for individual participant and family choice and involvement in planning and selection of providers and services to support medically fragile participants to remain in their homes and participate as their condition allow within home, school and community. Most waiver participants are minors, however all participants/families are assisted with anticipation of transition within their life and community. Assistance is provided by nurse case managers as requested by the family during educational reviews or transitions within the Medicaid programs.

The results of the Medically Fragile Waiver systemic review of standards can be found in Appendix C.

Centennial Care Demonstration

HSD staff completed the assessment for the Centennial Care Demonstration and found that the Centennial Care contract, STC, MCO policy manual and NMAC rules generally comply with the HCBS Final Rule. The State's analysis included a thorough review of each sub-category within the HCBS Final Rule compared against the requirements in the Centennial Care contract, STC, MCO policy manual, and the NMAC rules. The specific results of the analysis are attached as Appendix D. The analysis for the Centennial Care Demonstration included review of the following:

- Policy Manual March 1, 2016
- NMAC 8.308 Parts: 8, 10, 11, 12; 15; NMAC 7.8.2; NMAC 7.13.2;
- Centennial Care contract/Special Terms and Conditions (STCs)
- Provider Applications

Remediation for systemic assessment under the Centennial Care Demonstration included updating the NMAC Rules, and the MCO policy manual based upon issues and deficiencies identified during the assessment review.

The revised MCO policy manual was completed by March 1, 2016. In addition, HSD plans to conduct training, in collaboration with the MCOs, for its providers on the new requirements prior to on-site validation.

HSD and the MCOs may also need to consider the extent to which any provider will need to implement corrective action plans should a provider be found to be deficient regarding compliance with the HCBS Final Rule.

Person-Centered Planning Compliance

The State recognizes and supports the significance of person-centered planning in HCBS programs. New Mexico's person-centered planning process is consistent across our HCBS programs and was developed to ensure that individuals receiving long-term services and supports through HCBS programs in the State have full access to their community. The State's person-centered planning process is also intended to assure the Mi Via SSP, Developmental Disabilities ISP and Comprehensive Care Plan (CCP) addresses the health and long-term services and support needs that are reflected in the participant's preferences and goals. In our HCBS programs, the resulting SSP and ISP will assist the participant/member in achieving personally defined outcomes and goals and ensure that waiver services are provided in qualified HCB settings selected by the individual.

The State's assessment of the HCBS person-centered planning process for the Mi Via, Developmental Disabilities, and Medically Fragile Waivers and the Centennial Care Demonstration evaluated the key provisions that must be reflected in the participant's/member's plan, as required by the HCBS Final Rule. The following key provisions² are reflected in the Mi Via SSP³, Developmental Disabilities ISP and CCP:

- Individual's strengths and preferences;
- Clinical and support needs;
- Goal and desired outcomes;
- Providers of services/supports, including unpaid supports provided in lieu of waiver or State Plan HCBS;
- Risk factors and measures in place to minimize risk; and
- Individualized backup plans and strategies when needed

² *Informational Review of GHSC Clients, Medicaid Home and Community-Based Services New Rules.* Mercer Government Human Services Consulting. June 27, 2014. p 11.

³ *Mi Via Self-Directed Waiver Program Service Standards. Appendix B: Service and Support Plan (SSP) Template.* New Mexico Department of Health. April 25, 2011.

Table 2: Person Centered Planning Process for Mi Via, Developmental Disabilities, Medically Fragile Waivers and Centennial Care Demonstration

Key Provisions of HCBS Final Rule for Person-Centered Service Plan/Planning ⁴ :	Mi Via SSP, Developmental Disabilities and Medically Fragile, ISP and Centennial Care CCP Process/ Planning*
Setting is chosen by the individual and is integrated in, and supports full access to, the greater community.	Yes
Opportunities to seek employment and work in competitive integrated settings.	Yes
Opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Yes
Individual's strengths and preferences.	Yes
Clinical and support needs.	Yes
Goals and desired outcomes.	Yes
Providers of services/supports, including unpaid supports provided voluntarily in lieu of waiver or State Plan HCBS.	Yes
Risk Factors and measures in place to minimize risk.	Yes
Individualized backup plans and strategies, when needed.	Yes

Provider Self-Assessment

In order to establish a baseline of provider compliance, MCOs, HSD and DOH first implemented a provider survey. The State identified all major categories of services provided under each program. Next the State identified all settings in which each category of service is provided. Surveys were targeted for specific provider types, were web-based, and focused on the CMS exploratory questions. Paper surveys were available if needed for providers who could not access the survey electronically. This survey assessed service delivery in several areas, such as choice of provider, community access and integration, living space/physical space (if a residential setting), privacy staff interactions and privacy, and the participant's experience with the services.

⁴ *Informational Review of GHSC Clients, Medicaid Home- and Community-Based Services New Rules.* Mercer Government Human Services Consulting. June 27, 2014. p 11.

The State committed to ensuring that each HCBS provider meets the requirements set forth under the HCBS Final Rule. The State implemented multiple methodologies to assess and determine provider compliance with the HCBS Final Rule. The following provider settings were assessed:

Developmental Disabilities Waiver categories of services:

- Living Supports providers
 - Family Living: Setting is a private home owned or rented by the individual or Family providing services.
 - Supported Living: Setting is a provider controlled home or private home.
 - Intensive Medical Living: Setting is a provider controlled home or private home.
 - Customized In Home Supports: setting is in the individual's own home, family home the community. Additionally. CIHS settings with roommates may include service settings that are provider owned or controlled.
- Customized Community Support providers: Setting is in the community for individuals or groups or may be located at an agency occupied building
- Community Integrated Employment providers: Setting is I at a job site in the community for individuals or groups or may be at agency occupied building

Mi Via Waiver categories of services:

- Living and Other Supports – vendors only Setting is a private home owned or rented by the participant/family/natural support or caregiver who may also providing services through a vendor agency.
- Community Membership Supports – vendors only (Customized Community Group Supports and Employment Supports)
- Employment-vendors only: Setting may be provider controlled or may be in a non-provider controlled setting with support provided in a naturally occurring community setting
- Community Direct Support Providers – vendors only: Setting is in a naturally occurring community based setting

Centennial Care Community Benefits:

- ABCB:
 - Assisted Living: Setting is provider controlled
 - Adult Day Health: Setting is provider controlled
 - Employment Supports: Setting is provider controlled employment or employment
- SDCB:
 - Customized Community Supports: Setting is a provider controlled
 - Employment Supports: Setting is provider controlled employment or employment

The provider survey was conducted via an online survey tool. The survey period ran from (dates of survey). The State provided education and training regarding the survey via webinars

held on June 3, 2015 and June 15, 2015. Assistance was made available to respond to questions about the survey and to offer technical assistance in completing the survey, if needed. Paper surveys were made available to providers who could not access the web-based survey.

New Mexico analyzed responses to the self-reported surveys to determine provider compliance. Review of the findings will help the State identify areas where changes will need to be made to bring non-compliant providers into full compliance with federal requirements and furthermore, assist the State in developing its methodology for the validation process.

Following the provider trainings, MAD and DOH will conduct site specific validity checks of all settings and participant/guardian surveys with the objective of determining the effectiveness of training initiatives, monitor corrective actions identified and ensure remediation needed for successful transition to settings compliance is occurring timely. Technical assistance will be made available to providers who need assistance transitioning into compliance throughout this entire process. As necessary, providers found to be out of compliance, following the participant survey will be required to implement remediation activities to address identified issues. These activities may include implementation of corrective action plans. Remediation activities must be prior approved by the State.

Additionally, ongoing monitoring activities may include: participant complaints, fair hearing requests, waiver quality assurance monitoring activities, and plan reviews.

Overall Response Rates

Each of the three New Mexico waiver programs had strong provider representation in the survey:

- Of the 78 Centennial Care ABCB providers contacted to participate in the survey, 57 ABCB providers completed a survey, yielding an overall response rate of 73%.
- Of the Centennial Care SDCB 11 providers contacted to participate in the survey, 10 providers completed a survey, yielding a response rate of 91%.
- Of the 44 Mi Via providers contacted to complete a survey, 43 providers completed a survey, yielding an overall response rate of 98%.
- Of the 85 DDW providers contacted to complete a survey, all providers completed a survey, yielding an overall response rate of 100%.

Overall for all services and review categories, providers in all three programs reported a high rate of consistency with the requirements of the Final Rule, as measured in the survey. The answers to the survey reflected that overall providers believe the settings in which they deliver services are in step with the CMS Final Rule and other guidance issued by CMS regarding HCB setting requirements. Survey questions were compiled from residential and non-residential questions, which sample each of the four major services: employment, community supports, assisted living, and living services. The results for the four major services and the corresponding review categories are displayed in five tables and summarized in Appendix E

Centennial Care Demonstration

The Centennial Care Demonstration provider self-assessment process followed the same steps as those noted above for the Mi Via Waiver and Developmental Disabilities Waiver programs: 1) initial provider assessment to determine baseline; 2) provider training focused and targeted to identified issues and HCBS Final Rule overview; 3) provider validation checks; and 4) as appropriate, provider remediation. However, key distinctions exist in the two approaches, which are noted below.

As part of the provider assessment analysis, HSD reviewed the provider types offering services under the ABCB and identified currently 61 Assisted Living providers; seven Adult Day Health providers; and one Employment Support provider; for SDCB services there were 10 Customized Community Supports providers and two Employment Supports vendors identified. These provider types were targeted for self-assessment surveys for the Centennial Care Demonstration to determine compliance with HCBS Final Rule requirements.

Provider training will be conducted by HSD and MCOs. HSD will share with MCOs training requirements and expectations and work together to develop training materials.

HSD, in collaboration with the MCOs and possibly DOH, will conduct audits of providers between July 1, 2016 and December 31, 2016.

HSD, in collaboration with the MCOs, will modify the current provider satisfaction survey, incorporating requirements from the CMS Final Rule. The survey tool will be revised by December 1, 2016 and the MCOs will implement it during its routine provider surveys beginning in 2017 to ensure compliance by the start of 2018.

Provider Assessment Validation Process

A comprehensive validation of provider self-assessment results is currently being developed for DD Waiver, Mi Via Waiver and the Medically Fragile Waiver, as well as Centennial Care. Comprehensive validation will include validation reviews for 100% of all provider settings and individual participants receiving services in those settings; and Provider training will be provided as a part of remediation and ongoing monitoring activities as appropriate. Some validation reviews will be on-site, while others may be completed electronically.

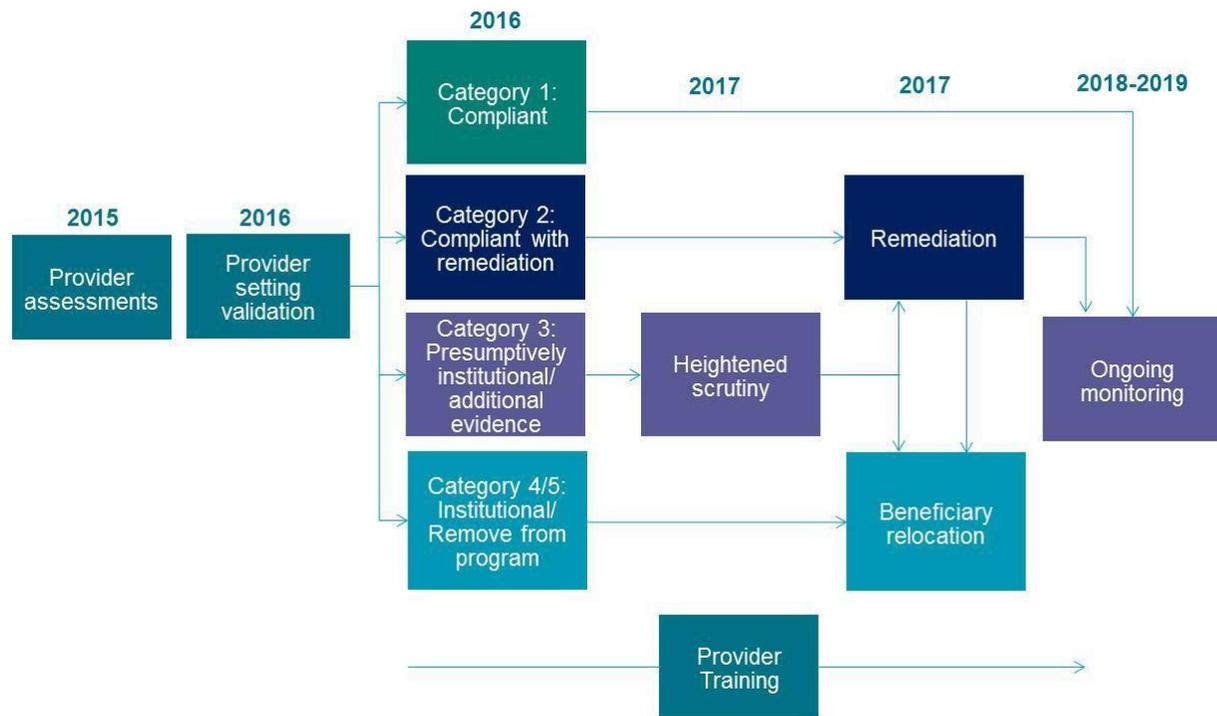
State staff will perform a validity check on a subset of provider agency responses to the provider self-assessment survey.

The DOH and HSD will develop a Validation Tool with the assistance of its contractor to use during validity checks and a corresponding tool to use for participant/guardian surveys. The foundation for these tools is the Exploratory Questions issued by CMS and also used in the Provider Self-Assessment surveys.

Figure 1 provides an overview of the State's revised approach to validating the results of the

provider self-assessment and the remediation activities stemming from this activity.

Figure 1: Overview of Revised STP Process



The Developmental Disabilities Waiver (DDW), Centennial Care, and Mi Via Waiver programs conducted provider surveys that were specific to the services delivered by the providers in those programs. The survey questions were based on CMS’s exploratory questions, and tailored for services delivered with and without a Residential component.

The State intends to use the results of the provider surveys to: 1) develop a preliminary assessment of areas of potential concern with current settings and 2) serve as the basis for the setting-specific analysis, and validation of the provider self-assessment survey results. The provider self-assessment survey and validation results will inform specific training and remediation activities.

Preliminary Assessment of Areas of Potential Concern

Based on the initial review of provider self-assessment survey results, providers generally reported favorably regarding their current compliance with the requirements of the HCBS Final Rule. However, the provider self-assessment results identified opportunities for training around community access individual choice and integration. This is an area the State will focus on when guiding providers towards compliance with the HCBS Final Rule.

A summary of the provider self-assessment survey results and a copy of the overall statewide provider self-assessment survey report covering all three programs is provided as Appendix E.

Provider Self-Assessment Survey Validation Approach

Provider self-assessment surveys were conducted at the aggregate provider level; however, validation activities are designed to allow for the exploration of the provider-reported information at an individual setting level. The State intends to use several methods for validating the results of the Provider self-assessment survey. The following describes the targeted sampling methods used to determine the validation approach for each setting, whether on site versus electronically, as well as the methods for conducting validation activities:

- A. For all providers included in the self-assessment survey process that responded to the survey and scored above 80.0%⁵ on all survey categories, a sample of providers and settings will be selected for an onsite review.
- B. For all providers that responded to the survey and scored less than 80.0% on any category of survey questions, at least one service setting will undergo an onsite review.
- C. For providers that did not respond to the required provider self-assessment survey, at least one service setting will undergo an onsite review.
- D. For the remaining service settings (that is, those not identified for an onsite review), feedback will be gathered from a variety of state staff with knowledge of the setting to validate the provider survey result.
- E. The State reserves the right to conduct an on-site review at any residential or non-residential setting. This includes, but is not limited to, settings that were not initially incorporated in the provider self-assessment surveys such as DDW and Family Living settings where the services are provided in a host home that is provider owned and controlled and DDW Customized In-Home Supports. Medically Fragile Waiver settings and Centennial Care will be included here as well.

Please note that for services delivered in an individual's home, the setting validation process will not be conducted, as the individual's home is considered compliant with the expectations in the Final Rule. "The individual's home" refers to settings in which an individual lives in the family home, his or her own home or apartment in community settings and local neighborhoods, however, on-going monitoring of these settings will occur.

The results of the provider survey and the validation process will be used to preliminarily place settings into one of the following categories:

- Category 1: Compliant
- Category 2: Compliant with Remediation
- Category 3: Presumptively Institutional/Additional Evidence Needed (Heightened Scrutiny)
- Category 4: Institutional/Remove from HCBS Program (Beneficiary Relocation)

⁵ 80.0% is considered a reasonable threshold to distinguish between providers requiring on-site visits for all service locations and those requiring a combination of on-site and other validation techniques. In cases where concerns arise such that additional on-site reviews are required, the State will conduct those on-site reviews.

The final designation of settings into categories will not occur until after the validation process. A description of the activities resulting from each category above is provided in later sections of this plan.

Onsite Review Process

As a result of the provider self-assessment survey process, the State developed provider-specific report cards in which an individual provider's response to each survey question is displayed and compared to the average response for all providers of the service in the program. All program/service combinations were evaluated separately. These report cards will be used as the basis for -determining on-site validation settings and for providers to see how they perceive themselves in comparison to other providers statewide providing services in the same settings. The State encourages providers to review their own provider report card prior to the validation site visit.

Staff conducting the onsite reviews will make first hand observations of the setting and interview staff working in the setting using the same criteria/questions (CMS Exploratory Questions) that providers were asked to rate their perceived compliance with for the provider self-assessment. State staff will analyze the staff's responses to each question in validation review tool and prepare standard follow-up questions for each instance in which the provider has not responded with the most favorable response. A favorable response is when a provider indicates that he/she is compliant with the federal requirement. The tool will allow the reviewer to provide commentary on any response to the survey, even if the response provided is the most favorable response. The tool will allow the onsite reviewer to assess whether responses that are not the most favorable may be appropriate for health and safety reasons and as documented in the person-centered plan. For example, a provider may have responded that individuals cannot freely come and go from the setting at any time; however, during the onsite review process, the reviewer may find that certain individuals with cognitive impairments, for safety reasons, have limitations on their ability to leave the setting, and that these limitations are documented appropriately in the individual's person-centered plan. In cases where there is not appropriate justification for responses that are less than the most favorable response, the reviewer will note the concern and the concern will be further evaluated during the post onsite review process. The reviewer will also have the opportunity in the validation survey tool to note their own observations and disagree with the providers responses. Follow up questions would apply in this case too; if the reviewer observes something appearing to contradict what the providers states.

In addition to interviewing provider agency staff, reviewers will select and interview one or more individuals receiving services in the setting, or their guardian (Please note that the individual or guardian has the opportunity, at any time, to refuse or discontinue participation. Where feasible, the State will request another individual to participate in the interview process.) During the interview, the reviewer will ask the individual receiving services (and his or her representative, if requested or needed) questions regarding the service setting. These questions will have a one-to-one correspondence with the questions asked on the provider self-assessment survey and

validation tool, such that each provider and individual participant response can be compared. Responses from the individual participant interviews will also be recorded in a Participant Survey Tool.

Validation Process Conducted by Trained State Staff

In cases where an onsite review is not conducted, the results of the provider self-assessment survey will still be validated. Validation will occur through feedback from trained State staff to include but not be limited to staff who have recently reviewed the setting during an on-site visit for other reasons such as a routine DHI audit or DDSD Regional Office staff conducting a site visit for monitoring, or technical assistance purposes. The State staff (trained in settings requirements and validation tools) identified for this review process will complete an on-line assessment based on their observations and interactions during the recent visit using the same criteria and CMS Exploratory Questions. The questions in the assessment will mirror those asked of the provider so that a one-to-one comparison of each question can be made.

Review and Categorization Process

After the validation process has been conducted for each setting, the State will compile the results and determine into which of the following four categories each setting should be classified:

- Category 1: Compliant
- Category 2: Compliant with Remediation
- Category 3: Presumptively Institutional/Additional Evidence Needed (Heightened Scrutiny)
- Category 4: Institutional/Remove from HCBS Program (Beneficiary Relocation)

Specific criteria will be established by the State for classifying settings in all categories.

