

Date: October 1, 2020

To: All DD Waiver, Mi Via Waiver, Medically Fragile Waiver, State General Fund Providers and Stakeholders

From: Scott Doan, Deputy Director
Developmental Disabilities Supports Division



Subject: DDSD COVID-19 Response Status Update

DDSD has received requests from various stakeholders to summarize the current status of DDSD's response to the COVID-19 pandemic. Since March of 2020, DDSD has issued twenty-seven (27) COVID-19 response memos along with multiple supporting documents to include updated versions of the Public Health Orders. This memo is intended to outline the DDSD directives that remain in place and should be followed by individuals in services, immediate family members, guardians, direct service providers, direct support professionals, vendors, consultants, case managers, nurses, trainers, therapists, behavior support consultants, and any others directly or indirectly impacted by Waiver services. The directives are outlined by DD Waiver, Mi Via Waiver, Medically Fragile Waiver, and State General Fund services; **any new directives from DDSD are in underlined bold italics.**

Developmental Disabilities Waiver (DDW):

- **Planning Meeting Requirements:** It is the expectation that DD Waiver Interdisciplinary teams (IDTs) continue to meet to discuss and plan for COVID-19 related needs and changes to service delivery. For example, teams should meet to develop individual COVID-19 safe plans for:
 - Telehealth (telemedicine or telehealth for HCBS services) needs;
 - Accessing desired or needed health care in person;
 - Service delivery options while staying at home;
 - Personal protective equipment (PPE) needs;
 - Access to cloth masks and issues related to wearing masks;
 - Budgetary issues;
 - Returning to school, work or volunteering;
 - Accessing day services, in the home or remotely;
 - Safe Transportation;
 - Remote versus in person monitoring needs;
 - Discuss pros and cons for in person visits and risk for exposure; and
 - Accessing the most essential services and activities as per the Public Health Order.

- IDTs are expected to continue to meet remotely (telephonically or via electronic options) to discuss and plan for activities that can be completed in the home as well as plan for activities that could be completed outside of the home and are in alignment with, and do not violate DDSD's Guidance or the Public Health Order(s) issued by the Department of Health Secretary.

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- The frequency of meetings will depend on the individual's needs and changing situations. Decisions should be clearly reflected and documented by the case manager in meeting minutes and any related service plan revisions.
- Planning meetings should be held in compliance with the New Mexico Administrative Code (NMAC) for ISP development.
- **Signature Requirements for HCBS forms:** During the Public Health Emergency, the following continue to be acceptable to meet signature requirements for HCBS forms issued and monitored by Department of Health (DDSD/DHI).
 - Digital signature which is cryptographically secure and verifies that someone with your private signing key has seen and authorized the document.
 - Electronic signatures which is an image of your signature overlaid on top of a PDF document obtained through any HIPAA compliant platform.
 - Electronic verification obtained via secure email in accordance with HIPAA requirements; or
 - Verification by phone via attestation by the case manager, as applicable and permitted, with date, time, and summary of call.
 - Sample List of Forms Issued by DDSD:
 - Individual Service Plan-Addendum A
 - Waiver Change Forms
 - Secondary Freedom of Choice form
 - Decision Consultation Form
 - HCBS Consumer Rights and Freedoms
 - Individual Service Plan and Interdisciplinary Team Meeting sign in sheets
 - Training Rosters
- **Infectious Disease or COVID-19 Emergency Plan:** DDSD continues to stress the importance and requires that every Provider have a current Infectious Disease or COVID-19 plan during this pandemic and implement as warranted. DDSD further requires that the agency's Infectious Disease or COVID-19 Plan be implemented should the need arise. Providers should continue to notify their respective Regional Office if the agency is experiencing or anticipating a DSP or Nursing shortage that could place the health and safety of individuals at risk.
- **Personal Protective Equipment:** All Agencies can continue to order Personal Protective Equipment directly from the New Mexico Department of Homeland Security and Emergency Management. To order directly from Homeland Security-Emergency Management, agencies must complete the Resource Request form (Form 213) and then submit the form directly to the County Emergency Manager via email.
- **Face Masks:** Effective April 30, 2020 until further notice, DDSD continues to mandate that all DSPs always wear a face mask during the entirety of their scheduled shift **to include wearing a mask while transporting individuals**. DDSD's mandate applies to all DD Waiver, Mi Via Waiver, and State General Fund Direct Support Professionals working in the home.
 - The only exception to this rule is for paid family members, wearing a mask in their own home is at their discretion. However, any outside Direct Support Professional entering the home must always wear a mask during their scheduled shift. For example, this

