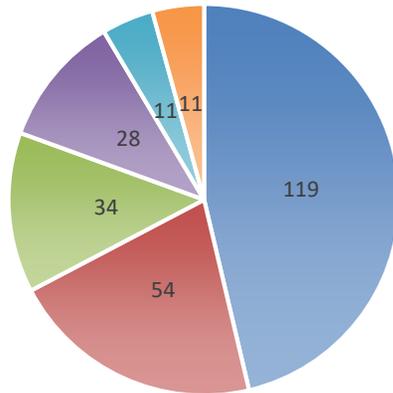


## DD Waiver Renewal Virtual Town Hall Forums: Morning and Afternoon Sessions October 30, 2019

### Total Registrants: 296



- Number of provider staff
- Number of State staff
- Number of advocacy agency staff
- Number of family members/guardians
- # people receiving waiver services/on the waiver waiting list
- Number of other attendees

Comment	DOH/DDSD Response
<b>We are concerned about no adult nursing services for individuals 18-20 years old for instance in Customized In-home Supports. What if they require nursing to remain safe, i.e. medication assistance, but are not an aspiration risk?</b>	Nursing is available through EPSDT (Early Periodic Screening, Diagnosis and Treatment) until age 21.
<b>If an individual no longer attends school, how are nursing services provided?</b>	Nursing services are provided through the state Medicaid services up to age 20 regardless of whether or not they are in school.
<b>Are day programs from providers included in the ongoing day programs? If so, will there be any changes to services?</b>	Yes, they are included in the current ongoing day programs. We are currently soliciting feedback on potential changes to all services.
<b>Can we see the actual Waiver application so we can provide you with an informed response?</b>	Yes, the proposed DD Waiver application will be posted on the NM Human Services Department website when it is available.

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Comment	DOH/DDSD Response
<b>My main concern is with medication assistance. Will EPSDT send someone to assist if they are utilizing Customized In-home Supports services?</b>	If a person needs assistance with medication in CIHS, Adult Nursing Services may be considered.
<b>I think it would be beneficial to equally poll on Third Party entities (Conduent, Qualis, Goodwill) as there are issues with their personnel and their knowledge of the programs, etc. The process is far from smooth and needs to be improved.</b>	Thank you for your comment.
<b>The questions in the poll are misleading. The question should discuss the effectiveness of the services.</b>	Thank you for your comment. The poll was a tool for a virtual platform to help with interaction on a virtual platform. Results will not be considered statistically sound and questions are representative of all issues that people may want to comment on
<b>Agree on polling about 3rd parties. (We find Conduent difficult to work with.)</b>	Thank you for your comment. See above.
<b>I completely agree with the questions being misleading. I had to really decide how to answer on if there were enough providers for each area, or if they were using the units they allotted for, or if it was effective for each individual. Maybe the survey needs to be done to capture what you are needing more specifically</b>	Thank you for your comment. See above.
<b>Regulation is not the issue. The ability to ensure compliance with regulations is more effective than assuring quality.</b>	Thank you for your comment.
<b>Person centered planning should originate from the ISP process, which has become bogged down with regulatory requirements rather than person centered discussion.</b>	Thank you for your comment.
<b>We received a letter talking about a specific template for the Person-Centered Assessments for Jackson Class Members only - I thought we were over doing things for only part of the people we support - can you speak on this?</b>	Yes, that's true. The department is currently in litigation and this is part of the state complying.

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Comment	DOH/DDSD Response
<b>ISP format is not conducive to person centered planning. the waiver regulations as written are not conducive to person centered planning.</b>	Thank you for your comment.
<b>I know the ISP has been in revision for years - where are we with this?</b>	This is true. Since we are in the process of renewing the DD Waiver, we have an opportunity to change this. There is a workgroup looking at this.
<b>In regard to a standardized assessment- what are you looking at using?</b>	It is a requirement that the state have a standardized assessment. DDS is looking at a variety of assessments to utilize.
<b>It's very difficult for an individual to put their person-centered life into hundreds of pages of regulations. Regulations need to be broad to protect the health and safety but not dictate the course of a person's life.</b>	Thank you for your comment.
<b>If individuals really have choices, why do we need to do so much paper work for individuals who choose not to work? Can we eliminate the paper work?</b>	Thank you for the comment.
<b>What about honoring retirement age?</b>	Thank you for your comment. Agreed retirement can and should be honored.
<b>Requiring initial assessment through DVR has delayed ability to seek employment due to backlog and is dependent on DVR location.</b>	Thank you for your comment.
<b>What are the discussions of non-facility-based programs that were being discussed? Is there more clarity of what that will look like?</b>	DDS is not considering eliminating day programs.
<b>I believe community inclusion is vital, however the requirement to be out all day often proves too overstimulating and physically challenging for many of our clients.</b>	Thank you for your comment.
<b>For example, the Central and Quail locations have large backlogs and the Gibson location is not as busy. (DVR? )</b>	Thank you for your comment. Will pass on to DVR