Setting Categorization Process

As described above, the setting categorization process will result in each setting being classified into one of four categories. The following describes the process for categorizing each setting, as well as the activities that will take place once a setting is placed in each category.

Category 1: Compliant

If, as a result of the onsite review or the staff validation through online assessment, the setting is determined to be fully compliant with the expectations in the Final Rule, the setting will move into Category 1: Compliant. To be considered compliant, the setting must demonstrate compliance in all areas of the survey. This includes a plan for providers to assure access to non-disability specific settings in the provision of residential and non-residential services. In cases where areas of potential non-compliance were identified through the survey or validation processes, appropriate justifications for the perceived non-compliance must be documented.

Once settings have been deemed compliant, they are placed into the ongoing monitoring process.

Category 2: Compliant with Remediation

If the results of the survey and validation process indicate that the setting is not fully compliant with the expectations in the Final Rule, but that the issues identified can be corrected, the setting will be classified in Category 2: Compliant with Remediation.

For settings in which an onsite review is conducted, reviewers will analyze provider and individual participant responses. For any question in which there was an inappropriate justification for the less than most favorable response, reviewers will indicate that remediation activities are necessary. Reviewers will then compile the list of concerns for which remediation is necessary and provide that list in a formal notification letter to the provider within 45 business days of the onsite review. The provider will then have 30 business days from the date of the letter to submit a Corrective Action Plan (CAP) to the State, addressing all areas identified by reviewers. The State will then approve the CAP, or approve the CAP with modifications within 30 business days, and communicate the final CAP to the provider.

For settings in which the validation process is not an onsite review but rather feedback gathered from trained State staff, the State will designate a review committee analyze the online responses. For each area in which there was a notable difference between the provider and State staff response, the State will request from the provider an explanation for the difference and further may request that the item to be addressed via a CAP. As with the process for settings undergoing an onsite review, providers will have 30 business days from the date of the letter to submit a CAP to the State. The State will then approve the CAP, or approve the CAP with modifications within 30 business days, and communicate the final CAP to the provider. The State will monitor providers until all areas identified in CAPs are addressed to the State's satisfaction.

Settings will remain in Category 2: Compliant with Remediation until the provider has demonstrated each item in the CAP has been appropriately addressed. Once the provider has demonstrated compliance for the setting, the setting will move into Category 1: Compliant and enter the ongoing monitoring process. The State reserves the right to conduct on-site reviews of a setting to determine whether all issues in the CAP have been addressed.

Category 3: Presumptively Institutional/Additional Evidence Needed (Heightened Scrutiny)

HSD's process for reviewing settings presumed to be institutional-like and determining if the State needs additional evidence will be part of the provider self-assessment, and validation

process. Settings warranting heightened scrutiny will be initially identified through the desk review of provider self-assessment survey responses. Service settings that may be subject to heightened scrutiny are those that respond affirmatively to the question in the provider self-assessment survey regarding locations on the grounds of, or adjacent to, a nursing home or other institution, settings located in a building that is also publically or privately operated facility that provides inpatient institutional treatment (NM has none,) and any other setting that has the effect of isolating. Additionally any intentional communities or farmsteads are presumed not to be a HCBS and will go through heightened scrutiny if the State feels the setting is home and community-based and does not have institutional characteristics.

The state acknowledges that there are other attributes of a setting that may be identified in the provider self-assessment survey that may appear institutional in nature; however, other attributes may be able to be addressed through remediation. Examples of this might be center-based/facility-based settings, group services, sheltered workshops, farmsteads, apartment complexes where only people with disabilities reside, neighborhood compound or complexes where all or most homes on the same street are occupied by people with disabilities. Provider settings that have less than favorable responses to other survey questions, such as locks on doors or integration of work environment, will be categorized as Category 2: Compliant with Remediation. Remediation will give the provider setting an opportunity to address identified issues and meet applicable requirements. If the provider is unable to successfully address issues within agreed upon timeframes, the provider will be dis-enrolled as an HCBS Medicaid provider. Case managers/care coordinators or consultants/support brokers will work with affected individuals to educate them about the process and to find alternative providers (see beneficiary relocation).

In addition to the desk review of provider responses to questions, on-site and online validation of settings will occur. Any provider setting identified through the provider self-assessment validation process that appears to be non-HCB may be moved to heightened scrutiny.

For settings targeted for heightened scrutiny review, HSD will build an additional validation review into the onsite review tool. This additional validation review will be consistent with the CMS heightened scrutiny process: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf>

The heightened scrutiny review will require reviewers to document evidence of the HCB nature of the setting. Reviews may include:

- Assessment of physical location and practices.
- Review of licensure requirements or other State regulations for the setting clearly distinguishing it from institutional settings.
- Review of residential and non-residential housing/zoning requirements showing that the location is integrated in and supports full access to the greater community.
- Description of proximity to available public transportation or explanation of other

transportation options where public transportation is limited.

- Review of procedures enacted by the setting indicating support for activities in the greater community according to the individual's preferences and interests.
- Interviews with direct support staff.
- Review of plans of care.
- Review of policies and procedures.

It is important to note that State staff reviewers may ask providers subject to heightened scrutiny to submit documentation prior to the review, such as, but not limited to, policies and procedures and plans of care. If the results of the onsite review are sufficient for HSD to determine that a setting is HCB in nature, HSD will post the information for public review, followed by submission to CMS for review and approval.

HSD may submit to CMS for heightened scrutiny review any identified settings presumed to be non- HCB (i.e. settings that are institutional or isolating in nature) but that HSD believes, supported through validation, are appropriate settings for HCBS and that have the qualities of HCB settings.

HSD will submit its request to CMS for heightened scrutiny review by no later than September 1, 2017.

Category 4: Institutional/Remove from HCBS Program (Beneficiary Relocation)

In the event an individual needs to transition to a new provider (residential or non-residential), the case manager/care coordinator or consultant/support broker will work with the individual to ensure continuity of care including educating the individual about the process, timeframes and due process rights. Through the person-centered planning process, case managers/care coordinators and consultants/support brokers will ensure that individuals make an informed choice from alternative provider settings that comply with the HCB settings requirements and will provide the necessary supports. The person-centered service plan will be updated as appropriate.

The State or, in the case of Centennial Care the managed care organization (MCO), will send a formal notification letter to individuals, no less than 90 calendar days prior to relocation that outlines the specific reason for the relocation and the due process procedure and timeline available to the individual and, if applicable, his/her guardian. The State/MCO will also send the provider a notification letter no less than 90 calendar days prior to relocation indicating the intent to relocate the individual. The letter will direct the provider to participate with the State, MCO, and other entities, as appropriate, in activities related to relocating the individual. The individual and provider notifications should be sent simultaneously to ensure both parties are being made aware at the same time of the need to relocate the individual.

As applicable, the individual's case manager/care coordinator or consultant/support broker will ensure that all services are in place in advance of the individual's relocation and then monitor the transition to ensure successful placement and continuity of services. This will include increased monitoring before and after transition, updating the participant's plan of care as

needed, and tracking the success of the transition. Specifically, individuals and their guardians, if applicable, will conduct an onsite review of the individual's new setting prior to the individual's relocation. Case managers/care coordinators and consultants/support brokers will touch base with individuals as part of regularly scheduled visits to monitor the success of the transition. Depending on the needed supports and availability of providers, the beneficiary relocation process may take some time to complete. All beneficiary relocations must be completed by no later than November 31, 2018, to allow time to monitor the success of the placement prior to March 17, 2019. The expectation is that egregious issues are addressed as soon as possible.

Participant/Member Assessment

In addition to surveying providers, New Mexico will seek feedback from participants on whether they feel the settings in which they receive care comply with the HCBS Final Rule. The Mi Via, Developmental Disabilities Waivers, and Medically Fragile are developing a participant survey that will align with CMS exploratory questions and used in the provider survey and provider self-assessment..

Every effort will be made to minimize the burden on participants in completing the survey and to facilitate the process. Assistance will be made available to respond to questions about the survey and to offer technical assistance in completing the survey.

A system will be developed and implemented to collect, track, monitor, and analyze surveys and responses.

The results of the participant survey will be compared with the results of the provider surveys for the corresponding setting in order to confirm or deny congruence with how the provider views their compliance with the settings requirements and how the participant reports compliance of the provider with the setting requirements. Beneficiary feedback is critical in determining the category of compliance the setting should be placed in. It is also an opportunity for participants and their guardians to learn more about their rights and understand expectations of the settings in which they receive services,

HSD, in collaboration with the MCOs, will create a member survey, separate from CAHPS, inclusive of members who are not "Medicaid-only." The survey will obtain feedback from members on whether they feel the settings in which they receive care comply with the HCBS Final Rule. Questions for the member survey will be mapped to questions in the provider surveys in order for the assessment process to be done in a balanced approach.

Every effort will be made to minimize the burden on members in completing the survey and to facilitate the process. Assistance will be made available to respond to questions about the survey and to offer technical assistance in completing the survey.

Remediation Strategies/Activities

Provider Level Remediation Strategies

Mi Via Waiver Program

If the vendor does not comply with the State requirement of completing and submitting an attestation in the vendor agreement that the services and supports they provide will be delivered in accordance with the HCBS Final Rule requirement, the State will not process the vendor packet until the attestation is completed.

Developmental Disabilities Waiver Program

If a provider is unable to comply with waiver standards, DOH will provide the eligible recipients with a Secondary Freedom of Choice form to select a new provider. The Secondary Freedom of Choice form is a list by county of all eligible DDW providers that participants can select from to receive each service from. When relocation is necessary the interdisciplinary team will transition the eligible recipient to a provider that is compliant. When relocation is necessary, HSD and DOH will make available to the eligible participant reasonable notice of his or her due process rights. An eligible participant, through the person-centered planning process, is given the opportunity, the information, and the support to make an informed choice of an alternate setting that align with the participant's preferences and desires, and necessary services and supports. Transition planning is a critical element in relocating people and the interdisciplinary team has the responsibility to ensure all supports are identified and in place in advance of the transition.

DOH will ensure that appropriate planning takes place to facilitate a smooth transition of an eligible participant to an alternative environment. Every possible consideration will be given to eligible participant's choices. Unless precluded by circumstances posing a danger to the health, safety, or welfare of the eligible participant or others prior to relocation, the Interdisciplinary Team will convene at least 90 calendar days prior to the proposed transition. This will allow for the development of the eligible participant's relocation Transition Plan and to properly execute the Plan. A provider will not be allowed to discharge an eligible participant until all requirements are followed and all avenues are pursued to keep the person in a setting that meets his or her choice and needs for waiver services. In no instance may an eligible participant be discharged from a provider until alternative arrangements are made to meet the eligible participant's immediate needs.

The State anticipates that participants may have to be relocated. Relocation is movement of a participant from a vendor or provider that does meet HCBS setting requirements, even after technical assistance and support from the state through the mechanism of a CAP.

Centennial Care Demonstration

If the CCS and/or Employment Supports provider(s) do not comply with the State requirement of completing and submitting an attestation that the services and supports provided will be delivered in a community-based integrated setting, the State will not process the provider's packet until the attestation is completed.

If a provider is unable to comply with the requirements, the MCO will provide the eligible member with an in-network provider directory to select a new provider and will relocate that eligible member to a provider that is compliant. When relocation is necessary, the MCO will make available to the eligible member reasonable notice of his or her due process rights. The eligible member, through the person-centered planning process, is given the opportunity, the information, and the support to make an informed choice of an alternate setting that aligns with policy.

HSD will ensure that appropriate planning takes place by the MCO, to ensure a smooth transition takes place for the eligible member to an alternative environment. Every possible consideration will be given to accommodate the eligible member's choices. Unless precluded by circumstances posing a danger to the health, safety or welfare of the eligible member, the Interdisciplinary Team will convene at least 30 calendar days prior to the proposed transition. This will allow for the development of the eligible member's relocation transition plan and to properly execute the plan. A provider will not be allowed to discharge an eligible member until all requirements are followed and all avenues are pursued to keep the person in a setting that meets his or her choice and needs for waiver services. In no instance may an eligible member be discharged from a provider until alternative arrangements are made to meet the eligible member's immediate needs. The MCO will ensure that critical services and supports are in place in advance of his or her transition.

HSD will collaborate with DOH to ensure additional remedial strategies are implemented for ALFs to ensure full compliance with the CMS requirements. Other provider level remediation may also need to be considered such as the provider enrollment packets containing new HCBS requirements to information incoming providers at time of application.

Validation Monitoring

A Provider and/or Vendor not in good standing with any program providing HCBS services is subject to no longer being allowed to provide services in any program providing HCBS services. Providers operating under a CAP will submit quarterly reports on the status of implementation. Any provider unable to address identified issues, within agreed upon timeframes, will not be allowed to provide HCBS. The State will place the provider on a state imposed moratorium (which will suspend the provider's ability to accept new individuals into service) until the issues are resolved. Concurrently, the case manager/care coordinator or consultant/support broker will work with the individual to transition him/her to a new HCBS provider who is compliant or other community setting of the individual's choice. This transition should occur no later than 90 calendar days from the date the provider is to be removed from the State's qualified provider

listing. All issues identified in provider CAPs must be addressed by no later than February 1, 2018. The expectation is that egregious issues are addressed as soon as possible.

On an ongoing basis, HSD will ensure effective monitoring of provider settings to support continued compliance with all applicable HCB settings requirements.

MCOs will have responsibility for monitoring ongoing provider compliance in Centennial Care. MCOs will verify continued compliance of current providers with the HCB settings requirements as part of the MCO credentialing/re-credentialing process. A checklist will be developed for this purpose that addresses the key compliance areas described in the HCBS final rule. If a compliance issue is identified during the review, the provider will be notified of the issue and remediation measures will be taken, including but not limited to the development of a CAP, in order to address identified issues. Providers will submit periodic updates to the MCOs on the status of implementation. Any provider unable to address identified issues, within agreed upon timeframes, will not be allowed to provide HCBS until issues are addressed. If issues cannot be addressed, the provider will be dis-enrolled as a qualified provider.

The MCOs will report ongoing provider compliance issues to HSD through the LTC Workgroup. HSD will provide oversight to the MCOs to ensure that all issues are remediated.

The Department of Health, Division of Health Improvement Quality Management Bureau (DOH/DHI/QMB) staff will assume this ongoing monitoring responsibility for the DDW program. Additionally, the DOH will monitor provider compliance through the State's provider enrollment process, specifically through the initial and renewal application process and through the provider agreement between approved providers and the DOH as part of the ongoing provider agreement processes.

For Mi Via, the DOH and Human Services Department, Medical Assistance Division (HSD/MAD) will monitor provider compliance through monitoring activities that may include: participant complaints, fair hearing requests, vendor attestations, waiver quality assurance monitoring activities, and Service and Support Plan (SSP) reviews.

Case managers/care coordinators and consultants/support brokers will also monitor individuals' experience and compliance with HCB settings requirements during regularly scheduled visits with the individuals. The individual's person-centered service plan will be updated as needed and team meetings convened to address any identified issues and follow up activities required with providers.

Providers new to the system must meet all HCB settings requirements prior to providing services to HCBS participants. Verification that the provider provides services in appropriate settings and is not institutional in nature prior to service delivery will occur through a variety of processes, which will start with, but not be limited to, the Provider Application and Agreement, on-site visitation prior to initiation of service provision and review of all agency policies and procedures.

Isolating Settings, Heightened Scrutiny

Settings not deemed to meet HCBS guidance are settings considered to isolate individuals from the greater community. Settings that isolate individuals are designed specifically for people with disabilities, or persons with a certain type of disability, and the setting is primarily or exclusively people with disabilities and the on-site staff that provides services to them. CMS guidance further states that the characteristics of isolating settings are:

1. The setting is designed to provide people with disabilities multiple types of services/activities on site such as housing, day services, medical, behavioral and therapeutic services, and or social and recreational activities
2. People in the setting have limited, if any, integration with the broader community,
3. The setting uses/authorizes interventions/restrictions used in institutional settings or deemed unacceptable in Medicaid institutional settings (example: Seclusion)

Examples of isolating settings include, but are not limited to, farmstead or disability-specific farming community; sheltered workshops, residential school; multiple settings co-related and operationally related, and gated or secured “communities”, also known as intentional communities. To overcome the presumption that a setting has the qualities of an institution and isolating, CMS must determine that the setting does not have the qualities of an institution and does have the qualities of a home and community based setting.

As a result of the provider assessment and validation process, the State will identify settings that may be presumed to have the qualities of an institution and are isolating in nature. The State will then identify the setting in the Statewide Transition Plan. Heightened scrutiny will be applied if the setting meets one of the three criteria below:

1. Setting is in a publicly or privately operated facility that provides inpatient institutional treatment
2. Settings is in a building on the grounds of, or adjacent to, a public institution
3. Settings with the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

Any setting identified by the State not to comport with HCBS settings rule will be required to develop a-remediation plan that will bring the setting in full compliance with the rule by March 2019. The state will submit evidence to CMS that the setting has overcome the presumption of institutional qualities or characteristics that isolate. Under the heightened scrutiny process, CMS will make a determination whether the evidence is sufficient to overcome the presumption. New Mexico HSD, DOH and MCOs will work to establish criteria and processes it will use to determine if a setting under any of the three criteria listed above should be escalated to heightened scrutiny.

The State then will conduct internal review based on the criteria and processes established. Tools the state will use to collect information for CMS’ heightened scrutiny process will include but not be limited to the following:

- Provider self-assessment, on-site validation, and participant assessment findings (developed and based on CMS exploratory questions)
- States' own tools for collecting and evaluating information received
- Public input on settings the state has flagged for heightened scrutiny as part of a STP

Outcomes of the review will determine which settings will be submitted to CMS for HCBS review. Evidentiary packages for each setting flagged for heightened scrutiny will be compiled, subject to public comments and recommendation, and included in the STP for submission to CMS. Evidentiary packages will focus on the following areas:

- Qualities of the setting and how it is integrated in and supports full access of individuals receiving HCBS into the greater community
- Strategies the setting has implemented to rectify and fully overcome its former institutional qualities or characteristics that isolate beneficiaries
- All information received about the setting during the public input process

Ongoing Monitoring

The State will monitor compliance with the HCBS settings requirements for all HCBS programs on an ongoing basis. For example, the Mi Via Waiver will ensure ongoing compliance with the requirements by requiring consultant agencies to ask participants quarterly about their satisfaction with community inclusion and access. The Mi Via Waiver will also verify the vendor attestation in provider enrollment packets.

In regards to the Developmental Disabilities Waiver, as noted previously, HSD, in collaboration with DOH DHI and DDSD, will revise the current survey tool incorporating settings requirements. On-going monitoring of HCBS settings will include monitoring individual's private or family homes where participants reside in order to ensure the setting is integrated. The survey tool will be revised by December 1, 2016 and DHI will implement it during its routine provider surveys beginning in 2017 to ensure compliance by the start of 2018. DHI will conduct surveys of providers once every three years or sooner, as determined necessary.

In regards to the Centennial Care Demonstration, support brokers and care coordinators will continue to ask members about their satisfaction with community benefits and will monitor outcomes.

Ongoing monitoring for all programs will also include, as appropriate:

- Regular provider communication on specific, identified issues;
- Training for new providers on HCB settings requirements and CMS and State expectations;
- Education and outreach to participants on relevant issues; and
- HSD collaboration with DOH to ensure ongoing monitoring efforts.

Communication Plan & the New Mexico Public Comment Process

It is critical to maintain continuous communication with participants/members, family members, stakeholders, and advocacy groups throughout implementation of our Transition Plan to ensure they are familiar with the rights afforded to participants under the new rule and are kept abreast of critical activities and milestones. The State is committed to continuous communication to waiver participants and other stakeholders by providing information through venues including, but not limited to, newsletter articles, website postings, trainings, stakeholder input meetings and public meetings.

Statewide Transition Plan activities, announcements and documents are available to stakeholders and the general public on the DDSD ACT New Mexico website at <http://actnewmexico.org/> and the Mi Via website at : <http://archive.mivianm.org/>.