would include any Substitute Care or Customized Community Supports DSP entering the home, these DSP must wear a mask when delivering the service.

- **CPR Cards:** DDSO issued guidance from the American Heart Association regarding card extensions which read *“Per the statement regarding further extensions of AHA course completion cards beyond 60 days past the recommended renewal day (in interim guidance released on March 13, 2020), and given the ongoing threat of exposure to COVID-19, with many communities under shelter in place orders to minimize the spread of the disease, the AHA is extending AHA Instructor and Provider Course Completion Cards for 120 days beyond their recommended renewal date, beginning with cards that expire in March 2020.”* **For additional questions regarding CPR card extensions, agencies must contact the American Heart Association directly.**

- **New Mexico DOH Rapid Response:** The Department of Health continues to implement the “Rapid Response Team” for all places of employment who have an employee that tests positive for COVID-19. For the purposes of services administered by DDSO, places of employment include any service delivery site including homes where an employee or agency subcontractor tests positive for COVID-19. If an agency has an employee or sub-contractor test positive for COVID-19, the agency will receive the following information initiating the DOH Rapid Response Team process.
 - Email from DDSO informing the agency Director that an employee or agency subcontractor has tested positive for COVID-19.
 - The agency will receive a letter via email from DDSO providing instruction to the agency on how to respond to the COVID-19 positive test for the employee or sub-contractor.
 - That all employees have been tested for COVID-19 and that all employees will be re-tested in 7-10 days, if warranted by NMDOH. A list of employees’ first name, last name, and date of birth will be provided.
 - The agency has disinfected the work site and/or facility and/or home in accordance with COVID-19 Safe Practices for Individuals and Employers handbook, and any additional OSHA or Centers for Disease Controls standards applicable to your particular industry prior to the recommencing of business activities; and
 - That an employee safety plan is in place to ensure employees are adequately protected from COVID-19 upon return to the workplace/home, including provisions for adequate personal protective equipment if necessary.
 - The agency will also receive a second letter via email titled *“Checklist for Business/Facility Compliance in Response to one or more COVID-19 Positive Employee(s) in the Workplace.”* The agency will need to complete this form verifying compliance and send it back via email to DOH and DDSO (the letter will contain the specific email address for the person at DOH who must receive the form).
 - The agency will also receive a resource document via email titled *“All Together New Mexico COVID-Safe Practices for Individuals and Employers.”*
 - A follow up phone call will be made to the agency from DDSO (Regional Office) to verifying receipt and completion of the process.

- **Relatives or Legally Responsible Individuals as DSP:** Living Supports, Customized In-Home Supports, and/or Customized Community Supports services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP. Relatives, guardians, and/or legally responsible individuals must receive training on the

participant's ISP for whom they are rendering these services. Training on the ISP must consist of basic health and safety support needs for that participant including but not limited to Health Care Plans, Medical Emergency Response Plans, Comprehensive Aspiration Risk Management Plan, Behavior Supports Plans, and Therapy Plans. When one of these services is rendered by relatives, guardians, and/or legally responsible individuals, the provider agency authorized to render the Living Supports, CIHS, and/or Customized Community service is responsible for ensuring that services are provided as authorized in the ISP and that billing occurs in accordance with DDS requirements.

- To increase the pool of available direct service providers who can render services during the emergency, an exception to the Provider Enrollment Unit process to other services will be implemented to allow currently approved providers to provide services in other service types in the event of staffing shortages.
- Agency requirements for use of licensed and non-licensed staff from outside sources will follow the state's guidance during the emergency with agencies continuing to screen and qualify staff in the best interest of the participant. Trainings may be abbreviated, but specific trainings for the care of the individual will remain a requirement.