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Comment	DOH/DDSD Response
<b>A person on hospice should not have to go into the community 30 hours a week.</b>	Thank you for your comment.
<b>Do Employment supports include transportation? Sunvan is a really big issue for most as a reliable source of transportation.</b>	Yes, employment supports do include transportation.
<b>DVR process is too long and too difficult to navigate. Too many needless steps.</b>	Thank you for your comment.
<b>With an aging population how is this being addressed in regard to providing community inclusion services for a client that is not able nor wants to be in community as much as 6 hours and how do we fund those agencies providing that service?</b>	Thank you for your comment.
<b>PST fees for providers are inadequate, and most of the state does not have a provider.</b>	Thank you for your comment.
<b>There is no funding to let individuals stay home (their plans require supervision at all times) and that is not a normal option for most non-DD/ID individuals.</b>	Thank you for your comment.
<b>Are the rates recommended by the rate study going to be implemented?</b>	That is certainly DDSD's goal, but we must first secure funding from the legislature.
<b>If someone opts out of adult nursing, tracking of some of their most important health concerns (seizures) are not done, because "the doctor has not ordered that" and thus Therap is very misleading as to the health concerns of this individual person.</b>	Thank you for your comment.
<b>Will DDSD indemnify providers when individuals stay home alone?</b>	Thank you for your question.
<b>Does transportation for employment mean transporting to job site?</b>	It depends on what other services the individual receives such as residential services.
<b>Why is a job coach not able to transport to and from work?</b>	Arranging for, providing or training on transportation supports is part of scope of services in current DD Waiver Standards ed to check the standards

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Comment	DOH/DDSD Response
<b>Sun van can be difficult to use but is a natural support. Shouldn't we be maximizing our natural supports?</b>	Thank you for your comment.
<b>Is there education that the state is providing for guardians and teams to assist with the choice of technology?</b>	Please contact your Case Manager and the NM Technology Assistance program at <a href="http://www.tap.gcd.state.nm.us/">http://www.tap.gcd.state.nm.us/</a>
<b>Thank you for the informative video. I'll show it to others.</b>	Thank you for your comment.
<b>Has there been any more discussion about adding Uber or Lyft to be included in what can be used under non-medical transportation?</b>	Uber or Lyft may be considered at this time.
<b>Do you know where this device can be purchased, I know individuals that will benefit from this technology</b>	Please contact your Case Manager and the NM Technology Assistance program at <a href="http://www.tap.gcd.state.nm.us/">http://www.tap.gcd.state.nm.us/</a>
<b>We need a separate way of giving options of assistive technology. Most people only think of IPAD or grab bars.</b>	Thank you for your comment.
<b>Are there plans to bridge the gap between Rio Rancho and Albuquerque?</b>	Need more information to respond.
<b>Your technical problems are an example of a very important concern about people using technology.</b>	Thank you for your comment.
<b>Another problem happens when a new service comes along and there is a push for "everybody" to use it. Not very individual specific.</b>	Thank you for your comment.
<b>Nurses spend more time doing paperwork than hands on nursing with clients. The timelines for nurse are hard meet.</b>	Thank you for your comment.
<b>Nursing may work well for group homes, but for family living it is redundant. Families know their individual way more than a nurse can, and we know who to call, or where to go, if there is a medical concern.</b>	Thank you for your comment.

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Comment	DOH/DDSD Response
<b>Physical Therapy SFOC are not available in many areas. How can we improve on this?</b>	Please submit a RORA and Contact Clinical Services Bureau 505-841-2948
<b>Why can't therapies be delegated to direct Medicaid payment with individuals being seen in outpatient. As is the experience that they never fade even though it is in the standard.</b>	Please submit a RORA and Contact Clinical Services Bureau 505-841-2948
<b>Training from therapists are required but need to be accommodating for staff.</b>	Thank you for your comment
<b>Rates need to go up, as the rate study showed.</b>	Thank you for your comment.
<b>How exactly is the EVV going to work? Does the state anticipate a Jan 1, 2020 start date for EVV?</b>	EVV is a requirement across all waivers and more information will be released soon. Please see fact Sheet here: <a href="https://nmhealth.org/about/ddsd/pgsv/">https://nmhealth.org/about/ddsd/pgsv/</a>
<b>EVV has not hit families yet, thank goodness.</b>	Thank you for your comment.
<b>I would hope whatever EVV requirements are enacted would interface with current documentation systems. For example, we use iTherapy docs</b>	Thank you for your comment.
<b>Training is still a problem. Reading a manual and following a script is not good for families. We need training more aimed at our service, and our experience.</b>	Thank you for your comment.
<b>Trainings should be done in private, not in Starbucks.</b>	Thank you for your comment.
<b>Training needs to be made for flexibility. Therapists and Nursing Training can take the majority of time for the therapist or nursing time due to the high turnover rate. We need to think of ideas how we can meet the training requirements but also do not overwhelm staff and contribute to the turnover rate.</b>	Thank you for your comment.
<b>Is it a state requirement that therapist trainings need to be done with the client present?</b>	No- but it is often a good idea.
<b>Staff is an important part of the individuals lives that we serve. That being said, are we seeking additional funding so that we can pay our staff more for the services that they're providing? There is a lot of staff turnover in this field and from what I've experienced and</b>	Thank you for your comment.