New Mexico is committed to ensuring the broad public feedback on the Statewide Transition Plan through the public comment process. Both the Mi Via Waiver and the Developmental Disabilities Waiver completed their individual public comment processes prior to submitting their separate Transition Plans to CMS with their waiver amendments.

The public notice process for the Statewide Transition Plan that includes Centennial Care began March 24, 2015 with a general 30-day public comment period and a 60-day Tribal Notification process. The general public comments were due back to HSD by April 27, 2015. The complete public notice process concluded May 25, 2015.

Below is a summary of the public comment process and comments received for the Mi Via Waiver and the Developmental Disabilities Waiver. A summary of the public comments received for the amended Statewide Transition Plan, including the Centennial Care Demonstration, can be found in Appendix F.

Mi Via Waiver Public Comment Process

The Mi Via Transition Plan's public input process consisted of a notice and public hearing. On September 14, 2014, a 30-day notice was sent to all stakeholders informing them of the HCBS Final Rule Transition Plan and notification of a public hearing. The notice provided background information on the Final Rule; proposed Modification to the Mi Via Waiver; outlined directions for public comment; and testimony opportunities. The notice also provided a link to the HSD webpage where the full Transition Plan was available for public viewing and comment. Additional notice to inform tribal leaders and tribal health care providers was also sent on September 8, 2014. The notice was sent and input was sought from a wide range of stakeholders representing active waiver recipients, persons on the Central Registry who are individuals that could be served in the future, providers, advocates, and families. The notices were emailed and mailed via the United States Postal Service. Newspaper announcements in the Albuquerque Journal and Las Cruces Sun were published during the second week of

September. Individuals were invited to submit comments via postal mail, email, fax, or phone by five (5) pm October 15, 2014. The State's public input period met the requirement that it be no less than a 30-day period. A public hearing for the HCBS settings Transition Plan was held October 14, 2014.

Two public comments were received as a result of the Mi Via Waiver Transition Plan public input:

Comment #1: *"Will Mi Via transition to Centennial Care program?"*

State response: The Mi Via Waiver is under renewal. At this time HSD and DOH have no plans to transition Mi Via to the Centennial Care Demonstration.

Comment #2: *"The Mi Via Waiver is a self-directed option to the Developmental Disabilities Waiver or (formerly) Disabled and Elderly Waiver. Don't see this (waiver renewal changes and transition plan) having any impact on Pueblo of Jemez tribal members since we are not aware of anyone in Jemez who is on this. Most Developmentally Disabled recipients under Mi Via don't participate in the Day Hab settings described or opt to use Assisted Living Facilities and other populations who use Assisted Living facilities (elders, physically disabled) are still able to do so regardless of the changes proposed here. Mi Via is in such limited use, these changes won't have much of an impact on anyone, much less native populations."*

State response: An analysis of service utilization for CCGS and Assisted Living Services utilization by Native American participants was conducted by the Human Services Department, Medical Assistance Division. The State foresees no negative impact to Native American participants as the data showed zero utilization of CCGS and Assisted Living by Native American participants.

No modifications were made to the Transition Plan as a result of the public input process. There were no instances where the State's determination of HCBS settings compliance differed from public comments.

Developmental Disabilities Waiver Public Comment Process

The Human Services Department (HSD) and the Department of Health (DOH) created a public comment period that provided an opportunity for the widest array of stakeholders and interested parties to provide input on the New Mexico Developmental Disabilities Waiver (DDW) Amendment and Transition Plan. Public notices for public comment were distributed to the following groups:

1. Mailed to current DDW Recipients.
2. Mailed to individuals on the Central Registry.
3. Emailed to providers (266 parties).

4. Mailed to interested parties (192 parties).
5. Emailed to members of the DDW Advisory Committee on Quality (ACQ).
6. Mailed to Tribal Leaders.
7. Attended the Native American Technical Advisory Committee (NATAC) meeting (see attached agenda).

Notices for public comment were published in the two largest newspapers on November 13, 2014 and November 14, 2014. We have attached a copy of the notices for your review.

Notices were posted on the HSD website:

1. October 20, 2014 (14-14): Tribal Notification Posted DDW Amendment and Transition Plan
<http://www.hsd.state.nm.us/providers/written-tribal-consultation-letters.aspx>
2. November 13, 2014: Posted DDW Application Renewal and Transition Plan with attachments
<http://www.hsd.state.nm.us/public-notices-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx>

The comment period was October 20, 2014 through December 15, 2014. HSD and DOH received written comment on the DDW Proposed Transition Plan. We received no comments on the Proposed DDW Amendment. HSD and DOH used the public comments to form final decisions and the two departments responded in detail to all public comments received.

The comments were posted on the HSD website.

<http://www.hsd.state.nm.us/public-notices-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx>

Below are the comments received regarding the Developmental Disabilities Waiver Transition Plan:

Comment #1: *Under the transition plan proposed by HSD, the Developmental Disabilities Waiver service standards will be revised to comply with the HCBS Final Rule. The State will train Developmental Disabilities Waiver service providers on the use of these new service standards based largely upon self-assessment survey results completed by those providers. The State should take steps beyond analyzing self-assessments to ensure that providers are correctly utilizing the new service standards.*

State Response: New Mexico's Transition Plan includes many steps beyond the provider self-assessment process:

- a) A self-assessment to be completed by providers by June 1, 2015 will provide the State direction as to where training is needed. The self-assessment allows for provider buy-in and takes into account their input in this process.
- b) The State is currently revising the Developmental Disabilities Waiver service standards, which will be completed and distributed to providers July 1, 2015.

- c) On February 1, 2016 training documents will be distributed to providers.
- d) On March 1, 2016 the State will conduct statewide provider trainings including technical assistance to providers who request further assistance to come into compliance.
- e) On July 1, 2016 the State will conduct an on-site validity audit to ensure the answers providers submitted on the self-assessment were accurate.
- f) DHI will begin auditing providers on January 1, 2017. This DHI audit process includes a plan for additional technical assistance, guidance, and intensive training by DDS in order for providers to come into compliance.
- g) On January 1, 2018 all providers should be in compliance with the new HCBS Final Rule. The State is offering providers many opportunities and sufficient time to come into compliance with the new federal rule.

Comment #2: *The policies outlined in the current Developmental Disabilities Waiver service standards and the regulations governing the waiver programs often comply with the law and CMS requirements. However, in practice, these policies are often incorrectly applied by service providers in the community. As a result, training and clear direction for service providers is vital to ensure compliance with present and future rules.*

State Response: The provider self-assessment and State on-site validity audit will confirm where providers are not in compliance with service standards and other written material requiring person-centered planning and fully integrated community settings. All providers will be given intensive training and technical assistance as outlined in our transition plan.

Comment #3: *The State of New Mexico has adopted the Supports Intensity Scale ("SIS") for resource allocation within the Developmental Disabilities Waiver system. HSD continues to use the SIS as the only factor to determine the base budget and ancillary services that will be available to each Developmental Disabilities Waiver participant. HSD has assured CMS that it is committed to providing person-centered planning for Developmental Disabilities Waiver participants. However, a service plan driven by individual needs and preferences is not possible as long as the state continues to utilize the SIS as the sole factor used to determine the availability of Developmental Disabilities Waiver services.*

State Response: As the comment is based on several false premises, including: 1) that the SIS is not a "person-centered" tool, 2) that the SIS is the sole factor used to determine the availability of Developmental Disabilities Waiver services, and 3) that the State fails to utilize an individual's interdisciplinary team (IDT) in the development of the individual service plan, the conclusion drawn is similarly faulty. In addition, the commenter cites the Title 7 NMAC regulations outside the context of the SIS assessment in misrepresenting the role of the IDT. CMS has repeatedly, both for New Mexico and for other states, accepted the SIS as a person-centered assessment tool. And as the commenter is fully aware, in addition to the SIS, the State uses other factors in determining the extent of Developmental Disabilities Waiver services available for each eligible recipient, including supplemental questions developed by the State of Oregon to identify those with extraordinary medical and behavioral needs. The IDT

was - and remains - the primary source in the determination of a recipient's individualized services in the individual service plan (ISP). Regardless of group assignment, an array of services is available to each person from which they can choose. The State provides for opportunities for additional services through the Group H process.

Comment #4: *As part of the transition plan proposed by HSD, New Mexico has assured CMS that they are already in compliance with a majority of the policies dictated by the new rules. However, DRNM notes a number of ways in which the State is not in compliance with CMS requirements.*

State Responses:

- a) Access: DDSD's Meaningful Day requirements outlined in the Developmental Disabilities Waiver Standards mean individual access for individuals with developmental disabilities to support their participation in activities and functions of community life that are desired and chosen by the general population. The term day does not exclusively denote activities that happen between 9 a.m. and 5 p.m. on weekdays. This is also a component of the ISP.
- b) Cultural Considerations: 7.26.5.9 NMAC Guiding Principles No. 9, states that the planning process shall be tailored to each individual's culture, communication style, physical requirements, learning style, and personal preferences. The ISP identifies the individual's native language and whether an interpreter is needed. Also, Section B-8 of the CMS approved waiver states, "Informational materials are available in English and Spanish. Spanish-speaking individuals are available at the HSD/ISD offices and at HSD and DOH statewide toll-free numbers. Direct service waiver providers are required to communicate in the language that is functionally required by the participant. Interpreters and translators are available under contract with the DOH. Each DOH/DDSD Regional Office maintains designated bi-lingual staff including Navajo speakers in the northwest region of the state."
- c) Risk Factors: The ISP process includes specific language regarding risk factors and how to plan for risks. In addition, Appendix D-1 of the approved CMS waiver states the following:

The case manager will explain the following:

 - supports and services available in the waiver that are necessary to obtain the goals and outcomes;
 - risk associated with the outcomes and services identified and possible options to mitigate the risks;
 - Provides information and linkage for enhancing natural supports.
- d) Freedom from Coercion and Restraint: Appendix G-2 of the approved CMS waiver states that restraints are prohibited pursuant to the DDSD Aversive Intervention Prohibition Policy. In addition, the DOH has the following policies regarding freedom from coercion and restraints:
 - 2010 Human Right Committee Requirement Policy – Section IV
 - 2010 Aversive Intervention Prohibitions Policy
 - 2010 Behavioral Crisis Intervention Plan Policy – Section III

- 2010 Psychotropic Medication Use Policy – Section IV
- e) Compliance with 42 CFR § 441.301 (c)(4)(vi) (A-D), 42 CFR § 441.301 (c)(4)(vi)(F)(1-4), and 441.530(F):

The Developmental Disabilities Waiver Service Standards are currently being revised to address:

- Access to food and visitors at any time; and
- A unit or dwelling or place that can be owned or rented by the individual through the use of a legally enforceable agreement.

In addition, DOH is creating a new, specific policy regarding Least Restrictive Alternatives (LRA) and will revise the Aversive Prohibition and Human Rights Committee policies to align with the pending LRA policy.

Statewide Transition Plan (including Centennial Care)

In addition to public comments specific to Mi Via and DD waiver SETP, HSD created a public comment period from March 23, 2015 through April 22, 2015 that provided an opportunity for the widest array of stakeholders and interested parties to provide input on New Mexico's Statewide Transition Plan that included the Centennial Care Demonstration.

Notices for public comment were published in the State's two largest newspapers on March 23, 2015. Tribal Consultation notices were mailed on March 23, 2015. In addition, an email was sent on March 26, 2015 to interested parties.

Notices were posted on the HSD website:

1. March 24, 2015: Tribal Notification Posted for the Statewide Transition Plan <http://www.hsd.state.nm.us/providers/written-tribal-consultation-letters.aspx>
2. March 24, 2015: Posted Statewide Transition Plan for general public input <http://www.hsd.state.nm.us/public-notices-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx>

The public comments responding to the Statewide Transition Plan were posted on the HSD website. A summary of public comments received and HSD's response and action are addressed in Appendix F.

Appendices

Appendix A: Mi Via Wavier Systemic Assessment

Appendix B: Developmental Disabilities Systemic Assessment

Appendix C: Medically Fragile Waiver Systemic Assessment

Appendix D: Centennial Care Demonstration Systemic Assessment

Appendix E: Findings Provider Self-Assessment

Appendix F: STP and Centennial Care Demonstration Public Comments

Appendix G: Mi Via Waiver Transition Plan

Appendix H: Developmental Disabilities Waiver Transition Plan

Appendix I: HSD Response to CMS's October 29, 2015 Comments

Appendix A: Mi Via Wavier Systemic Assessment

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Vendor Agreement	Remediation
Mi Via HCB Settings					
Sub-Category: HCBS Setting Requirements: Is setting integrated in and supports full access to the greater community?					
1. Living and other supports	Compliant Application 2: Brief Waiver Description; Appendix D: Service Plan Development	Compliant p.4 B-C	Compliant NMAC 8.314.6.9 Mi Via CBS Waiver, Section A	Silent	Remediation: The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
2. Customized Community Group Supports	Compliant Application 2: Brief Waiver Description; Appendix D: Service Plan Development	Compliant p. 4 B-C	Compliant NMAC 8.314.6.9 Mi Via CBS Waiver, Section A	Silent	Remediation: The service standards for CCGS were revised on June 24, 2015. Training on the new service standards was provided to Mi Via consultant agencies on July 10, 2015 and offered to Mi Via participants, employees, vendors, and other interested stakeholders through statewide trainings conducted between August 2015 and September 2015. With the October 2015 Mi Via waiver approval, regulations and service standards were updated to incorporate waiver changes and HCBS Final Rule requirements. The updates regulations and service standards were effective March 1, 2016. The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Vendor Agreement	Remediation
3. Community Direct Support	Compliant Application 2: Brief Waiver Description; Appendix D: Service Plan Development	Compliant p. 4 B-C	Compliant NMAC 8.314.6.9 Mi Via CBS Waiver, Section A	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
Mi Via HCB Settings					
Sub-Category: HCBS Setting Requirements: Provides opportunity to seek employment and work in a competitive integrated settings, engage in community life, control personal resources					
1. Employment Supports	Compliant Appendix C: Employment Supports; Appendix E-1: Participant Direction of Services	Compliant Appendix A: page 35-41	Compliant NMAC 8.314.6.15 F(2)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
Mi Via HCB Settings					
Sub-Category: HCBS Setting Requirements: Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS					
1. Living and other supports	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services	Complaint p. 4, B-C; 7	Compliant NMAC 8.314.6.9 A	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
2. Customized Community Group Supports	Compliant Application; 2 Brief Wavier Description; Appendix C;	Complaint p. 4, B-C; 7	Compliant NMAC 8.314.6.9 A	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Vendor Agreement	Remediation
	Appendix E-1: Participant Direction of Services				
3. Community Direct Support	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services	Complaint p. 4, B-C; 7	Compliant NMAC 8.314.6.9 A	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
4. In Home Living Support	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services	Complaint p. 4, B-C; 7	Compliant NMAC 8.314.6.9 A	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
Mi Via HCB Settings					
Sub-Category: HCBS Setting Requirements: Is selected by the individual from among setting options including non-disability specific settings					
1. Living and other Supports	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services	Compliant p. 11	Compliant NMAC 8.314.6.7 (U) NMAC 8.314.6.15 A	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
2. Customized Community Group Supports	Compliant Application; 2 Brief	Compliant p. 11	Compliant NMAC 8.314.6.7	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Vendor Agreement	Remediation
	Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services		(U) NMAC 8.314.6.15 A		attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
3. Community Direct Support	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services	Compliant p. 11	Compliant NMAC 8.314.6.7 (U) NMAC 8.314.6.15 A	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
Mi Via HCB Settings					
Sub-Category: HCBS Setting Requirements: Ensures and individual's rights of privacy, respect, freedom from coercion and restraint					
1. Living and other Supports	Compliant Appendix F; Appendix G	Compliant p. 6	Compliant NMAC 8.314.6.15G (1) (d) (v)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
2. Customized Community Group Supports	Compliant Appendix F; Appendix G	Compliant p. 6	Compliant NMAC 8.314.6.15G (1) (d) (v)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
3. Community Direct Support	Compliant Appendix F; Appendix G	Compliant p. 6	Compliant NMAC 8.314.6.15G (1) (d) (v)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
Mi Via HCB Settings					
Sub-Category: HCBS Setting Requirements: Optimized individual initiative, autonomy, and independence in making like choices					
1. Living and other Supports	Compliant	Compliant	Compliant	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Vendor Agreement	Remediation
	Appendix D; Appendix E-1	p. 4, B-C	NMAC 8.314.6.15 G (1); NMAC 8.314.6.15 G (1) (b); NMAC 8.314.6.15 G(5)(a)(iv)		include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
2. Customized Community Group Supports	Compliant Appendix D; Appendix E-	Compliant p. 4, B-C	Compliant NMAC 8.314.6.15 G (1); NMAC 8.314.6.15 G (1) (b); NMAC 8.314.6.15 G(5)(a)(iv)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
3. Community Direct Support	Compliant Appendix D; Appendix E-	Compliant p. 4, B-C	Compliant NMAC 8.314.6.15 G (1); NMAC 8.314.6.15 G (1) (b); NMAC 8.314.6.15 G(5)(a)(iv)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
Mi Via HCB Settings					
Sub-Category: HCBS Setting Requirements: Facilitates individual choice regarding services and supports and who provides them					
1. Living and other supports	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services	Compliant p.4, B-C, 11, 18-20; Appendix B	Compliant NMAC 8.314.6.7 H; NMAC 8.314.6.14 D; NMAC 8.314.6.15; NMAC 8.314.6.15 B; NMAC 8.314.6.15 G (3); NMAC 8.314.6.17 (2)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.
2. Customized Community group Supports	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1:	Compliant p.4, B-C, 11, 18-20; Appendix B	Compliant NMAC 8.314.6.7 H; NMAC 8.314.6.14 D; NMAC 8.314.6.15; NMAC 8.314.6.15	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Vendor Agreement	Remediation
	Participant Direction of Services		B; NMAC 8.314.6.15 G (3); NMAC 8.314.6.17 (2)		
3. Community Direct Support	Compliant Application; 2 Brief Wavier Description; Appendix C; Appendix E-1: Participant Direction of Services	Compliant p.4, B-C, 11, 18-20; Appendix B	Compliant NMAC 8.314.6.7 H; NMAC 8.314.6.14 D; NMAC 8.314.6.15; NMAC 8.314.6.15 B; NMAC 8.314.6.15 G (3); NMAC 8.314.6.17 (2)	Silent	The vendor agreements were silent on the HCBS Final Rule requirements. The state has decided to include attestations in all vendor agreements. The attestation will require vendors to comply with all HCBS Final Rule requirements. Completion September 30, 2016.