DDW Case Management:

- **All DD Waiver Case Management Monthly Visits must be conducted via remote technology. Case Managers must complete one (1) visit via video monitoring for Non-Jackson Class Members and two (2) visits for Jackson Class Members; one (1) video monitoring and one (1) telephonically until further notice (please see the attached memo titled "Video Visitation and Monitoring" for details).** Providers must support telehealth or remote monitoring via phone calls, computer-based visits, video monitoring, etc.
- DDW Case management monitoring requirements remain the same except for conducting visits telephonically or remotely.
 - The case manager should continue to use the site visit form in Therap and check off the location for which the form is representing the majority of the monitoring. If the provider agency does not have electronic files available for review, the case manager should interview agency staff service coordinator to complete the necessary monitoring. Focus should be on health and safety and individual accommodations made for COVID-19.
- DD Waiver Case Managers should continue to reach out telephonically, a minimum of twice per month, per individual and as needed. The complete site visit monitoring form should be completed telephonically with the same frequency as current requirements.
- The HSD 100 form (financial eligibility) is still required to be completed as there has not been an extension granted. The document must be completed electronically or submitted via the mail.
- **Level of Care (LOC) Assessments:** HSD continues to allow the use of the currently approved Level of Care (LOC) assessments on file to fulfill the annual LOC requirement for impacted waiver participants for the duration of the Public Health Emergency.
 - The New Mexico Human Services Department is allowing the use of currently approved LOC assessments on file to fulfill the annual LOC requirement for impacted waiver participants for the duration of the emergency.

- Initial level of care assessments will continue to be completed as required and may be performed using telephonic or, if the capacity exists for the participant and the provider, virtual visits for assessments, in accordance with HIPAA requirements.
- When the initial ICF/IDD Level of Care is evaluated, it is not required that a physician recommend that the individual should receive the level of care furnished through the waiver. A history and physical form is not required from the physician. Initial level of care evaluations will consist of confirmation of intellectual disability or developmental disability from the Department of Health substantiating that the individual meets the State's definition of developmental disability and completion of the Long-Term Care Abstract form by the case manager.

DDW Residential Services (Supported Living, Family Living, Intensive Medical Living (IMLS)):

- **Staff Shortages:** In circumstances in which providers are experiencing severe staff shortages and need to combine homes, New Mexico will allow, during the duration of the public health emergency, the service to exceed the prescribed limit of two (2) to four (4) individuals in a provider operated and controlled community residence. Supported Living providers are responsible for providing the appropriate level of services and supports twenty-four (24) hours per day, seven (7) days per week.
- **Home Visits:** *Home Visits, as required by certain Living Care Arrangements such as Family Living (Service Coordination), IMLS, and Supported Living Category 4 (Service Coordination and Provider Nurses), may be conducted face to face, telephonically or electronically as determined by clinical judgement (Nurses) and the choice of the individual and/or guardian until further notice.*
- **Essential Businesses:** Notice of Essential Business in the Public Health Order dated March 23, 2020 explains that DDSD funded services are essential and that Direct Support Personnel can continue to work, and that agencies can continue to operate so long as the Public Health Orders are observed.
- **Environmental Modifications** are considered essential services and may continue to be completed.
- **Internet Capability:** Effective July 1st, 2020; DDSD required that Residential Providers (Supported Living, IMLS, and Family Living) assure that all homes have internet capability. The DD Waiver Service Standards will list internet as a basic utility with the next issue of the Service Standards.
- **Outdoor Visitation:** Beginning August 1, 2020 outdoor visitation could begin for Family Members and Guardians for individuals in Supported Living and IMLS. Indoor visitation is not permitted at this time.
- **Acute Care Hospital or Short-Term Institutional Stays:** The State will allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting during this emergency. The payments may only be made for up to 30 consecutive days.