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Comment	DOH/DDSD Response
been told it's because it's a high burnout job with a lot of liability and responsibility but low pay.	
I agree regarding high staff turnover and the reasons for that which are still not addressed.	Thank you for your comment.
When turnovers occur with therapists, is there a required timeframe for DDSD to hire a new therapist? The NW Regional area does not have enough therapists or any therapist to meet the needs of the individual.	DDSD is aware of areas with shortage of providers and are researching this further.
We need better funding to pay our staff.	Thank you for your comment.
Rates do not match the cost of living. What we pay someone in one area may not be enough for someone in say Hobbs. Walmart pays more and we have problems being able to match those rates and still stay on the up and up.	Thank you for your comment.
I live in supportive living. I'm told I can't make appointments after 3pm because they make dinners and do Hygiene with us the clients. on weekends we only go out in groups because there is not enough staff. I'm in category 4. We have the incident reports. I can't go to church on Sundays because there is not enough staff. My team had filed different incident reports. Some CIHS individuals does not like the monthly home visit. They prefer face to face and once in a while in the home.	Thank you for your comment.
Do individuals under independent living qualify for nutrition services?	Yes.
Hi. I speak English a little bit. I try to understand most as I can. Could you tell me please how I can have copy for all this conference?	This Power Point is posted on the DDSD Website along with a Spanish version. <a href="https://nmhealth.org/about/ddsd/pgsv/ddw/">https://nmhealth.org/about/ddsd/pgsv/ddw/</a>
What does supplemental dental care cover?	Supplemental Dental covers an additional exam and one additional cleaning. We also recognize that access to dental care can be a challenge.

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Comment	DOH/DDSD Response
<b>Will the changes to the definitions in the NM Administrative Code regarding eligibility become effective in July 2020?</b>	Yes, that is the intended target date.
<b>Clarification of CCS and supportive living. Supportive living wants to have CCSI to provide support living services. SL wants to add ccsi to perform the tasks they should be doing with the individual ex. taking the clients to church or shopping.</b>	Thank you for your comment.
<b>The annual ISP process is a lengthy process and often is very cut and paste from previous years. Encouraging any prep work to be completed prior to meeting would be very helpful so that it should be discussing that information versus trying to think of topics on the spot. We should be recognizing accomplishments and celebrations as part of the annual process more versus the ISP document holding a lot of outdated information.</b>	Thank you for your comment.
<b>With community inclusion, a legitimate online community can be very meaningful and needs to be considered as community inclusion.</b>	Thank you for your comment.
<b>Expediting the DVR referral process is needed.</b>	Thank you for your comment.
<b>The PCP for CCS- Individual is repetitious of the ISP.</b>	Thank you for your comment
<b>What happened with the module that was developed by individuals years ago about individuals running their own ISP, IDT meeting?</b>	We did hear from a lot of people that they want to learn how to run their own meeting. DDSD is doing more research on this.
<b>I'm in Family Living and some individuals need more support due to medical issues. there only 750 sub care hours. But in supportive living they can add category 4. There nothing to add in FL to get extra assistance ex. two people for hygiene.</b>	Thank you for your comment.
<b>Are there any plans for changing nursing oversight systems in the new waiver application?</b>	There is some discussion about possible changes but nothing definitive. There will be more specifics available in the future.

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Comment	DOH/DDSD Response
<b>Need more support in Family Living for individuals who is medically fragile and wants to stay in their home.</b>	Thank you for your comment.
<b>More oversight for therapy services which includes collaborating with provider agencies to work towards reducing the need for ongoing therapies. They definitely need to be more outcome based.</b>	Thank you for your comment.
<b>Informative video.</b>	Thank you for your comment.
<b>Rates need to increase to match the increase in minimum wage.</b>	Thank you for your comment.
<b>Certification for agency trainers to train service coordinators or allowing remote training opportunities to reduce expenses for those of us in rural areas would be great.</b>	Thank you for your comment.
<b>Starting Jan 2020 min wage increases to 9.00 an hour all the way up to 2023 increase to 12.00.</b>	Thank you for your comment.
<b>When rates are funded, how do you guarantee the employees are given the rate increase?</b>	DDSD pays an established rate to the provider agency. The department does not dictate the hourly rate to be paid to staff; the rate varies from agency to agency.
<b>On the new Waiver, in remote areas, will nursing assessment via Skype be approved?</b>	This is being considered.
<b>Nursing services via Skype for remote areas is a service I would like to see.</b>	Thank you for your comment.