Appendix B: Developmental Disabilities Waiver Systemic Assessment

Developmental Disabilities Waiver Systemic Assessment of Compliance: Residential Settings

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Residential Settings					
Sub-Category: HCBS Setting Requirements: Is integrated in and supports access to the greater community.					
4. Family Living	Compliant Under Appendix C-1C-3 Service Specification: Residential Habilitation: Service definition	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 120 Ch. 11 p. 120-121	Compliant 8.314.5.14 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Compliant Section 5, 13, vii Agreement: Silent	Please refer to pages 17-20 of STP
5. Supported Living	Compliant: Under Appendix C-1C-3 Service Specification: Residential Habilitation: Service definition	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch.12 p. 134 Ch12 p. 145-146	Compliant 8.314.5.14 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Compliant Section 5, 13, vii Agreement: Silent	Please refer to pages 17-20 of STP
6. Intensive Medical Living Services	Compliant Under Appendix C-1C-3 Service Specification: Residential Habilitation: Service definition	Partially Compliant Chapter 13 Living Supports- Intensive Medical Living P. 154-170 Ch. 13 p. 154 Ch. 13 p. 156	Compliant 8.314.5.14 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Compliant Section 5, 13, vii Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
7. Customized In Home Supports	Compliant Under Appendix C-1C-3 Service Specification: Residential Habilitation: Service definition	Partially compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. Ch. 7 p.94	Compliant 8.314.5.14 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Compliant Section 14. a. Agreement: Silent	Please refer to pages 17-20 of STP
Residential Settings Sub-Category: HCBS Setting Requirements: Provides opportunity to seek employment and work in competitive integrated setting, engage in community life, and control personal resources					
2. Family Living	Compliant Under Appendix C-1C-3 Service Specification: Residential Habilitation: Service definition	Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p.121-121 Ch. 11 p 124	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl;terms=7.26.3.10	Application: Partially Compliant Section 5, #13, viii. Agreement: Silent	Please refer to pages 17-20 of STP
3. Supported Living	Compliant Under Appendix C-1C-3 Service Specification: Residential Habilitation: Service definition	Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 135-136 Ch. 12 p. 139, 149	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl;terms=7.26.3.10	Application: Partially Compliant Section 5, #13, viii. Agreement: Silent	Please refer to pages 17-20 of STP
4. Intensive Medical Living Services	Compliant: Under Appendix C-1C-3 Service Specification: Residential Habilitation	Partially compliant Chapter 13 Living Supports- Intensive Medical Living P. 154-170 Ch. 13 p. 156	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl;terms=7.26.3.10	Application: Partially Compliant Section 5, 13, viii. Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
5. Customized In Home Supports	Compliant Under Appendix C-1C-3 Service Specification: Residential Habilitation: Service definition	Partially compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. 93, 95 Ch. 7 p. 94-95	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm?url;terms=7.26.3.10	Application: Partially Compliant Section 5, 14, d. Agreement: Silent	Please refer to pages 17-20 of STP
Residential Settings					
Sub-Category: HCBS Setting Requirements: Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.					
4. Family Living	Silent	Partially compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 121-122	Compliant 8.314.5.15 C. (5) (a) i. http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm?url;terms=8.314.5	Application: Partially Compliant Section 5, 13, vii. Agreement: Silent	Please refer to pages 17-20 of STP
5. Supported Living	Silent	Partially compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 135-136	Compliant 8.314.5.15 C. (5) (b) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm?url;terms=8.314.5	Application: Partially Compliant Section 5, 13, vii. Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
6. Intensive Medical Living Services	Silent	Partially Compliant Chapter 13 Living Supports- Intensive Medical Living P. 154-170 Ch. 13 p. 155-157	Compliant 8.314.5.15 C. (5) (c) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl:terms=8.314.5	Application: Partially Compliant Section 5, 13, vii. Agreement: Silent	Please refer to pages 17-20 of STP
7. Customized In Home Supports	Silent	Partially Compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. 93, 94	Compliant 8.314.5.15 C. (19) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl:terms=8.314.5	Application: Compliant Section 5, 14, c. Agreement: Silent	Please refer to pages 17-20 of STP
Residential Settings					
Sub-Category: HCBS Setting Requirements: The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.					
4. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 120 Ch. 11 p. 124	Partially Compliant 8.314.5.15 C (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl:terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
5. Supported Living	Silent	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153	Partially Compliant 8.314.5.15 C (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl:terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		Ch. 12 p. 134 Ch. 13 p. 138	4.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl:terms=8.314.5		
6. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Partially Compliant 8.314.5.15 C (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl:terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
7. Customized In Home Supports	Silent	Compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. 93	Partially Compliant 8.314.5.15 C (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl:terms=8.314.5	Application: Compliant Section 5, 14, b. Agreement: Silent	Please refer to pages 17-20 of STP
Residential Settings					
Sub-Category: HCBS Setting Requirements: The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board.					
4. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch.11 p. 121 Ch.4 p. 37 Ch. 11 p. 124	Partially Compliant 7.26.5.14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl:terms=7.26.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
5. Supported Living	Silent	Compliant Chapter 12 Living Supports -	Partially Compliant 7.26.5.14	Application: Silent Agreement:	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		Supported Living p. 134-153 Ch. 12 p.137 Ch. 12 p. 139 Ch. 12 p. 138	http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Silent	
6. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Partially Compliant 7.26.5.14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
7. Customized In Home Supports	Silent	Partially Compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. 93 Ch.4 p. 37 Ch. 7 p. 95	Partially Compliant 7.26.5.14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Application: Partially Compliant Section 5, 14, b. Agreement: Silent	Please refer to pages 17-20 of STP
Residential Settings					
Sub-Category: HCBS Setting Requirements: Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.					
4. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 123-124	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
5. Supported Living	Silent	Partially Compliant	Compliant	Application: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 138-139	7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl:terms=7.26.3.10	Agreement: Silent	
6. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
7. Customized In Home Supports	Silent	Partially Compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. 95	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Residential Settings					
Sub-Category: HCBS Setting Requirements: Optimized individual initiative, autonomy, and independence in making life choices.					
1. Family Living	Silent	Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 120 Ch.4 p. 37	Compliant 8.314.5.15 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl:terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
2. Supported Living	Silent	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 134 Ch.12 p. 135	Compliant 8.314.5.15 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Compliant 8.314.5.15 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Compliant Chapter 7 Customized In Home Supports P. 93-101 Ch.7 p. 93 Ch.4 p. 37	Compliant 8.314.5.15 C. (5) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Residential Settings					
Sub-Category: HCBS Setting Requirements: Facilitates individual choice regarding services and supports, and who provide them.					
1. Family Living	Partial Compliant New Mexico 1915C Waiver Appendix B Participant Access and Eligibility B-7 Freedom of	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Chapter 4 Case Management Services p. 33-53 Ch. 4. p.34 Ch. 4 p.37	Partially Compliant 7.26.5.9 and 10 and 14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm:geturl;terms=7.26.5 7.26.3.10.Q	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
	Choice		http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10		
2. Supported Living	Partial Compliant New Mexico 1915C Waiver Appendix B Participant Access and Eligibility B-7 Freedom of Choice	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Chapter 4 Case Management Services p. 33-53 Ch. 4. p.34 Ch. 4 p.37.	Partially Compliant 7.26.5.9 and 10 and 14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5 7.26.3.10.Q http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Partially Compliant New Mexico 1915C Waiver Appendix B Participant Access and Eligibility B-7 Freedom of Choice	Partially Compliant Chapter 13 Living Supports- Intensive Medical Living P. 154-170 Chapter 4 Case Management Services p. 33-53 Ch. 4. p.34 Ch. 4 p.37	Partially Compliant 7.26.5.9 and 10 and 14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5 7.26.3.10.Q http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
4. Customized In Home Supports	Partially Compliant New Mexico 1915C Waiver Appendix B Participant Access and Eligibility B-7 Freedom of Choice	Partially Compliant Chapter 7 Customized In Home Supports P. 93-101 Chapter 4 Case Management Services p. 33-53 Ch. 4. p.34 Ch. 4 p.37	Partially Compliant 7.26.5.9 and 10 and 14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl:terms=7.26.5 7.26.3.10.Q http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings Sub-Category: Specific unit/dwelling is owned, rented or occupied under legally enforceable agreement.					
1. Family Living	Silent	Partially compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11p. 123-124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 134	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Silent Chapter 7 Customized In Home Supports P. 93-101	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings					
Sub-Category: Same responsibilities/protections from eviction as all tenants under landlord law of state, county, city or other designated entity.					
1. Family Living	Silent	Partially compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11p. 123-124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Partially compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11p. 123-124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Partially compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11p. 123-124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
4. Customized In Home Supports	Silent	Partially compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11p. 123-124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings					
Sub-Category: If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.					
1. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 150 and Ch. 12 p. 138	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Partially Compliant Chapter 7 Customized In	Silent	Application: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		Home Supports P. 93-101 Ch. 7 p. 96		Agreement: Silent	
Provider-Owned Or Controlled Residential Settings Sub-Category: Each individual has privacy in their sleeping or living unit.					
1. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11. P.124	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12. P.139 Ch. 11 p. 147	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Compliant Chapter 13 Living Supports- Intensive Medical Living P. 154-170 Ch. 13 p. 166	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
4. Customized In Home Supports	Silent	Silent Chapter 7 Customized In Home Supports P. 93-101	Compliant 7.26.3.10 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings					
Sub-Category: Units have lockable entrance doors, with the individuals and appropriate staff having keys to doors as needed.					
1. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 130	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 150	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Silent Chapter 7 Customized In Home Supports P. 93-101	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Provider-Owned Or Controlled Residential Settings Sub-Category: Individuals sharing units have a choice of roommates.					
1. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 130	Silent		Please refer to pages 17-20 of STP
2. Supported Living	Silent	Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 150	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Partially Compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. 94	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings Sub-Category: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.					
1. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p.124	Silent	Application: Silent Agreement:	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
				Silent	
2. Supported Living	Silent	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p.138	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Compliant Chapter 13 Living Supports- Intensive Medical Living P. 154-170 Ch.13 p. 166	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Silent Chapter 7 Customized In Home Supports P. 93-101	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings Sub-Category: Individuals have freedom and support to control their schedules and activities.					
1. Family Living	Silent	Silent Chapter 11 Living Supports Family Living P. 120-133	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Silent Chapter 12 Living Supports - Supported Living p. 134-153	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Silent Chapter 7 Customized In Home Supports P. 93-101	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings Sub-Category: Have access to food any time.					
1. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 123-124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 139	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Silent Chapter 7 Customized In Home Supports	Silent	Application: Silent Agreement:	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		P. 93-101		Silent	
Provider-Owned Or Controlled Residential Settings Sub-Category: Individuals may have visitors at any time.					
1. Family Living	Silent	Partially Compliant Chapter 11 Living Supports Family Living P. 120-133 Ch. 11 p. 124	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Supported Living	Silent	Partially Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 139	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Silent Chapter 7 Customized In Home Supports P. 93-101	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Provider-Owned Or Controlled Residential Settings Sub-Category: Setting is physically accessible to the individual.					
1. Family Living	Silent	Silent Chapter 11 Living Supports Family	Silent	Application: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		Living P. 120-133		Agreement: Silent	
2. Supported Living	Silent	Compliant Chapter 12 Living Supports - Supported Living p. 134-153 Ch. 12 p. 150	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
3. Intensive Medical Living Services	Silent	Silent Chapter 13 Living Supports- Intensive Medical Living P. 154-170	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Customized In Home Supports	Silent	Partially Compliant Chapter 7 Customized In Home Supports P. 93-101 Ch. 7 p. 96	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

Developmental Disabilities Waiver Systemic Assessment of Compliance Non-Residential Settings

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Non-Residential Settings					
Sub-Category: HCBS Setting Requirements: Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?					
8. Customized Community Support	Partially Compliant Under Appendix C-1C-3 Service Specification: Habilitation	Compliant Ch. 6 p. 71.	Compliant 8.314.5.14, section 6 http://164.64.110.239/nmac/cgi-	Application: Partially Compliant 11. a. i., ii., iv., v	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
	Customized Community Supports		bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Agreement: Silent	
9. Community Integrated Employment	Silent	Not Applicable to the intent of this service	Compliant 8.314.5.14, section 6 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings Sub-Category: HCBS Setting Requirements: Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 72, 76, 78.	Compliant 8.314.5.14, section 6 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Partially Compliant 11. a. ii. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Partially compliant Ch. 5 p. 61.	Compliant 8.314.5.14, section 7 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings Sub-Category: HCBS Setting Requirements: Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?					

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
1. Customized Community Support	Silent	Silent	Partially Compliant 7.26.5.14 C http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Application: Partially Compliant 10. b. i. 11. a. i. iv. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 CIES p. 54	Partially Compliant 7.26.5.14 C http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5 8.314.5.14, section 7 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Partially Compliant 10. b. i. Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings					
Sub-Category: HCBS Setting Requirements: Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?					
1. Customized Community Support	Silent:	Silent	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated	Silent:	Silent	Silent	Application:	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Employment				Silent Agreement: Silent	
Non-Residential Settings					
Sub-Category: HCBS Setting Requirements: Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?					
1. Customized Community Support	Partially Compliant Under Appendix C-1C-3 Service Specification: Habilitation Customized Community Supports:	Silent	Partially compliant 8.314.5.14 (6-7) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Silent	Partially compliant 8.314.5.14 (6-7) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings					
Sub-Category: HCBS Setting Requirements: Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 73, 74, 77, 80	Silent	Application: Silent Agreement:	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
				Silent	
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 61	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings					
Sub-Category: HCBS Setting Requirements: Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?					
1. Customized Community Support	Silent	Not applicable for the focus of this service	N/A	Application: Partially Compliant 11. a. i. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Partially Compliant Ch. 5 p. 54	Partially Compliant 8.314.5.14.7 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl;terms=8.314.5 7.26.3.10(e) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl;terms=7.26.3.10	Application: Partially Compliant 12. a. i. ii. Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings					
Sub-Category: HCBS Setting Requirements: In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. For example, is it clear that the individual is not required to sign over his/her					

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
paychecks to the provider?					
1. Customized Community Support	Silent	Silent	Compliant 7.26.3.10 N. (1-4) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Silent	Compliant 7.26.3.10 N. (1-4) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings					
Sub-Category: Does the setting provide individuals with contact information access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?					
1. Customized Community Support	Silent	Compliant Ch. 6 p.72,75,76,79	Silent	Application: Partially Compliant 10. b. i. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 56, 58, 59, 60	Silent	Application: Partially Compliant 10. b. i.	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
				Agreement: Silent	
Non-Residential Settings					
Sub-Category: Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 72, 75, 76, 79	Silent	Application: Partially Compliant 10. b. i. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 56, 58, 59, 60	Silent	Application: Partially Compliant 10. b. i. Agreement: Silent	Please refer to pages 17-20 of STP
Non-Residential Settings					
Sub-Category: Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 71-81	Silent	Application: Partially Compliant 11. A. i. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated	Silent	Silent	Silent	Application:	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Employment				Silent Agreement: Silent	
Non-Residential Settings Sub-Category: Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?					
1. Customized Community Support	Silent	Compliant Ch. 6 p.73-74, 77, 80	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 63	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Non-disability Specific Settings Sub-Category: Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?					
1. Customized Community Support	Silent	Partially Compliant Ch. 6 p. 71	Partially Compliant 8.314.5.14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5 7.26.5.7, B. 4, 7.26.5.8-9 D. http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Application: Partially Compliant 11. a. ii. Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
2. Community Integrated Employment	Silent	Partially Compliant Ch. 5 p. 54-55	Partially Compliant 8.314.5.14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5 7.26.5.7, B. 4, 7.26.5.8-9 D. 7.26.5.8 D. http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
Non-disability Specific Settings					
Sub-Category: Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?					
1. Customized Community Support	Partially Compliant Under Appendix C-1C-3 Service Specification: Habilitation Customized Community Supports	Partially compliant Ch. 6 p. 82-83	Compliant 8.314.5.14 (6-) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Partially Compliant 11. a. iii iv. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Partially Compliant Under Appendix C-1C-3 Service Specification Supported Employment – Community Integrated	Partially compliant Ch. 5 p. 61 and Ch. 5 p. 68	Compliant 8.314.5.14 (7) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Partially Compliant 12. a. i. ii.	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
	Employment		110.239/nmac/parts/title08/08.314.0005.htm:geturl:terms=8.314.5	Agreement: Silent	
Non-disability Specific Settings					
Sub-Category: Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 91	Silent	Application: Partially Compliant 11. a. iv. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 67	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint Sub-Category: Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?					
1. Customized Community Support	Silent	Partially Compliant Ch. 6 p. 73, 74, 77, 80	Partially Compliant 7.26.3.10.(g) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl:terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Partially Compliant Ch. 5 p. 57, 59, 6-	Partially Compliant 7.26.3.10.(g)	Application: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		0, 63	http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10	Agreement: Silent	
The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint Sub-Category: Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?					
1. Customized Community Support	Silent	Partially Compliant Ch. 6 p. 72, 76, 79	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Partially Compliant Ch. 5 p. 55, 58	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint Sub-Category: Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?					
1. Customized Community Support	Silent	Compliant Ch. 5 p. 86	Partially Compliant 7.26.3.10 H http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 55	Partially Compliant 7.26.3.10 H http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10	Application: Silent Agreement:	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
			110.239/nmac/parts/title07/07.026.0003.htm;geturl;terms=7.26.3.10	Silent	
The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint Sub-Category: Do setting requirements assure that staff does not 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?					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 73, 74, 77, 80	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 57, 59, 60, 63	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint Sub-Category: Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?					
1. Customized Community Support	Silent	Silent	Partially Compliant 7.26.3.10 (R-Y) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Silent	Partially Compliant 7.26.3.10 (R-Y) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint Sub-Category: Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?					
1. Customized Community Support	Partially Compliant Under Appendix C-1C-3 Service Specification	Compliant Ch. 6 p.87	Partially Compliant 8.314.5.15 (8) a-b http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 64	Partially Compliant 8.314.5.15 (8) a-b http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint Sub-Category: Does the setting offer a secure place for the individual to store personal belongings?					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 73, 75, 77, 80	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 57, 59, 60, 63	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p>					
<p>Sub-Category: Are there gates, Velcro strips, locked doors, fences, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?</p>					
3. Customized Community Support	Silent	Compliant Ch. 6 p. 73, 74, 75,77, 80	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
4. Community Integrated Employment	Silent	Compliant Ch. 5 p. 59, 60, 63	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p>					
<p>Sub-Category: Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests, and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?</p>					
1. Customized Community Support	Silent	Partially Compliant Ch. 6 p. 71	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent:	Not applicable to the scope of this service	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p>					
<p>Sub-Category: Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?</p>					
1. Customized Community Support	Silent	Silent	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Silent	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p>					
<p>Sub-Category: Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)? Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?</p>					
1. Customized Community Support	Silent	Compliant Ch. 6 p. 73,75,77-78,80	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 61 and Ch. 5 p. 57,59, 60	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p>					
<p>Sub-Category: Does the setting post or provide information on individual rights?</p>					
1. Customized Community Support	Silent	Complaint Ch. 6 p. 72, 76, 79	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Partially Compliant Ch. 5 p. 61	Silent	Application: Silent Agreement: Partially Compliant ARTICLE 39. POLICIES AND REGULATIONS	Please refer to pages 17-20 of STP
<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p>					
<p>Sub-Category: Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?</p>					
1. Customized Community Support	Silent	Silent	Partially Compliant 7.26.3.10 A-Y http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm:geturl:term=7.26.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Silent	Partially Compliant 7.26.3.10 A-Y	Application: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
			http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Agreement: Silent	
<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p> <p>Sub-Category: Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities, and desires?</p>					
1. Customized Community Support	Silent	Partially Compliant Ch. 6 p. 71	Compliant 8.314.5.15 C. (6) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Partially Compliant Ch. 5 p. 55	Compliant 8.314.5.15 C. (7) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm;geturl;terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
<p>The setting facilitates individual choice regarding services and supports, and who provides them.</p> <p>Sub-Category: Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?</p>					
1. Customized Community Support	Partially Compliant: New Mexico 1915C Waiver Appendix B Participant Access and Eligibility B-7 Freedom of Choice-	Partially Compliant Ch. 4 p. 40	Partially Compliant 7.26.5.9 and 10 and 14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm;geturl;terms=7.26.5	Application: Silent Agreement: Partially Compliant ARTICLE 39. POLICIES AND REGULATIONS	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
2. Community Integrated Employment	Partially Compliant: New Mexico 1915C Waiver Appendix B Participant Access and Eligibility B-7 Freedom of Choice	Compliant Ch. 5 p. 54	Partially Compliant 7.26.5.9 and 10 and 14 http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0005.htm:geturl;terms=7.26.5	Application: Silent Agreement: Partially Compliant ARTICLE 39. POLICIES AND REGULATIONS	Please refer to pages 17-20 of STP
The setting facilitates individual choice regarding services and supports, and who provides them.					
Sub-Category: Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?					
1. Customized Community Support	Silent	Silent	Partially Compliant 7.26.3.10.Q http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl;terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Partially Compliant: Under Appendix C-1C-3 Service Specification Supported Employment – Individual Community Integrated Employment	Silent	Partially Compliant 7.26.3.10.Q http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title07/07.026.0003.htm:geturl;terms=7.26.3.10	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
The setting facilitates individual choice regarding services and supports, and who provides them.					
Sub-Category: Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?					
1. Customized Community Support	Partially Compliant Under Appendix C-1C-3 Service	Compliant Ch. 6 p. 71 and	Compliant 8.314.5.15 C. (6)	Application: Silent	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
	Specification: Habilitation Customized Community Supports	Ch. 6 p. 89	http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl:terms=8.314.5	Agreement: Silent	
2. Community Integrated Employment	Silent	Not applicable to non-work settings	Compliant 8.314.5.15 C. (7) http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title08/08.314.0005.htm:geturl:terms=8.314.5	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
The setting facilitates individual choice regarding services and supports, and who provides them.					
Sub-Category: Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference, and needs of individuals?					
1. Customized Community Support	Partially Compliant: Under Appendix C-1C-3 Service Specification: Habilitation Customized Community Supports	Partially Compliant Ch. 6 p. 71 and Ch. 6 p. 86	Silent	Application: Partially Compliant 1. d. iv. 2. d. iii. Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Compliant Ch. 5 p. 55 and Ch. 5 p. 65	Silent	Application: Partially Compliant 1. d. iv. 2. d. iii.	Please refer to pages 17-20 of STP