DDW Individual Service Plan (ISP) Implementation:

- ISP implementation or lack of as it relates to community-based actions steps will not be cited by QMB until further notice.
- ISP meetings/transition meetings must be held electronically/telephonically in accordance with current New Mexico Medicaid Administrative Code (NMAC).
- If annual and revised ISPs and budgets are submitted in less than required timelines, due to this pandemic, agencies will not be penalized by QMB/DDSD.
- **If Outcome/Action Steps cannot be met by in home or remote based services, the IDT must meet to revise the outcome/action steps to reflect the current circumstances and more importantly so the individual can continue to work towards achieving their chosen Desired Outcomes.**

DDW Behavioral Supports and Services:

- **Return Home After a Nursing Home Stay:** The Bureau of Behavioral Supports (BBS) issued guidance to inform teams about how to address notification/preparation for changes in a person's living environment when they return home after a nursing home stay during COVID-19.
 - **Guidelines for support:** While someone is in a nursing home (or discharge planning is imminent), the team should gather to discuss individual needs, including notification/preparation for changes in the living environment to which they are returning. Discussion of who the best person (or persons) would be to perform this task should occur, and a "game plan" should be developed.
 - **Death of Staff Member, Housemate, or Friend:** When the change involves the death of a staff member, friend or roommate, notification of the death should come from a trusted member of the team (family member, guardian, BSC, case manager), and should be done in-person. Although it is unlikely that in-person visits will be allowed by the nursing home facility during this time, the team may certainly ask whether this could occur. The designated person (or persons) to be involved in notifying an individual of a death should contact the discharge planner/social worker at the facility and discuss the need to notify/prepare the person for coming home. Ask for a teleconference meeting with the individual. Request that their discharge planner/social worker (or another person from the facility, e.g. a nurse or nurse's aide who is trusted by the individual) also be present to offer support/comfort. Prior to the notification meeting, discuss potential reactions that the individual might have with the person at the facility, and suggest comforting actions to take if these occur; a BSC, if available, may be a useful resource in identifying these actions. Discuss whether follow up calls/teleconferences need to happen; offer contact information for who to call if needed to address delayed or ongoing reactions. Remember that all of us grieve, in our own timing, and in our own ways.
 - While every situation and each person are unique, introducing the topic may go something like this *"We are very glad that you are getting better! We and (name of person from facility) are working hard planning for you to come home soon. [you may want to ask what the person is looking forward to at home]. We want you to know about some changes at home. First, you will wear a mask leaving here, and when you go doctor's appointments, etc. You have been sick, and now you're getting better, but we need to help you to keep feeling better! You remember that your roommate(s) got really*

sick too; unfortunately, (name) won't be there when you get home because they didn't get better. They passed away (died)."

- Make sure that you leave time for any reactions that the person may (or may not) have. After, you may need to debrief with the social worker at the facility and set up times to be available to support the individual in their grief. This should be discussed prior to, and after meeting with the person's team.
 - Always remember that each of you on the team (DSP included) may reach out to BBS staff at any time for support.
- **BBS issued guidance regarding hospitalizations.** The purpose of this document was to provide guidance for teams and providers when: 1) someone has been hospitalized for a Non-COVID-19 related illness, 2) a COVID-19 test taken in-patient was negative or not yet available, and 3) discharge is being planned.
 - Although hospitals are providing care using COVID-19 safe practices, persons with I/DD may or may not be able to wear masks while in-patient and their actual exposure to the virus is unknown. If a person with I/DD was admitted into a hospital for a Non-COVID-19 health issue, the following steps should be initiated before and after discharge:
 - The Interdisciplinary Team (IDT) member who is in contact with the hospital must determine if the person had a COVID-19 test during their stay. Note that hospitals vary on their COVID-19 testing practices for patients who are asymptomatic and are admitted for Non- COVID-19 issues. If completed, those test results need to be obtained as baseline information.
 - Since exposure is unknown and COVID-19 symptoms typically take 5-7 days to appear, the team and agency need to operate as if the person had an exposure to COVID-19 in the hospital when planning and providing services at home.
 - Develop a plan to obtain a COVID-19 test 1 day after discharge and repeat the test 7 days after discharge. Contact the Regional Office and the local Public Health Office as needed for assistance.
 - The team must meet and assure that the following precautions are implemented at the person's home to protect the person (and their housemates) until the results of the COVID-19 test taken 7 days after discharge is reported as negative.
 - All staff will be screened regularly for illness, wear masks, and use other PPE as needed and maintain a clean home environment.
 - The person should remain in their room as much as possible. Some people can tolerate staying in their rooms, and others have difficulty doing so. For all individuals, the team must meet and be flexible to plan activities for the person that can be done in their room. This may include distracting activities, and using technology (phones, tablets, etc.) to meet the person's ongoing need for activity and socialization.
 - The team's BSC and therapists should be creative with supports for the person and plan for video conferencing with the housemates and other friends periodically.
 - If the person cannot tolerate staying in their room, find areas of compromise such as keeping the door open, and planning time in the living room or yard. If the schedule or situation does not allow for the person to be apart from the others during these activities, all individuals should practice social distancing, wear masks, and practice good hand hygiene.
 - Be aware that isolation can trigger negative reactions. Monitor the use of PRN Psychotropic medications and avoid use of emergency physical restraints.