CMS Rule	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
				Agreement: Silent	
<p style="text-align: center;">The setting facilitates individual choice regarding services and supports, and who provides them.</p> <p>Sub-Category: Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?</p>					
1. Customized Community Support	Silent	Partially Compliant Ch. 4 p. 34, 39-40	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP
2. Community Integrated Employment	Silent	Partially Compliant Ch. 4 p. 34, 39-40	Silent	Application: Silent Agreement: Silent	Please refer to pages 17-20 of STP

Appendix C: Medically Fragile Waiver Systemic Assessment

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Is setting integrated in and supports full access to the greater community?					
Living Supports	<p>Compliant</p> <p>Application 2: Brief Waiver Description; Appendix C: Participant Services; Appendix D: Service Plan Development</p>	<p>Compliant</p> <p>Case Management: Introduction, p. 1; I. Scope of Services, A, C 2, p. 1,2. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf</p> <p>Private Duty Nursing: I Scope of Service, B 21, p. 4; IV Reimbursement, I 1, p. 8. http://archive.nmhealth.org/ddsd/rules/standards/documents/PDStandards1-14-11.pdf</p> <p>Home Health Aide: II Agency/Individual Provider Requirements, D 7, p. 3; IV Reimbursement, H 1. p 5. http://archive.nmhealth.org/ddsd/rules/standards/documents/HHAideStandard1-14-11.pdf</p> <p>Behavioral Support Consultation: Introduction, p. 1; A 7, p. 2. http://archive.nmhealth.org/ddsd/rules/standards/documents/BehaviorSupportConsultatio</p>	<p>Silent</p>	<p>Compliant</p> <p>Medically Fragile Provider Information Sheet, Attachment A Scope of Work, MF Waiver Clinical, Therapy Services p. 6; Provider Participation Agreement, Article I. Obligations Of The Provider, 1.1, 1.2, 1.15, p. 10,11 (e copy, p. 18, 19) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf</p>	<p>Upon approval of NM.0223.R05.00 waiver renewal application NMAC will be revised and language will be added to clarify that all services under the MFW are provided in the participant's home.</p>

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Respite	Partial Compliance Application 2: Brief Waiver Description; Appendix C: Participant Services; Appendix D: Service Plan Development	Partial Compliance Respite: Introduction, Specialized Respite Home, p. 1-3; II. Medicaid Certified Hospital, Nursing Facility, or ICF/MR, p. 3-4; In-Home Respite, p. 4,5. http://archive.nmhealth.org/ddsd/rules/standards/documents/Respite1-14-11.pdf	Partial Compliance 8.314.3.13F Respite http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Compliant Medically Fragile Provider Information Sheet, Attachment A Scope of Work, MF Waiver Clinical, Therapy Services p. 6; Provider Participation Agreement, Article I. Obligations Of The Provider, 1.1, 1.2, 1.15, p. 10,11 (e copy, p. 18, 19) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf	Upon approval of NM.0223.R05.00 waiver renewal application NMAC and standards will be revised . Respite, Medicaid Certified Hospital, Nursing Facility, or ICF/MR to be deleted as a service. 2/19/2016 A contracted provider for respite was requested to update their policy to reflect the services that were being provided to Home Respite from Institutional Home Respite. Completed by provider, ARCA on 2/23/2016. Policy on file.
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Is setting selected by the individual from among setting options including non-disability specific settings?					
Living Supports	Compliant Application 2: Brief Waiver Description; Appendix C: Participant Services; Appendix D: Service Plan Development	Compliant (Primary Freedom of Choice) Case Management: Introduction, p. 1; I. Scope of Services, A. Case Management Services, p. 1, C. Eligibility Determination and LOC/Funding 1, p.1. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Not Applicable	Compliant
Respite	Partial	Partial Compliance	Compliant	Not Applicable	Upon approval of

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
	<p>Compliance</p> <p>Application 2: Brief Waiver Description; Appendix C: Participant Services; Appendix D: Service Plan Development</p>	<p>(Secondary Freedom of Choice) Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-23, p. 3-6. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf</p> <p>Respite: Introduction, Specialized Respite Home, p. 1-3; II. Medicaid Certified Hospital, Nursing Facility, or ICF/MR, p. 3-4; In-Home Respite, p. 4,5. http://archive.nmhealth.org/ddsd/rules/standards/documents/Respite1-14-11.pdf</p>	<p>8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm</p>		<p>NM.0223.R05.00 waiver renewal application Standards, and NMAC to be updated deleting Institutional Respite.</p>
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint					
Living Supports	<p>Compliant</p> <p>Appendix F; Appendix G</p>	<p>Compliant</p> <p>Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-7 p. 3, 4; Case Management Monitoring, F, I, p. 7. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf</p> <p>General Provider Requirements: I Provider Requirements, A-C, p. 1. http://archive.nmhealth.org/dd</p>	<p>Partial Compliance</p> <p>8.314.3.10 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm</p>	<p>Compliant</p> <p>Provider Participation Agreement, Article I. Obligations Of The Provider, , 1.15, p. 11(e copy, p. 19) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf</p>	<p>Upon approval of NM.0223.R05.00 waiver renewal application NMAC to be updated with language that further clarifies the individual's right to privacy, dignity, and respect, and the freedom from coercion and restraint.</p>

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		<p>sd/Rules/Standards/documents/GeneralProviderStandards1-14-11.pdf</p> <p>Home Health Aide: I Scope of Services, B 8, p. 2; II B. 6, p. 3, D 8, p. 3. http://archive.nmhealth.org/ddsd/rules/standards/documents/HHAideStandard1-14-11.pdf</p>			
Respite	<p>Compliant</p> <p>Appendix F; Appendix G</p>	<p>Compliant</p> <p>General Provider Requirements: Provider Requirements I, A-C, p. p. 1. http://archive.nmhealth.org/ddsd/Rules/Standards/documents/GeneralProviderStandards1-14-11.pdf</p> <p>Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 5,6 p. 3. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf</p> <p>Respite: Introduction, Specialized Respite Home, B 9,10, p. 2; In-Home Respite B 8,p. 4,5. http://archive.nmhealth.org/ddsd/rules/standards/documents/Respite1-14-11.pdf</p>	<p>Partial Compliance</p> <p>8.314.3.10 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm</p>	<p>Compliant</p> <p>Provider Participation Agreement, Article I. Obligations Of The Provider, , 1.15, p. 11(e copy, p.19) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf</p>	<p>Upon approval of NM.0223.R05.00 waiver renewal application NMAC to be updated with language that further clarifies the individual's right to privacy, dignity, and respect, and the freedom from coercion and restraint.</p>
<p>Medically Fragile Settings</p> <p>Sub-Category: HCBS Setting Requirements: Optimizes individual initiative, autonomy, and independence in making life choices</p>					

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Living Supports	Compliant Appendix D	Compliant Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-3, p. 4; D 14. c-h; p. 5-6; Case Management Monitoring, p. 6-7. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf Private duty Nursing: Introduction, 1. Scope of Service, A, B 1-5, p. 1-2. http://archive.nmhealth.org/ddsd/rules/standards/documents/PDNStandards1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Not Applicable	Compliant
Respite	Partial Compliance Appendix C; Appendix D	Partial Compliance Respite: Specialized Respite Home, B. p. 2; In-Home Respite, p. 4,5. http://archive.nmhealth.org/ddsd/rules/standards/documents/Respite1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Not Applicable	Upon approval of NM.0223.R05.00 waiver renewal application Standards, and NMAC to be updated deleting Institutional Respite.
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Facilitates individual choice regarding services and support and who provides them					
Living Supports	Compliant Appendix D	Compliant (Secondary Freedom of Choice) Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-23, p. 3-6. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Compliant Provider Participation Agreement, Article III. Patient Self-Determination Act, 3.1, p. p. 13(e copy, p. 21)	Compliant

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		sd/rules/standards/documents/CMStandards1-14-11.pdf (Secondary Freedom of Choice) Private duty Nursing: Introduction, 1. Scope of Service, A, p. 1. http://archive.nmhealth.org/ddsd/rules/standards/documents/PDNStandards1-14-11.pdf (Secondary Freedom of Choice) Home Health Aide: I Scope of Services, A, p. 1. http://archive.nmhealth.org/ddsd/rules/standards/documents/HHAideStandard1-14-11.pdf		http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf	
Respite	Compliant Appendix D	Compliant (Secondary Freedom of Choice) Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-23, p. 3-6. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Compliant Provider Participation Agreement, Article III. Patient Self-Determination Act, 3.1, p. p. 13(e copy, p. 21) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf	Compliant
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS					
Living	Compliant	Compliant	Compliant	Not Applicable	Compliant

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
Supports	Appendix D	Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-3, p. 3; D 14. d-h; p. 5-6; II. Case Management Monitoring, p. 6-7. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf	8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm		
Respite	Compliant Appendix D	Compliant Respite: Specialized Respite Home, B 9,10,12,15 . p. 2; III. In-Home Respite, B 7, 8. p. 4,5. http://archive.nmhealth.org/ddsd/rules/standards/documents/Respite1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Not Applicable	Compliant
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Are providers chosen by the individual?					
Living Supports	Compliant Appendix D-1, f	Compliant Secondary Freedom of Choice) Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-23, p. 3-6. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf (Secondary Freedom of Choice) Private duty Nursing:	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Not Applicable	Compliant

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		<p>Introduction, 1. Scope of Service, A, p. 1. http://archive.nmhealth.org/ddsd/rules/standards/documents/PDNStandards1-14-11.pdf</p> <p>(Secondary Freedom of Choice) Home Health Aide: I Scope of Services, A, p. 1. http://archive.nmhealth.org/ddsd/rules/standards/documents/HHAideStandard1-14-11.pdf</p>			
Respite	Compliant Appendix D-1, f	Compliant (Secondary Freedom of Choice) Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-23, p. 3-6. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Not Applicable	Compliant
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Are the service, times, and locations convenient to the individual?					
Living Supports	Compliant Appendix D	Compliant (Secondary Freedom of Choice) Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-23, p. 3-6.	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Compliant Provider Participation Agreement, Article I. Obligations Of The Provider, 1.1, 1.2, 1.15, p. 10,11 (e	Compliant

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf Private duty Nursing: Scope of Service, B 17, 18, p. 3. http://archive.nmhealth.org/ddsd/rules/standards/documents/PDNStandards1-14-11.pdf		copy, p.18, 19) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf	
Respite	Compliant Appendix D	Compliant (Secondary Freedom of Choice) Case Management: I. Scope of Services, D. IDT Meeting and ISP Development and Budget Development 1-23, p. 3-6. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf Respite: Introduction, Specialized Respite Home: A 2, p. 1; In-Home Respite A. 3, 5,p. 4,5, B.2-5, p.5. http://archive.nmhealth.org/ddsd/rules/standards/documents/Respite1-14-11.pdf	Compliant 8.314.3.15 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Compliant Provider Participation Agreement, Article I. Obligations Of The Provider, 1.1, 1.2, 1.15, p. 10,11 (e copy, p.18, 19) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf	Compliant
Medically Fragile Settings					
Sub-Category: HCBS Setting Requirements: Do the regulations and standards reflect cultural consideration and use plain language?					
Living Supports	Compliant Appendix B-8	Compliant Case Management: III Case Management Agency Requirements, 4, p. 8. http://archive.nmhealth.org/ddsd/rules/standards/documents/CaseManagementAgencyRequirements1-14-11.pdf	Compliant 8.314.3 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Compliant Provider Participation Agreement, Article I. Obligations Of The	Compliant

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		sd/rules/standards/documents/CMStandards1-14-11.pdf Private duty Nursing: Scope of Service, B 17, p. 3. http://archive.nmhealth.org/ddsd/rules/standards/documents/PDNStandards1-14-11.pdf Home Health Aide: I Scope of Services, B 8, p. 2; II B. 6, p. 3, D 2, 8, p. 3. http://archive.nmhealth.org/ddsd/rules/standards/documents/HH AideStandard1-14-11.pdf		Provider, 1.1, 1.2, 1.15, p. 10,11 (e copy, p.18, 19) http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application-New.pdf	
Respite	Compliant Appendix B-8	Compliant Respite: Introduction, Specialized Respite Home, B. 15, p. 2, ; In-Home Respite B.8, p.5. http://archive.nmhealth.org/ddsd/rules/standards/documents/Respite1-14-11.pdf	Compliant 8.314.3 http://164.64.110.239/nmac/parts/title08/08.314.0003.htm	Not Applicable	Compliant
Medically Fragile Settings					
Sub-Category: Are there protocols, strategies, or a complaint system available for participants to register grievances or complaints concerning the services they are receiving under the Medically Fragile program?					
Living Supports	Compliant Appendix F-3	Partial Compliance General Authority: DOH/DDSD Client Complaint Procedures (7.26.4 NMAC), p. 2. http://archive.nmhealth.org/ddsd/rules/standards/documents/GeneralAuthority1-14-11.pdf	Silent	Compliant Abuse, Neglect or Exploitation Reporting System: (web reporting) https://ane.health.state.nm.us/welcome.aspx	Upon approval of NM.0223.R05.00 waiver renewal application NMAC will be revised and language will be added outlining the grievance and complaint procedure.

Setting	Approved Waiver	Service Standards	New Mexico Administrative Code (NMAC)	Provider Application and Agreement	Remediation
		<p>General Provider Requirements: Provider Requirements I, A, B, G, p. 1,2. http://archive.nmhealth.org/ddsd/Rules/Standards/documents/GeneralProviderStandards1-14-11.pdf</p> <p>Case Management: II. Case Management Monitoring, G. p. 7. http://archive.nmhealth.org/ddsd/rules/standards/documents/CMStandards1-14-11.pdf</p>		<p>Provider Enrollment Review form: 2. Implementing a QA/QI Committee, p. 33-34. (e p. 36-37). http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application.pdf</p>	
Respite	<p>Compliant</p> <p>Appendix F-3</p>	<p>Partial Compliance</p> <p>General Provider Requirements: Provider Requirements I, A, B, G, p. 1,2. http://archive.nmhealth.org/ddsd/Rules/Standards/documents/GeneralProviderStandards1-14-11.pdf</p>	<p>Silent</p>	<p>Partial Compliance</p> <p>Abuse, Neglect or Exploitation Reporting System: https://ane.health.state.nm.us/welcome.aspx</p> <p>Provider Enrollment Review form: 2. Implementing a QA/QI Committee, p. 33-34. (e p. 36-37). http://archive.nmhealth.org/ddsd/providerinformation/documents/Provider-Application.pdf</p>	<p>Standard General Provider Requirements to be updated to the current Provider Agreement Requirement to include Complaints in the QA/QI plan and reporting.</p> <p>Upon approval of NM.0223.R05.00 waiver renewal application NMAC will be revised and language will be added outlining the grievance and complaint procedure.</p>

Appendix D: Centennial Care Demonstration Systemic Assessment

Non-Residential Services/Settings

Non-Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	MCO Policy Manual (SDCB)	Provider Application	Remediation
HCBS Settings Requirements							
Is integrated in and supports access to the greater community.							
10. Adult Day Health	Silent	Compliant STC X #67, #69, #70. Att B and C	Silent	Compliant Section 8, ABCB pg 54	N/A	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
11. Customized Community Supports	Silent	Compliant STC X #67, #69, #70. Att B and C	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB, pg 123	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
12. Employment Supports	Silent	Compliant STC X #67, #69, #70. Att B and C	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB, pg 123	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
Provides opportunity to seek employment and work in competitive integrated setting, engage in community life, and control personal resources.							

Non-Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	MCO Policy Manual (SDCB)	Provider Application	Remediation
1. Adult Day Health	N/A	N/A	N/A	N/A	N/A	N/A	
2. Customized Community Supports	N/A	N/A	N/A	N/A	N/A	N/A	
3. Employment Supports	Silent	Compliant STC X #67-- #70, Att B	Compliant 8.308.12.13 F, 8.308.12.18 E	Compliant Section 8 ABCB, pgs 54, 76-81	Complaint Section 9 SDCB, pgs 123, 173-179	Compliant	
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.							
1. Adult Day Health	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	N/A	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
2. Customized Community Supports	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
3. Employment Supports	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	Rule change to add the same language as included in the

Non-Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	MCO Policy Manual (SDCB)	Provider Application	Remediation
							MCO Policy Manual to be completed by 2/1/17.
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.							
1. Adult Day Health	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	N/A	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
2. Customized Community Supports	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
3. Employment Supports	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
The setting options are identified and documented in the person centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board.							

Non-Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	MCO Policy Manual (SDCB)	Provider Application	Remediation
1. Adult Day Health	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	N/A	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
2. Customized Community Supports	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
3. Employment Supports	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.							
1. Adult Day Health	Silent	Compliant STC X #70, Att C	Compliant NMAC 8.308.8.11 B	Compliant Section 8, ABCB pg 54	N/A	Compliant	
2. Customized Community Supports	Silent	Compliant STC X #70, Att C	Compliant NMAC 8.308.8.11 B	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	

Non-Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	MCO Policy Manual (SDCB)	Provider Application	Remediation
3. Employment Supports	Silent	Compliant STC X #70, Att C	Compliant NMAC 8.308.8.11 B	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	
Optimizes individual initiative, autonomy, and independence in making life choices.							
1. Adult Day Health	Silent	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B	Compliant Section 8, ABCB pg 54	N/A	Compliant	
2. Customized Community Supports	Silent	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B t	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	
3. Employment Supports	Silent	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B	Compliant Section 8, ABCB pg 54	Compliant Section 9, SDCB pg 123	Compliant	
Facilitates individual choice regarding services and supports, and who provides them.							
1. Adult Day Health	Silent	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B	Compliant Section 8 ABCB, pgs 61-66	N/A	Compliant	
2. Customized Community Supports	Compliant 4.6	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B	Compliant Section 8 ABCB, pgs 61-66	Compliant Section 9 SDCB	Compliant	
3. Employment Supports	Compliant 4.6	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B	Compliant Section 8 ABCB, pgs 61-66	Compliant Section 9 SDCB	Compliant	

Residential Services/Settings

Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	Provider Application	Remediation
HCBS Settings Requirements						
Is integrated in and supports access to the greater community.						
Assisted Living	Silent	Compliant STC X #67, #69, #70. Att B and C	Silent	Compliant Section 8 ABCB, pgs 54, 57	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17.
Provides opportunity to seek employment and work in competitive integrated setting, engage in community life, and control personal resources.						
Assisted Living	Silent	Compliant STC X #67-- #70, Att B	Compliant 8.308.12.13 F, 8.308.12.18 E	Compliant Section 8 ABCB, pgs 54, 76-81	Compliant	
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.						
Assisted Living	Compliant 4.2.6	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8 ABCB pg 54	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.						
Assisted Living	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17
The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board.						

Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	Provider Application	Remediation
Assisted Living	Silent	Compliant STC X #67-- #70, Att B	Silent	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	Rule change to add the same language as included in the MCO Policy Manual to be completed by 2/1/17
Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.						
Assisted Living	Silent	Compliant STC X #70, Att C	Compliant NMAC 8.308.8.11 B	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	
Optimizes individual initiative, autonomy, and independence in making life choices.						
Assisted Living	Silent	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	
Facilitates individual choice regarding services and supports, and who provide them.						
Assisted Living	4.6	Compliant STC X #67-- #70, Att B	Compliant NMAC 8.308.8.11 B	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	
Provider-Owned Or Controlled Residential Settings						
Specific unit/dwelling is owned, rented or occupied under legally enforceable agreement.						

Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	Provider Application	Remediation
Assisted Living	Silent	Silent	Compliant 7.8.2.20 A	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	
Same responsibilities/protections from eviction as all tenants under landlord law of state, county, city or other designated entity.						
Assisted Living	Silent	Silent	Compliant 7.8.2.20 A	Compliant Section 8 ABCB pg 54	Compliant	
If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.						
Assisted Living	Landlord/Tenant Laws apply in NM	Landlord/Tenant Laws apply in NM	Landlord/Tenant Laws apply in NM	Landlord/Tenant Laws apply in NM	Compliant	
Each individual has privacy in their sleeping or living unit.						
Assisted Living	Silent	Compliant STC X #70	Compliant 7.8.2.33.D	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	
Units have lockable entrance doors, with the individuals and appropriate staff having keys to doors as needed.						
Assisted Living	Silent	Compliant STC X #70	Compliant 7.8.2.49	Compliant Section 8 ABCB pgs 54, 61-66	Compliant	
Individuals sharing units have a choice of roommates.						

Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	Provider Application	Remediation
Assisted Living	Silent	Compliant STC X #70	Silent	Compliant Section 8 ABCB, pgs 54, 61-66	Compliant	Language from policy manual to be added to regulations by 2/1/17
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.						
Assisted Living	Silent	Compliant STC X #70	Compliant 7.8.2.54	Compliant Section 8 ABCB pgs 54, 61-66	Compliant	
Individuals have freedom and support to control their schedules and activities.						
Assisted Living	Silent	Compliant STC X #70	Compliant 7.8.2.27, 7.8.2.33	Compliant Section 8 ABCB pgs 54, 61-66	Compliant	
Have access to food any time.						
Assisted Living	Silent	Compliant STC X #70	Compliant 7.8.2.36	Compliant Section 8 ABCB pgs 54, 61-66	Compliant	
Individuals may have visitors at any time.						
Assisted Living	Silent	Compliant STC X #70	Compliant 7.8.2.33 D	Compliant Section 8 ABCB pgs 54,	Compliant	

Residential Service	Centennial Care Managed Care Contract	1115 Special Terms and Conditions	Regulations (NMAC)	MCO Policy Manual (ABCB)	Provider Application	Remediation
				61-66		
Setting is physically accessible to the individual.						
Assisted Living	Silent	Compliant STC X #70	Compliant 7.8.2.41, 7.8.2.54	Compliant Section 8 ABCB pgs 54, 61-66	Compliant	

Appendix E: Provider Self-Assessment Survey Results



NEW MEXICO HOME AND COMMUNITY BASED SERVICES (HCBS) PROVIDER SURVEY RESULTS

The following is a summary-level report describing the preliminary results of the New Mexico Home and Community Based Services (HCBS) provider surveys. Please note that the results in this report are aggregated such that no provider-specific information is identifiable.

Introduction and Background

On January 16, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a Final Rule outlining requirements related to home and community-based services. On March 20, 2015, New Mexico submitted to CMS its statewide HCBS transition plan describing how the State will conduct a systematic statewide review of its HCBS programs against the requirements set forth in the Final Rule. As part of that statewide review, New Mexico committed to implementing a provider survey that assesses how consistent current settings are with the expectations outlined in the Final Rule.

The State of New Mexico's Human Services Department (HSD), in conjunction with the New Mexico Department of Health (DOH), contracted with Mercer Government Human Service Consulting to assist in the survey process for certain HCBS providers outlined in the transition plan. Providers in the survey serve participants in the following programs:

- 1915(c) Mi Via Waiver
- 1915(c) Developmental Disabilities Waiver (DDW)
- Section 1115 Centennial Care Demonstration

Using guidance issued by CMS as the basis for the survey questions, Mercer worked with HSD and DOH to develop, administer, and analyze responses to the survey, which focused on collecting feedback from providers regarding the settings where participants receive HCBS services. The survey questions were generally consistent across all HCBS surveyed services, with some additional questions for services delivered in residential settings. The consistency in the questions allows for comparison of responses in aggregate and by each setting.

This report provides a summary of the survey structure, rating methodology, and findings for all services and programs. It is intended to provide New Mexico staff a high-level summary of the survey information developed to-date. Individual program reports, which are more detailed and are designed to be shared with the stakeholder community, will be issued separately. Detailed provider-level information will also be provided separately.

Overview of HCBS Programs

As noted above, providers from three HCBS programs were included in the survey process. Below is a summary of the waiver programs included in this survey, quoted from New Mexico's statewide transition plan.

Mi Via Waiver Program

New Mexico has been at the forefront of HCBS self-direction waivers with the implementation of the Mi Via Waiver in 2006. This waiver, targeted to Medically Fragile (MF) individuals and individuals with Intellectual or Developmental Disabilities (ID/DD), was originally designed and developed with self-direction and person-centered planning at its core. It is administered by the DOH. Person-centered planning remains a key program component, as such, Mi Via service and support plans (SSPs) are developed through a person-centered planning process which guides the participant's selection of services to achieve personally defined outcomes in the most integrated community setting. As of November 30, 2014, 818 participants received services through the Mi Via Waiver. Through the provision of services and supports identified through the SSP and the implementation of quality assurance and improvement strategies, the State ensures the health and welfare of the individuals in the program. In addition, the program provides assurances of fiscal integrity and includes participant protections that will be effective and family-friendly.

Developmental Disabilities Waiver Program

The Developmental Disabilities-HCBS waiver is administered by DOH and serves individuals with ID or persons with specific related conditions and DD that occur before the age of 22. As of November 30, 2014, 3,914 participants received waiver services. New Mexico provides community-based services designed to increase independence and achieve personal goals while providing care and support to enable individuals to live as active members of the community while ensuring their health and safety. The purpose of the program is to provide a broad range of flexible community-based services outlined in an Individual Service Plan (ISP) that will support individuals to live successfully in their community and become more independent. Similar to the Mi Via Waiver program, among other assurances, the state ensures the health and welfare of participants, the fiscal integrity of the program, and provides for participant protections that will be effective and family-friendly.

Centennial Care Demonstration

Centennial Care has been providing a comprehensive and coordinated array of Medicaid services, including HCBS (the Community Benefit) and behavioral health services, since January 1, 2014 in a managed care delivery system. There are two different HCBS delivery models within the Centennial Care Demonstration. They are Agency Based Community Benefit (ABCB) and Self-Directed Community Benefit (SDCB). In ABCB, members work with care coordinators to develop a care plan and select community benefit providers in the managed care organization (MCO) network. The member's MCO ensures payment to community benefit providers. In SDCB, members work with a support broker, develop a care plan, select their own providers, authorize timesheets, and ensure payment to their providers. Currently, over 22,000 individuals receive HCBS through the Community Benefit.

Survey Development and Structure

In addition to the Final Rule, CMS issued residential and non-residential exploratory questions to assist states in evaluating the consistency of settings with the Final Rule requirements. The development of New Mexico's survey questions relied heavily on these residential and non-residential exploratory questions. Providers were surveyed to see how they view their current settings to be in compliance with the Final Rule. Providers of the following residential and non-residential services in each waiver program were required to respond to this survey:

Mi Via Waiver services:

- Employment Supports (non-residential service)
- Community Membership Supports (non-residential service) – includes customized community group supports and/or community direct supports and navigation
- Living and Other Supports

Developmental Disability Waiver services:

- Community Integrated Employment (non-residential service)
- Customized Community Supports (non-residential service)
- Living services (residential service) – includes family living, intensive medical living, and supported living services

Section 1115 Centennial Care Demonstration Waiver services:

- Agency-Based Community Benefit
 - Employment Supports (non-residential service)
 - Adult Day Health (non-residential service)
 - Assisted Living (residential service)
- Self-Directed Community Benefit
 - Employment Supports (non-residential service)
 - Customized Community Supports (non-residential service)

Survey review categories:

Providers were asked to indicate the services they provide to HCBS participants and to fill out all the survey questions associated with those services. In many cases, providers were required to provide multiple service submissions.

Each service in the survey was categorized using the following review categories:

1. Choice of Setting or Choice of Residence – HCBS participants’ autonomy in selecting his/her setting
2. Community Access and Integration – HCBS participants’ access and use of community services and integration into the community
3. Living Space or Physical Space – Living space or physical space at the residence/service setting
4. Staff Interactions and Privacy (non-residential) or Staff Interactions and Privacy and Choice (residential) – HCBS participants’ experiences with staff members of the residence/setting and privacy issues
5. Services (residential survey only) – HCBS participants’ experiences with services

Survey Administration

New Mexico officials developed the list of providers to include in the survey. Mercer developed public announcements, survey instructions, and a web-based survey in Survey Monkey®. An email help desk was made available during the survey period to assist providers with their inquiries and allowed the state to respond to provider inquiries. A paper version of the survey was made available to providers who were unable to complete the web-based survey.

On April 27, 2015 New Mexico officials distributed the survey instructions and a link for the online survey to the identified providers. The survey was password protected. Within the survey, providers were asked to identify themselves using a unique 3-digit code. State officials hosted two statewide webinars (with conference call-only capabilities) for providers to share information about the survey and the CMS Final Rules.

On a weekly basis, state officials and Mercer tracked provider responses and survey completion metrics. Provider-chosen services and categories were carefully compared to the expected services and categories vetted with state officials. Throughout July and the first two weeks of August 2015, State officials used a series of email campaigns and individualized phone consultations to maximize the provider responses to this survey, which was closed on August 14, 2015.

Rating Methodology and Scoring

Providers were asked to assess up to 181 statements (this varied based on the number of services a provider offered) in the survey. Certain statements required the respondent to choose from three possible response options:

1. Yes
2. No
3. N/A (Not Applicable)

Certain other statements required respondents to choose from five possible options:

1. Never
2. Some of the time
3. Most of the time
4. Always
5. N/A (Not applicable)

For each survey, each response option was assigned a score based on the response options.

Yes/No Questions

For Yes/No Questions, a positive response (that is, one that demonstrates consistency with the HCB setting requirements), was scored as a 3, while a negative response (that is, one that demonstrates inconsistency with the HCB setting requirements) was scored as a 0. Please note that for some questions, a “Yes” response is considered positive while for other questions a “No” response is considered positive. Responses of “N/A” were not scored.

Always/Most of the time/Some of the time/Never Questions

For Always/Most of the time/Some of the time/Never questions, the most positive response (that is, one that demonstrates the most consistency with the HCB setting requirements), was scored as a 3. The next most positive response was scored as 2, and so on. The least positive response (that is, one that demonstrates the least consistency with the HCB setting requirements) was scored as a 0. Please note that for some questions, an “Always” response is considered the most positive, while for other questions a “Never” response is considered most positive. Responses of “N/A” were not scored.

Response Scores

For each question, a score between 0.00 and 3.00 was calculated based on the scoring methodology described above. A score of 3.00 on a question indicates that providers responding to the question responded with the most positive response. A score of 0.00 on a question indicates that providers responding to the question responded with the least positive response. For response score percentages used throughout this report, response scores were calculated based on providers’ actual scores out of the maximum available scores for a particular service and/or review category.

Summary Overall Findings/Observations

The following summarizes the overall findings and observations regarding the survey results for all programs.

Overall Response Rates⁶

- Overall, each of the three New Mexico waiver programs had strong provider representation in the survey.
- Of the 78 ABCB providers contacted to participate in the survey, 57 ABCB providers completed a survey, yielding an overall response rate of 73%.
- Of the SDCB 11 providers contacted to participate in the survey, 10 providers completed a survey, yielding a response rate of 91%.
- Of the 44 Mi Via providers contacted to complete a survey, 43 providers completed a survey, yielding an overall response rate of 98%.
- Of the 85 DDW providers contacted to complete a survey, all providers completed a survey, yielding an overall response rate of 100%.

Response Rates per Service

As indicated above, some providers were asked to complete surveys for multiple services dependent on the type of services a provider renders to HCBS participants. In total there were 319 provider service submissions across all programs. (A service submission is a unique combination of provider, service and program.) The table below illustrates provider response rates per service:

Response Rates per Service ⁷		
Service	Program	Service Response Rate
Employment	CC ABCB	100%
	CC SDCB	100%
	Mi Via	100%
	DDW	100%
Adult Day Health	CC ABCB	82%
Community Supports	CC SDCB	100%
	Mi Via	97%
	DDW	100%
Assisted Living	CC ABCB	72%
Living Services	Mi Via	100%
	DDW	100%

⁶ Overall response rates are based on unique provider survey submissions for a specific program. Because some providers participate in multiple programs, overall response rates are specific only to that program.

⁷ Response rates per service category only include providers who were expected to complete a survey for a service within a specific program.

High Level Summary of Provider Responses

Overall for all services and review categories, providers in all three programs reported a high rate of consistency with the requirements of the Final Rule, as measured in the survey. The answers to the survey reflected that overall providers believe the settings in which they deliver services are in step with the CMS Final Rule and other guidance issued by CMS regarding HCB setting requirements.

The following table summarizes the overall response scores for all providers. The overall response score represents the total scores providers indicated on the relevant questions, divided by the maximum possible score for those questions, based on the 3-point scoring system described above.

Overall Response Scores by Program ⁸		
Program	Unique Providers who Completed Survey	Response Score
ABCB Providers	57	87.3%
SDCB Providers	10	94.4%
Mi Via Providers	43	93.2%
DDW Providers	85	92.0%

All together there were 155 unique providers who responded to this survey.

Service Specific Findings/Observations

As indicated above, survey questions were compiled from residential and non-residential questions, which sample each of the four major services: employment, community supports, assisted living, and living services. The results for the four major services and the corresponding review categories are displayed in five tables and summarily discussed in the remainder of this report.

Service Specific Findings/Observations – Employment

Employment services results by program and category are displayed in the following table:

⁸ Overall response scores include all providers' responses for services and review categories specific to each program.

Response Percentage by Program, Service, & Category	Employment				Overall Employment
	Choice of Setting	Community Access & Integration	Physical Space	Staff Interactions, Privacy and Choice	
CC ABCB	100.0%	100.0%	100.0%	93.9%	96.6%
CC SDCB	100.0%	100.0%	N/A	100.0%	100.0%
Mi Via	95.7%	91.7%	97.6%	91.8%	93.0%
DDW	95.4%	91.0%	96.9%	93.4%	93.4%
All Programs	95.7%	91.3%	97.1%	93.1%	93.4%

Across all programs for employment services, providers responded very positively. Of the four review areas, the “community access and integration” category yielded the lowest response score of 91.3%; whereas, the “physical space” category yielded the highest response score of 97.1%. These results suggest providers view the settings in which employment services are delivered to be quite consistent with the requirements outlined in the Final Rule.

Within each program, ABCB providers had an overall response score of 96.6%, SDCB providers scored 100%, Mi Via scored 93% and DDW scored 93.4%. This yields a total variance of 7% across programs.

Service Specific Findings/Observations – Community Supports

Community support services results by program and category are displayed in the following table:

Response Percentage by Program, Service, & Category	Community Supports				Overall Community Supports
	Choice of Setting	Community Access & Integration	Physical Space	Staff Interactions, Privacy and Choice	
CC SDCB	92.3%	90.5%	98.2%	94.7%	94.2%
Mi Via	95.4%	91.9%	97.7%	93.9%	94.5%
DDW	93.8%	90.9%	97.3%	93.8%	93.9%
All Programs	94.1%	91.1%	97.5%	93.9%	94.1%

Community support services yield very similar results to employment services. Responses were quite positive across all programs. Of the four review areas, the “community access and integration” category yielded the lowest response score of 91.1%, whereas, the “physical space” category yielded the highest response score of 97.5%. These results suggest providers view the settings in which community support services are delivered to be quite consistent with the requirements outlined in the Final Rule.

Within each program, SDCB providers had an overall response score of 94.2%, Mi Via providers scored 94.5% and DDW providers scored 93.9%. Community support providers only varied by 0.6% across programs, which is much smaller than the variance found within employment services.

Service Specific Findings/Observations – Adult Day Health

Adult Day Health results by category are displayed in the following table:

Response Percentage by Program, Service, & Category	Adult Day Health				Overall Adult Day Health
	Choice of Setting	Community Access & Integration	Physical Space	Staff Interactions, Privacy and Choice	
CC ABCB	87.1%	90.1%	99.7%	97.7%	95.3%

As indicated above, Adult Day Health is a unique service offering through the ABCB program. Of the four review areas, “choice of setting” yielded the lowest response score of 87.1%. In contrast, the physical space category yielded the highest response score of 99.7%. From all the services included in the survey, Adult Day Health services had the highest variance across review categories of 12.6%.

Service Specific Findings/Observations – Assisted Living

Adult Day Health results by category are displayed in the following table:

Response Percentage by Program, Service, & Category	Assisted Living				Overall Assisted Living
	Choice of Residence	Community Access & Integration	Living Space	Staff Interactions and Privacy	
CC ABCB	91.2%	78.9%	82.4%	94.1%	85.7%

As indicated above, Assisted Living is a unique service offering through the ABCB program. Of the five review areas in the survey (including all programs), “community access and integration” yielded the lowest response score of 78.9% and “living spaces” yielded the second lowest response score of 82.4%. The “staff interactions and privacy” category yielded the highest response score of 94.1%. Of all services, Assisted Living providers scored significantly lower with an overall response score of 85.7%.

In addition, provider input received through the survey help desk may suggest that responses from agencies operating memory communities for the elderly may contribute to the lower scores

for this service, especially in the category of “community access and integration.” While not specifically examined within the survey, the ABCB Assisted Living providers may not realize that CMS policy allows appropriately individualized protective approaches that are consistent with each person’s individual plan of care. Some survey participants may have felt that some questions in this survey did not apply to Assisted Living for those in need of memory care. In addition, to the extent providers interpreted the survey as not applicable, the lower-than-average response rate for this service category, as well as the higher-than-average percentage of “N/A” responses, may be partially explained.

Service Specific Findings/Observations – Living services

Living services results by program and category are displayed in the following table:

Response Percentage by Program, Service, & Category	Living Services					Overall Living
	Choice of Residence	Community Access & Integration	Living Space	Staff Interactions and Privacy	Services	
Mi Via	94.6%	84.3%	92.9%	96.0%	93.2%	91.9%
DDW	84.2%	82.5%	90.2%	96.5%	90.0%	89.5%
All Programs	86.5%	82.9%	90.9%	96.4%	90.8%	90.1%

Across all programs provider responses were quite positive. Of the five review areas, the “community access and integration” category yielded the lowest response score of 82.9%, whereas, the “physical space” category yielded the highest response score of 96.4%.

Within each program, Mi Via providers had an overall response score of 91.9% and DDW providers scored 89.5%. This yields a total variance of 2.4% across programs. It is important to note that for Mi Via this service includes living and other supports provided by 25 vendors. For DDW, the service includes family, intensive medical, and supported living services. For living services, DDW providers scored 82.5% for “community access” and 84.2% for “living space,” which are the third and fourth lowest category responses, respectively, among all of the program category results.

Appendix A – Survey Questions

Appendix A includes a list of the living and other services (or residential) and non-residential questions included in the survey. Employment has 53 questions, Community Support has 57 questions, Assisted Living has 70 questions, and Living has 71 questions. In general, questions within each of the four services were kept the same for residential or non-residential services to allow comparison of responses in the aggregate and by each setting.

Survey Questions

Living and Other Services/Residential

1. Are individuals given a choice of available options regarding where to live? (such as different part of town or a house/apartment.)
2. Do individuals know how to request new housing if they want to move?
3. Do individuals currently have a lease or similar agreement?
4. Are individuals protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving HCB services?
5. Do individuals have to move from their residence if they choose a different agency to provide their HCB services?
6. Are your homes on the grounds of, or adjacent to, a nursing home or other institution?
7. Are your homes near private residences?
8. Are your homes near retail businesses?
9. Can individuals have visitors at any time?
10. Do individuals participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
11. Do individuals participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
12. Are individuals able to come and go from the home when they want to?
13. Is there a curfew or other time requirement for individuals to return to the home?
14. If individuals want to work, do they have paid work in the community?
15. For individuals who work, do they work in an integrated setting that includes individuals of different ages?
16. For individuals who work, do they work in an integrated setting that includes individuals with and without disabilities?
17. Do individuals participate regularly in meaningful non-work activities in the community for the period of time they desire?
18. Does the home support individuals learning about and accessing age-appropriate activities?
19. If there is public transportation available near the home, do individuals use it?
20. Is an accessible van available to transport individuals to appointments, shopping, etc.?
21. Do individuals have access to their funds?
22. Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
23. Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
24. Are individuals able to move about inside and outside of the home as they desire?

25. Do individuals choose and control their schedule to meet their wishes?
26. Do individuals have access to a telephone or cell phone for personal communication in private at their convenience?
27. Do individuals have access to a computer, iPad, or similar devices in private at their convenience?
28. Are individuals able to participate in leisure activities in the home at their convenience?
29. Regarding individuals who share a bedroom, were individuals given a choice of a roommate?
30. Are individuals given information about how to change roommates, if they desire to do so?
31. Can individuals lock the bathroom door(s)?
32. Can individuals lock their bedroom door(s)?
33. Are individuals able to furnish and decorate their bedroom in a way that suits them?
34. Do individuals have full access to comfortable seating in shared areas within the home?
35. Do individuals have full access to comfortable seating in shared areas outside the home?
36. Do individuals have access to a kitchen with cooking facilities?
37. Do individuals have access to food at any time?
38. Do individuals have access to a dining area to use at their convenience?
39. Can individuals choose when to have a meal?
40. Can individuals choose where to have a meal?
41. Can individuals request and receive alternative meals?
42. Can individuals choose with whom to eat or to eat alone?
43. Are individuals required to sit at an assigned seat or table in a dining area?
44. Are individuals given information on how the individual can file a complaint?
45. Do staff members speak to individuals in a language the individuals understand?
46. Do staff members provide assistance to individuals in private, as appropriate, when needed?
47. Are staff members friendly and attentive to individuals' requests and needs?
48. Is setting staff knowledgeable about the capabilities, interests, preferences, and needs of the individual?
49. Do staff members always request and receive permission prior to entering an individual's bathroom?
50. Do staff members always request and receive permission prior to entering an individual's bedroom?
51. Do only a limited number of staff have keys to individuals' bedrooms and bathrooms?
52. Do only a limited number of staff have keys to individuals' bathrooms?
53. Does the staff afford dignity to the diners?
54. Is individuals' personal information kept private and confidential?
55. Is individuals' protected health information kept private and confidential in accordance with the federal Health Insurance Portability and Accountability Act of 1996?

56. Are there surveillance cameras present at the home?
57. Does the home's policy require that the individual and/or representative grant informed consent prior to the use of restraint and/or restrictive interventions?
58. Does the home's policy require that, for individuals who have provided informed consent for the use of restraint and/or restrictive interventions, that the interventions are documented in the person-centered plan?
59. Does the home's policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual?
60. Does the home post or provide information on individual rights?
61. Do individuals, or a person chosen by an individual, have an active role in the development and update of their person-centered plan/plan of care?
62. Are individuals satisfied with the personal care services they receive from staff at the home?
63. Are individuals satisfied with the independent living skills training they receive from staff at the home?
64. When individuals request services or support from staff members, do staff members accommodate those requests?
65. Does the home reflect individual needs and preferences?
66. Does the home's policy ensure the informed choice of the individual?
67. Does the home's policy ensure the individual is supported in developing plans to support his/her needs and preferences?
68. Does the home ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?
69. Do individuals generally use the same providers for HCB services and supports?
70. Are individuals who need assistance with grooming groomed as they desire?
71. Are individuals who need assistance with dressing, dressed appropriately in their own clothes for the time of day and season?

Non-Residential

1. Do individuals, or a person chosen by an individual, have an active role in the development and update of their person-centered plan/plan of care?
2. Are individuals satisfied with the personal care services they receive from staff at the home?
3. Are individuals satisfied with the independent living skills training they receive from staff at the home?
4. When individuals request services or support from staff members, do staff members accommodate those requests?
5. Does the home reflect individual needs and preferences?
6. Does the home's policy ensure the informed choice of the individual?
7. Does the home's policy ensure the individual is supported in developing plans to support his/her needs and preferences?
8. Does the home ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?
9. Do individuals generally use the same providers for HCB services and supports?
10. Are individuals who need assistance with grooming groomed as they desire?
11. Are individuals who need assistance with dressing, dressed appropriately in their own clothes for the time of day and season?
12. Is the setting on the grounds of, or adjacent to, a nursing home or other institution?
13. Does the setting provide individuals the opportunity to participate in regular and meaningful non-work activities in integrated community settings for the period of time desired by the individual?
14. Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present?
15. Do individuals work in an integrated setting that includes other individuals of different ages?
16. Do individuals work in an integrated setting that includes other individuals with and without disabilities?
17. Does the setting provide individuals with the opportunity to participate in negotiating his/her work schedule with his/her employer to the same extent as individuals not receiving Medicaid-funded HCB services?
18. Does the setting provide individuals with the opportunity to participate in negotiating his/her employee benefits to the same extent as individuals not receiving Medicaid-funded HCB services?
19. Do individuals have access to their funds?

20. Does the provider's policy make it clear the individual is not required to sign over his/her paychecks to the provider?
21. If there is public transportation available near the setting, do individuals use it?
22. Is an accessible van available to transport individuals to appointments, shopping, etc.?
23. Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?
24. Do the setting options include non-disability-specific settings, such as competitive employment in an integrated public setting?
25. Do the setting options include volunteering in the community?
26. Do the setting options include engaging in general non-disabled community activities, such as those available at community-based organizations?
27. Does the setting afford opportunities for individuals to choose with whom to do activities to the same extent as individuals not receiving Medicaid-funded HCB services?
28. Are individuals able to move about inside of the setting as they desire?
29. Are individuals able to move about outside of the setting as they desire?
30. Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the setting other than those designed to protect the safety of individuals or confidential information?
31. Is the setting easily accessible with appropriate working support structures in place?
32. Is equipment at a convenient height and location with no obstructions that limit the individuals' mobility in the setting?
33. Is furniture at a convenient height and location with no obstructions that limit the individuals' mobility in the setting?
34. Does the physical environment support a variety of individual goals and needs by providing indoor gathering spaces?
35. Does the physical environment support a variety of individual goals and needs by providing outdoor gathering spaces?
36. Does the physical environment support a variety of individual goals and needs by providing for larger group activities?
37. Does the physical environment support a variety of individual goals and needs by providing for solitary activities?
38. Does the physical environment support a variety of individual goals and needs by providing for stimulating activities?
39. Does the physical environment support a variety of individual goals and needs by providing for calming activities?
40. Does the setting afford individuals full access to a dining area with comfortable seating?

41. Does the setting afford individuals full access to a dining area that allows for the opportunity to converse with others during break or meal times?
42. Is individuals' personal information kept private and confidential?
43. Is individuals' protected health information kept private and confidential in accordance with the federal Health Insurance Portability and Accountability Act of 1996?
44. Are individuals given information on how the individual can file a complaint?
45. Do staff members provide assistance to individuals in private, as appropriate, when needed?
46. Do staff members speak to individuals in a language the individuals understand?
47. Are there surveillance cameras present at the setting?
48. Are individuals generally satisfied with the personal care services they receive from staff at the setting?
49. Are individuals generally satisfied with the independent living skills training services they receive from staff at the setting?
50. When individuals request services or support from staff members, do staff members accommodate those requests?
51. Are staff members friendly and attentive to individuals' requests and needs?
52. Is setting staff knowledgeable about the interests, and preferences of the individual?
53. Is setting staff knowledgeable about the capabilities and needs of the individual?
54. Does the setting's policy require that the individual and/or representative grant informed consent prior to the use of restraint and/or restrictive interventions?
55. Does the setting's policy require that, for individuals who have provided informed consent for the use of restraint and/or restrictive interventions, that the interventions are documented in the person-centered plan?
56. Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual?
57. Does the setting offer a secure place for the individual to store personal belongings?
58. Does the setting reflect individual needs and preferences?
59. Does the setting policy ensure the informed choice of the individual?
60. Can individuals choose when to have a meal to the same extent as individuals not receiving Medicaid-funded HCB services?
61. Can individuals choose where to have a meal to the same extent as individuals not receiving Medicaid-funded HCB services?
62. Does the setting afford dignity to the diners?
63. Can individuals choose with whom to eat or to eat alone to the same extent as individuals not receiving Medicaid-funded HCB services?
64. Does the setting post or provide information on individual rights

65. Does the setting afford the opportunity for tasks and activities matched to individual's skills, abilities, and desires?
66. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?
67. Does the setting policy ensure the individual is supported in developing plans to support his/her needs and preferences?

Appendix F: Public Comments to SWTP

	Public Comment Received	State of New Mexico's Response
1.	An MCO commenter asked if there is a HSD/MCO workgroup to address the Transition Plan timeline provided to CMS and whether it is the Health Care Transition Task Force Meeting.	HSD will consider this request to establish an HSD/MCO workgroup for MCO provider trainings.
2.	An MCO commenter requested the names of the providers that will be sent the Provider Assessment Survey and requested confirmation that the Provider Assessment Survey will be limited to CMS exploratory questions and requested a copy of those questions.	<p>For the names of the providers who will receive the Provider Assessment Survey, please refer to the Agency-Based Community Based (ABCB) provider list which HSD previously sent to each MCO. For Self-Directed Community Benefits (SDCB), the providers are not Medicaid-approved providers but are direct employees of HCBS participants, therefore, there is no established "provider list" for this population. The Provider Assessment Survey addresses the points outlined in the CMS exploratory questions, and the CMS Final Rule. The CMS exploratory questions for Residential settings and Non-Residential settings can be found on the CMS website.</p> <p>http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-re-settings-characteristics.pdf http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf</p>
3.	<p>An MCO commenter raised concerns with the State's plan to add some questions to the existing CAHPS to ask about care coordination. Their concerns about using the CAHPS survey in this way include:</p> <p>(a) CAHPS surveys only our Medicaid only members. The large percentage of those members receiving care coordination are dual members and consequently are excluded from the CAHPS survey. By the CAHPS survey methodology of a random sample of the membership, the percentage of members receiving care coordination in the CAHPS sample will only be at best 15%.</p> <p>(b) Care Coordination in the CAHPS survey refers to the coordination efforts of the provider, not the MCO. Using the same term, especially since the large majority of CAHPS respondents will not have care coordination, will give unclear results.</p> <p>(c) Number of additional questions allowed with CAHPS are limited. We understand the goal of</p>	<p>HSD will develop new language for the Transition Plan (on page 17), to include the population which is not "Medicaid-only" thus surveying the entire affected HCBS membership to address the concern raised about the CAHPS survey only reaching Medicaid only members.</p> <p>HSD will collaborate with the MCOs to develop detailed and appropriate member survey questions to ensure quality assurance is upheld.</p>

	Public Comment Received	State of New Mexico's Response
	not burdening members with surveys but respectfully suggest that a separate survey, along the lines of the Service Coordination survey in CoLTS, would give the State a much more accurate picture and better data from which to make course corrections in compliance with CMS.	
4.	An MCO commenter asked where to locate the Employment Support Services new standards.	<p>The Employment Support Services are located in the MCO policy manual (8/14/2014). Please see Section 8, pg. 76 for the ABCB service description. Please see Section 9, pg. 173 for the SDCB service description.</p> <p>The Transition Plan contains a typo error on page 11. HSD reviewed version 8/14/2014 of the MCO policy manual, not version 1/2014, for the assessment outlined in Appendix H. HSD will correct the Transition Plan with the correct MCO policy manual.</p>
5.	An MCO commenter requested more time between the policy revisions to the Policy Manual and provider training, and schedule the provider training before the survey. The Policy Manual revision is scheduled to complete 7/1/15. This is the same as provider training (7/1/15) and after the provider survey (5/20/15).	HSD has revised the timeline for conducting trainings based on this comment.
6.	An MCO commenter requested that as a best practice, the training by the MCO in 2016 should be organized in a similar fashion to the NFLOC HNF/LNF training. The MCOs equally participated with assigned portions of the training and conducted training together.	HSD accepts this recommendation and will present the suggestion to the HSD/MCO workgroup once it is formed.
7.	An MCO commenter pointed out that HSD reviewed version 1/2014 of the MCO policy manual as stated in the Transition Plan (page 12) but that there is a newer version of the MCO policy manual dated March 3, 2015, which HSD did not assess. There is concern the citations in the chart at Appendix H are to parts of the MCO policy manual that do not appear to support HSD's conclusion that the policy manual is in compliance with the HCBS rule, and HSD gives no further explanation, aside from the chart, supporting its conclusions.	The Transition Plan contains a typo error on page 12. HSD reviewed version 8/14/2014 of the MCO policy manual, not version 1/2014, for the assessment outlined in Appendix H. HSD will update the Transition Plan with the correct MCO policy manual date.
8.	<p>A commenter reviewed HSD's Review of State Regulations and commented on the following:</p> <ul style="list-style-type: none"> (a) Residents of Assisted Living Facilities do not have the same rights as tenants under landlord-tenant law. (b) Lockable entrance doors with individuals having keys, and staff having keys as needed. (c) Freedom to furnish and decorate sleeping or other living units. (d) Freedom and support to control schedules and activities. (e) Individual's access to food at any time. 	<p>The MCO policy manual is intended as a supplement which provides detailed clarification to the NMAC. HSD will amend the Centennial Care MCO Policy Manual to add language to address the following requirements in a comprehensive and complete manner:</p> <ul style="list-style-type: none"> (a) HCBS participants shall receive the same responsibilities and protections from eviction from their homes as all other tenants under landlord laws of state, city and county government entities. When terminating the written agreement, a

	Public Comment Received	State of New Mexico's Response
	(f) Individual's rights to visitors at any time.	<p>landlord must provide a 30-day notice to the HCBS participant.</p> <p>(b) Sleeping or living units must have entrance doors lockable by the HCBS participant, with only appropriate staff having keys to doors, as needed.</p> <p>(c) HCBS participants shall have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. New Mexico's Transition Plan, Appendix H, contains a typo error; NMAC 7.8.2.24 should be 7.8.2.54; HSD/MAD/CCB will correct Appendix H.</p> <p>(d) HCBS participants shall have the freedom and support to control their own schedules and activities.</p> <p>(e) HCBS participants shall have access to food at any time.</p> <p>(f) HCBS participants shall be able to have visitors of their choosing at any time.</p>
9.	<p>A commenter stated in that the Key Provisions of the HCBS Final Rule for Person-Centered Service Plan/Planning Table 2 in the Transition Plan (page 13) is HSD's summary of Centennial Care CCP process/planning compliance with key provisions of the person-centered planning requirements of the HCBS rule. However, the conclusions in Table 2 are contradicted by HSD's own findings related to its assessment of the Centennial Care Contracts, STCs, regulations and MCO policy manual.</p> <p>(a) HSD found that state regulations do not contain language that the "setting is chosen by the individual and is integrated in, and supports full access to the greater community."</p> <p>(b) HSD also found that the requirement that HCBS recipients have the "opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS" is not found in the regulations or MCO policy manual.</p> <p>(c) HSD found that the regulations and MCO policy manual do not include the requirement that the written plan include individually identified goals.</p>	<p>The MCO policy manual is intended as a supplement which provides detailed clarification to the NMAC. HSD will amend the Centennial Care MCO Policy Manual to add language to address the following requirements in a comprehensive and complete manner:</p> <p>(a) HCBS participants shall have a choice in their residential setting, and the setting shall be integrated in and shall support full access to the greater community.</p> <p>(b) HCBS participants shall have the opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p> <p>(c) The written plan for services must include i) individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others; and ii) the opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>
10.	<p>A commenter requested more detail was needed on validating provider self-assessment. The provider self-assessment is not a reliable means to evaluate whether the residential and non-residential settings comply with the HCBS rules. The providers have a financial interest in the outcome of the assessment. HSD proposes to</p>	<p>New Mexico's Transition Plan includes many steps beyond the provider self-assessment process. The self-assessment to be completed by providers by June 24, 2015 will allow for provider buy-in and takes into account their input in this process and will help give the State direction for training needs. The State does not</p>

	Public Comment Received	State of New Mexico's Response
	perform 'validity checks' on the provider responses, but the plan fails to detail what the validity checks will involve. How will HSD verify the accuracy of the providers' responses?	<p>intend to use the self-assessment results to identify only specific providers in need of training. The State will train all affected providers, regardless of the survey outcomes.</p> <p>Based on this public input, HSD removed the Centennial Care section in the Transition Plan outlining the validity checks on a subset statistically valid sample of provider agency responses to the provider self-assessment survey.</p>
11.	A commenter pointed out that the participant/membership assessment was needed earlier in transition process if HSD does not intend to survey beneficiaries until 2017, well into the five year transition process.	<p>HSD does not intend to revise the timeline for conducting participant surveys at this time; however, this recommendation will be discussed with the MCOs for feasibility.</p> <p>Based on this public input, HSD revised the Transition Plan to add to the timeline (pg. 10): "Centennial Care Demonstration: Remediation Activities following Participant Survey."</p>
12.	<p>A commenter provided the following comments on the Remediation section of the Transition Plan:</p> <p>(a) HSD's timetable for correcting deficiencies in CC contract, STCs, regulations, and policy manual does not even include action items for all deficiencies HSD found.</p> <p>(b) Include DOH in assessment, remediation, and monitoring of ALFs.</p>	<p>The MCO policy manual is intended as a supplement which provides detailed clarification to the NMAC. HSD will amend the Centennial Care MCO Policy Manual to add language to address the following requirements in a comprehensive and complete manner:</p> <p>(a) HCBS participants shall have a choice in their residential setting, and the setting shall be integrated in and shall support full access to the greater community.</p> <p>(b) HCBS participants shall have the opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p> <p>(c) The written plan for services must include i) individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others; and ii) the opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p> <p>HSD will collaborate with NM DOH to ensure Assisted Living Facility licensure requirements fully comply with the CMS requirements, and that ongoing monitoring efforts are established.</p> <p>Based on this public input, HSD revised the Transition Plan to incorporate NM DOH</p>

	Public Comment Received	State of New Mexico's Response
		collaboration.
13.	<p>A commenter pointed out that under the Transition Plan proposed by HSD, the DD Waiver service standards will be revised to comply with the CMS Rule. The state will train DD Waiver service providers on the use of these new service standards based largely upon self-assessment survey results completed by those providers. Under the amendment proposed by HSD, training of providers under the Centennial Care Demonstration will be conducted in the same manner. The state should take preliminary steps beyond analyzing self-assessments to ensure that providers are correctly utilizing the new service standards.</p>	<p>New Mexico's Transition Plan includes many steps beyond the provider self-assessment process. The self-assessment to be completed by providers by June 24, 2015 will allow for provider buy-in and takes into account their input in this process. HSD does not intend to use the self-assessment results to identify only specific providers in need of training. The State will train all affected providers, regardless of the survey outcomes.</p>
14.	<p>A commenter pointed out the policies outlined in the current DD Waiver service standards and the regulations governing the waiver programs often comply with the law and CMS requirements. However, in practice, these policies are often incorrectly applied by service providers in the community. As a result, training and clear direction for service providers is vital to ensure compliance with present and future rules.</p>	<p>The provider self-assessment and state on-site validity audit will confirm where providers are not in compliance with service standards and other written material requiring person centered planning and fully integrated community settings. The state will provide intensive training of providers leading up the implementation of new DD Waiver service standards. Providers who are not in compliance will be given intensive training and technical assistance to come into compliance.</p>
15.	<p>A commenter noted that as part of the Transition Plan proposed by HSD, New Mexico has assured CMS that they are already in compliance with a majority of the policies dictated by the new rules. However, this commenter notes a number of ways in which our state is not in compliance with CMS requirements.</p>	<p>HSD will amend the Centennial Care MCO Policy Manual by 10/01/15 to add language to address the following requirements in a comprehensive and complete manner:</p> <ul style="list-style-type: none"> (a) HCBS participants shall have access to integrated residential settings, employment, and general community life, to the same degree as those not receiving Home and Community Based Medicaid services. (b) The written plan for services must include a specific listing of risk factors for the individual, and a plan to minimize the risks. (c) The written plan for services must include <ul style="list-style-type: none"> i) individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others; and ii) the opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
16.	<p>A commenter noted that the language of a number of the regulations cited by HSD to demonstrate compliance with CMS mandates do not appear to specifically conform to those mandates. These</p>	<p>HSD will amend the Centennial Care MCO Policy Manual by 10/01/15 to add language to address the following requirements in a comprehensive and complete manner:</p>

	Public Comment Received	State of New Mexico's Response
	<p>regulations should be amended to ensure that all parties in the Medicaid system have a full and accurate understanding of their rights and responsibilities.</p>	<ul style="list-style-type: none"> (a) HCBS participants shall receive the same responsibilities and protections from eviction from their homes as all other tenants under landlord laws of state, city and county government entities. (b) Sleeping or living units must have entrance doors lockable by the HCBS participant, with only appropriate staff having keys to doors, as needed. (c) HCBS participants shall have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. New Mexico's Transition Plan, Appendix H, contains a typo error; NMAC 7.8.2.24 should be 7.8.2.54; HSD/MAD/CCB will correct Appendix H. (d) HCBS participants shall have access to food at any time. (e) HCBS participants shall lead the person-centered planning process where possible.
17.	<p>A commenter shared that if it is the intention of CMS or the HSD to include assisted living facilities (ALFs) or "memory care communities" as residential settings for Centennial Care clients, then we believe the standards seem more applicable for the physically-disabled client rather than a frail senior or dementia population. Modifications stated throughout the Transition Plan are not always appropriate for advanced dementia care when a resident must have a key to the entrance of the residence setting along with a key to their room, or to come and go as they please unattended. "Informed consent" from an individual is not always realistic with the dementia resident depending on where the resident is in the dementia process. There is no indication in the Plan that a family member or power of attorney (POA) could sign for a resident unable to sign for themselves. A dementia resident can't always dictate the directional focus of their care or verbally identify where they want to live.</p>	<p>HSD will consult with CMS for guidance on whether the CMS Final Rule includes "memory care communities" as residential settings for Centennial Care HCBS members.</p>
18.	<p>A commenter further noted that it is not always feasible for dementia or cognitively impaired residents to have individual access to food at all times, choose their own roommate, or choose their own physician, etc. We did not see any mention of "dementia" or "memory care" secure ALF units as a setting. If elderly Medicaid residents with dementia are not accommodated in the Plan, this will have the effect of limiting their access to care in a setting most appropriate for their wants and needs. We hope these specialized residence settings will not be excluded. If they are excluded, this hampers the "aging in place" model that many ALFs embrace, affecting residents that may then</p>	<p>HSD will consult with CMS for guidance on whether the CMS Final Rule includes "dementia or memory care secure ALF units" as residential settings for the Centennial Care HCBS members.</p>

	Public Comment Received	State of New Mexico's Response
	<p>be placed in a more secure setting after being in the more independent ALF environment. Any kind of change is difficult in the world of a dementia resident and transition to another community could prove to be very detrimental to this population of residents. If the State needs further interpretation or suggestions along the lines of "aging in place," we would be more than happy to assist in any way we can.</p>	
19.	<p>A commenter pointed out that under the appendices to the 3/24/15 HCBS transition plan document, Appendix H: Assessment of Centennial Care Contract, MCO Policy Manual, STCs and NMAC Rules, there are many "not found" responses under the Centennial Care Contract boxes. Members are concerned about the HSD's possible "further" need to modify its tasks and what those modifications may or may not include. So many of the provisions in the plan were not discussed in the MCO contracts and it appears there may need to be further response added to the "not found" box items. This would provide clarification for providers. In the meantime, we are concerned that further changes may be required and we would like to be involved in future discussion if warranted.</p>	<p>HSD intends to revise the MCO Policy Manual by 10/01/15 to address the "not found" responses in the Transition Plan Appendix H, in order to ensure full compliance with the CMS Final Rule.</p>

Appendix G: Mi Via Waiver Transition Plan

The following is the link to the Mi Via Waiver transition plan:

<http://www.hsd.state.nm.us/LookingForInformation/mi-via.aspx>.

Appendix H: Developmental Disabilities Waiver Transition Plan

The following is the link to the Developmental Disabilities Waiver transition plan:

<http://www.hsd.state.nm.us/uploads/files/Public%20Information/Public%20Notices.%20Proposed%20Rule%20and%20Waiver%20Changes/Transition%20Plan.pdf>.

Appendix I: HSD Response to CMS's October 29, 2015 Comments

	CMS Comment	NM Response
1.	Comparison of the NM 0173: Developmental Disabilities Waiver Program (DDWP) and the STP demonstrated general alignment, although CMS noted some minor variations in the timing of the assessments for the Developmental Disabilities (DD) Waivers between the STP and the DDWP transition plan. Please clarify that the STP contains the correct dates for the DD Waiver provider assessments.	The STP represents the correct dates for the DD Waiver provider assessments.
2.	The STP identified services, not the setting types, in Appendices D and E that are labeled as "HCBS Compliance by Setting Type" for the Mi Via and DD waivers. Additionally, setting types were not included for the 1115 Centennial Care Demonstration. Please specify the settings for the two waivers and the 1115 Demonstration.	The provider settings are noted in the STP on page 17.
3.	Please provide clarification on the settings where the following services take place: employment supports, intense medical living, home health aide, and specialized therapies. In particular, please provide more information on the type of setting where home health aide services are provided outside the participant's home.	<p>Employment Supports:</p> <ul style="list-style-type: none"> • DDW – community • Mi Via – community at job site • Centennial Care – community at job site <p>Intense Medical Living:</p> <ul style="list-style-type: none"> • DDW – provider controlled home <p>Home Health Aide:</p> <ul style="list-style-type: none"> • Mi Via – community and individual's residence • Centennial Care – individual's residence (including assisted living facility, shelter home or room and board facility) <p>Specialized Therapies:</p> <ul style="list-style-type: none"> • DDW – home or community • Mi Via – individual's residence or provider setting

	CMS Comment	NM Response
4.	<p>Appendices A-C and H of the STP include a detailed crosswalk of the state regulations against the federal requirements that were assessed as part of the state's systemic review.</p> <p>However, several items were left blank or noted "Not Found," or "will address in service standards." Please provide information about these items. For instance, if "will address in service standards" means that the state regulation is silent on a particular home and community-based setting characteristic and the remedial action is to address the issue in the service standards, please refine the action and identify the timeframe in which it will be completed.</p>	See revised Appendices B, C, and H.
5.	The information in Appendices D and E did not identify the settings that fully comply, will comply with modifications, cannot comply and will require relocation of beneficiaries, or settings that are presumed to have the qualities of an institution. Please provide estimates of the number of settings in each of these categories.	It is premature to provide this information at this time. We will have a better sense of provider compliance status once the onsite provider reviews are completed. This information will be included at that time.
6.	For the Mi Via Waiver, the state will distribute the surveys to consultant agencies and/or vendors. The state indicated that it "believes this is a reasonable approach to obtain a foundation for provider compliance given: 1) the volume of direct care providers in the program would not make it feasible to conduct a survey with a low nonresponse rate, therefore surveying vendor agency providers ensures compliance and a response rate that is representative for providers servicing Mi Via participants and 2) the fact that consultant agencies and/or vendors are as close to the providers as possible under this consumer-directed model of care." Please clarify how the state will oversee the consultant and vendor agencies which are assisting with these assessments.	The provider self-assessment surveys are completed, as noted in the updated STP. Oversight of the process occurred through periodic monitoring and status reports.
7.	The STP notes that the findings for the DD Waiver provider self-assessment surveys will be finalized by September 30, 2015. Please indicate how the state will address DD Waiver providers that do not complete the self-assessment.	The provider self-assessment surveys are completed, as noted in the updated STP. The State expected and received 100% compliance for DD Waiver providers (see Appendix K for results of the provider self-assessment survey). State staff made phone calls and followed up with providers via email to ensure 100% compliance was met.

	CMS Comment	NM Response
8.	<p>The Department of Health (DOH) and Developmental Disabilities Support Division regional offices will complete a validity check on a subset of provider agency responses to the provider self-assessment survey by July 2016, which is one year after the completion of the provider self-assessments. Please clarify if the state intends to wait until July 2016 to inform all providers of concerns or whether there is a process for notifying providers throughout the review period as individual validations are completed. If the state waits a full year to notify any provider of concerns, the timeframe for providers to complete needed corrections is significantly shortened.</p>	<p>Upon receipt of the results of the provider self-assessment survey our State contractor developed a report that will be shared with participating providers prior to validation of the findings. Validation of the provider self-assessment survey will occur September 30, 2016 – October 31, 2016. This information will be used as the basis for the provider validation reviews.</p>
9.	<p>Please indicate in the STP the number of DD Waiver settings the state will visit as part of the validation, and the sampling methodology used.</p>	<p>All provider settings responding to the provider self-assessment survey will have a validation review. The STP has been updated to provide the general approach for selecting providers for the onsite reviews. The STP will be updated to include the number of sites to be reviewed once this information is available.</p>
10.	<p>The Human Services Department (HSD) reviewed the Centennial Care Demonstration provider types under the Agency Based Community Benefit (ABCB) and identified 61 assisted living providers, seven adult day health providers, and one employment support service provider. For Self-Directed Community Benefit (SDCB) services, there were 10 customized community supports and two employment supports vendors. Please confirm that this is the complete number of settings under the demonstration and indicate whether the state will assess each of the settings or a subset. If the state is assessing subsets, please describe the sampling methodology.</p>	<p>The following is the universe of assessed Centennial Care provider settings:</p> <p>ABCB:</p> <ul style="list-style-type: none"> • Assisted living – 67 • Adult day health – 11 • Employment supports – 1 <p>SDCB:</p> <ul style="list-style-type: none"> • Customized community supports – 13 • Employment supports – 1
11.	<p>Please clarify how HSD will manage the Centennial Care Demonstration provider self-assessment process, and indicate how the state will address providers that do not complete the self-assessment, along with a detailed description of the validation processes.</p>	<p>The provider self-assessment surveys are completed, as noted in the updated STP. The validation process description begins on page 30.</p>

	CMS Comment	NM Response
12.	Please identify a method for assessing the providers that provide services to the participants under the Medically Fragile Waiver. The state is transitioning the Medically Fragile Waiver into the Centennial Care Demonstration in 2016. Please clarify the assessment process for the providers who currently provide services under the Medically Fragile Waiver and how the state will address the settings as they move under Centennial Care.	We refer you to pages 7-8 for updated information regarding the Medically Fragile waiver.
13.	Please clarify the purpose of the participant surveys that will be conducted between June and July 2017 and how they will inform actions in the STP.	As a result of CMS guidance, we have modified our process for participant surveys. As part of onsite provider reviews, reviewers will conduct participant surveys. See pages 32-33 for more information on the process.
14.	The state indicated it will use the National Core Indicators (NCI) consumer survey for participants in the Mi Via and Developmental Disabilities Waivers to obtain participants' perspective on settings compliance. For the Centennial Care Demonstration, the state indicated that HSD will create a member survey that will be mapped to questions in the provider surveys. Please provide more detail on the use of the NCI survey. Absent the ability to crosswalk NCI consumer surveys against specific settings, it cannot be used to validate individual provider assessments. Similarly, the 1115 Demonstration member survey would need to be cross-walked back to specific providers/settings for validation purposes	NCI will not be used, per CMS guidance. See pages 32-33 for information regarding the participant survey process.
15.	For Mi Via and DD Waivers, the state intends to use the results from the NCI consumer survey as a tool for participant monitoring. Please clarify how the state will use the NCI data to inform on the compliance of specific settings or describe a different approach to monitor settings.	See response to #14.

	CMS Comment	NM Response
16.	<p>The STP says during September 2015, the state would conduct compliance surveys of consultants, agencies and vendors providing services to Mi Via participants for compliance verification and to identify provider training opportunities for sessions to be conducted in March 2016. Following those provider training sessions, the Medical Assistance Division (MAD) and DOH will monitor Customized Community Group Supports (CCGS) vendor compliance through provider attestations that are submitted as part of the provider enrollment packets. Please provide more information on what will be included in the validity checks to ensure the accuracy of the attestation and how MAD and DOH will conduct those validity checks as part of the overall compliance monitoring process.</p>	<p>See pages 30-36 for information on validation assessment.</p>
17.	<p>CMS noted that it appears the Managed Care Organizations (MCOs) will be solely responsible for monitoring compliance of the 1115 Demonstration settings by monitoring outcomes through support brokers and care coordinators asking members about their satisfaction with community benefits. Please clarify the role of the state in the oversight and monitoring processes for the 1115 Demonstration providers.</p>	<p>The State holds contracts with the four Managed Care Organizations, who in turn, contract with Medicaid approved providers (except in SDCB, the provider is not required to be Medicaid approved). The MCOs are required to monitor their contracted providers to ensure adequate service-delivery and that services are being provided in an integrated setting. This is relayed to the State via monthly, quarterly and annual reports, meetings, and trainings. When a provider is brought to the attention of the State, via MCO identification, the State completes necessary action toward the provider to bring the provider either into compliance or terminate their Medicaid approval status.</p>
18.	<p>Regarding Appendix A on pp. 29-33, please clarify if the qualities listed apply to provider owned and controlled settings (residential settings). Please clarify whether there are any changes to the standards, regulations, policies and provider manuals specific to the Mi Via Waiver other than the changes you identified for residential settings.</p>	<p>Mi Via is a self-directed program in which HCBS settings are not provided as in residential and provider-owned and controlled settings. Settings for “living supports” are in privately owned homes and within the participant’s community.</p>

	CMS Comment	NM Response
19.	<p>For the DD Waiver standards for non-residential settings, the state indicated that some key attributes of home and community-based settings are not currently addressed and that the state will make appropriate updates to state standards, New Mexico Administrative Code (NMAC), and policies as appropriate. Please include the specific rules, regulations and policies the state assessed, where changes will be made, and the timeframe for those specific changes.</p>	<p>See revised Appendices B and C for revisions to service standards that were issued in June 15, 2015.</p>
20.	<p>For Mi Via Waiver provider remediation, the state will not process Customized Community Group Supports (CCGS) provider packets if they do not include the provider's attestation that the services and supports provided will be delivered in a community-based integrated setting. Please indicate how the state will ensure the attestations are independently validated.</p>	<p>Provider attestations are part of the vendor/provider agreements that a vendor/provider must sign with the participant in order to provide services. The State's Financial Management Agency reviews these forms for completeness. If the attestation is not signed the vendor/provider will not be able to provide services to the participant. Beyond the attestation, monthly reviews and face -to- face quarterly participant meetings with consultants occur in which services are reviewed and evaluated based on participant feedback. These meetings and reviews serve as a means to independently validate that services and supports are being delivered in a community – based integrated setting. Validity checks for vendor compliance of CCGS will include review of provider attestations and the ongoing monitoring of the following: participant complaints, fair hearings requests, waiver quality assurance monitoring activities, SSP reviews. When providers are found to be out of compliance, remediation will include the following: training and corrective action plans.</p>
21.	<p>Page 16 of the STP indicates that after the participant survey, non-compliant Mi Via Waiver providers will be required to implement remediation activities. Please include milestones and dates for when the providers will submit their remediation plans and when the state will approve the plans.</p>	<p>See Table 3 for updated milestones.</p>

	CMS Comment	NM Response
22.	<p>The STP did not include DD Waiver provider remediation strategies and instead indicated that participants will be given a "freedom of choice form" to select a new provider. Please describe why the state has determined the providers cannot come in to compliance during the transition period and how the pool of providers who do comply will be sufficient to ensure services to the HCBS population, including individuals who will need to leave the noncompliant settings</p>	<p>See pages 33-36 for remediation activities.</p>
23.	<p>For the Centennial Care Demonstration provider remediation, the state will require the providers to submit an attestation that the services and supports will be provided in a community-based integrated setting. Please clarify how such attestations will be independently validated and the action the state will take if a provider does not submit an attestation. In addition, describe the process the provider will be required to take to remediate the identified areas of concern.</p>	<p>The Medicaid provider enrollment process will include a requirement that providers must complete and sign indicating the services will be delivered in an integrated setting. The MCOs will be required to regularly monitor the providers via site visits to ensure service delivery occurs in appropriate settings. The SDCB providers are not required to be Medicaid approved. Therefore, the attestation will be incorporated into the Vendor Enrollment packet that is required by the Fiscal Management Agency when initially enrolling as an SDCB provider. Providers can be monitored by the SDCB Support Brokers on a regular basis.</p> <p>See pages 33-36 for remediation activities.</p>
24.	<p>Please clarify for the two waivers and the 1115 Demonstration what is meant by the activities to "Implement remediation strategies" on 7/1/18 on page 10 of the STP. Does this mean that the state will have fully implemented the remediation and the settings will be compliant by 7/1/18 or does it mean that the state will start to implement the remediation strategies to become compliant on that date?</p>	<p>See pages 33-36 for remediation activities and Table 3 for milestones. All issues identified in provider CAPS must be addressed by no later than July 1, 2018. The expectation is that egregious issues are addressed as soon as possible.</p>

	CMS Comment	NM Response
25.	<p>The STP did not identify any settings presumed to be institutional. There were public comments regarding assisted living settings that have secured memory care units. The state should clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information for such settings meeting the scenarios described in the rule, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved.</p> <p>These settings include the following:</p> <ul style="list-style-type: none"> • Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; • Settings in a building on the grounds of, or immediately adjacent to, a public institution; and • Any other setting that has the effect of isolating individuals receiving Medicaid home and community-based services from the broader community of individuals not receiving Medicaid home and community-based services. 	<p>The State does not have any settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment or settings in a building on the grounds of, or immediately adjacent to, a public institution.</p> <p>See pages 34-35 for information on heightened scrutiny.</p>
26.	Please clarify why relocation options were not identified for the Mi Via Waiver beneficiaries.	See page 36.

	CMS Comment	NM Response
27.	<p>As noted previously, the DD Waiver remediation strategy includes relocation where DOH will provide the eligible recipients with a freedom of choice form to select a new provider. Please provide more information about the freedom of choice process.</p>	<p>New Mexico has a policy to ensure that waiver participants are allowed to obtain services from any willing and qualified provider of service. This policy is intended to emphasize the right of individuals to choose any qualified provider agency of home and community-based services. Provider agencies cannot deny services to any individual once a Secondary Freedom Of Choice (SFOC) form has been signed unless the agency can demonstrate that it does not have the capability to ensure the health and safety of that individual or others (the Division may grant an exception under this circumstance). This policy applies to all home and community-based provider agencies that have entered into a Provider Agreement with the New Mexico Department of Health (DOH). The Developmental Disabilities Supports Divisions Provider Enrollment Unit maintains the Secondary Freedom Of Choice (SFOC) lists that are categorized by services and counties. Any time a participant wants to change providers, they are given a SFOC which lists all the approved providers providing the service they are wanting in the county they live in.</p>
28.	<p>Please provide an estimate of the number of beneficiaries that may be subject to relocation, along with a detailed description of the relocation plans that include beginning and ending timeframes for the waivers and the 1115 Demonstration. Such plans should describe how a beneficiary is given ample time and support to choose among alternate settings and that all needed services and supports will be in place at the time of transition.</p>	<p>This information is premature at this time. We will not have this information until the provider assessment process is completed.</p> <p>See page 36 for information on beneficiary relocation process and Table 3 for milestones.</p>