- Seek consultation from the person's BSC or the Bureau of Behavioral Supports, the Regional Office Nurse or Clinical Services Bureau for proactive planning and consultation.
 - The person and their roommates should wear masks and remain at least 6 feet apart as much as possible if they are in the same area of the house.
 - The person should have a dedicated bathroom if possible. If this is not possible, the staff should plan to disinfect the bathroom between uses.
 - The person should have dedicated dishes and utensils for their meals. Eating or drinking from the same dish or glass should not occur. After each meal all dishes and silverware should be promptly cleaned, ideally by using a dishwasher on the highest temperature settings. If there is no dishwasher in the house, then use an alternative disinfecting method for the dishes or paper plates/disposable dishes and utensils should be used.
 - The Agency Nurse should develop and train Health Care Plans (HCPs) and Medical Emergency Response Plans (MERPs) that include at a minimum, monitoring the person's temperature and screening for other signs and symptoms of COVID-19 at least two times a day and reporting any signs of illness promptly.
 - Calling 911 if the person's condition worsens (e.g., fever over 100.4, difficulty breathing, bluish coloring to face /nails or lack of responsiveness).
 - If the person develops COVID-19 symptoms or if the COVID-19 tests taken 1 day or 7 days after discharge is positive, the Agency Nurse or other agency designee will: a. Communicate with the PCP, the COVID-19 Hotline or 911 (if needed) seeking appropriate medical care.
 - Report to the Guardian, PCP, team and Regional Staff and file a General Events Report (GER.)
 - The Agency Nurse will immediately create new Health Care Plans related to active COVID-19 and train all staff if the person remains in the home.
 - An IDT meeting should be convened as quickly as possible and plans regarding care of COVID-19 positive individuals and potential re-hospitalization should be updated as needed.
- **Face-to-Face Visits for Therapists (OT, PT, SLP, BSC):** Beginning August 1, 2020 Occupational Therapy, Physical Therapy, Speech Language Pathology, and Behavior Support Consultants may resume face to face therapy (clinical sessions) in the home. Therapists and Behavior Support Consultants must wear appropriate PPE, maintain social distancing if possible, and abide by COVID-19 Safe Practices. Clinical sessions must be scheduled at least 24 hours in advance with the Provider. See DDSD Therapy and Behavioral Support Consultant Clinical Session Requirements (Effective 08.01.2020) on the DDSD COVID site.
 - **BSCs may provide face to face, remote services, or a combination of those services per individual and/or guardian approval.**

DDW Clinical Services (Nursing, Occupational Therapy, Physical Therapy, Speech Language Pathology, and Assistive Technology):

- Effective March 20, 2020 to present, it is required to add the monthly nursing visits to Therap.
- Critical health care by Nurses should continue and may require Nurses to go to the house (e.g., daily wound care). Health care is essential for health and safety of the individuals. Nurses are trained in proper infection control procedures.

- *Provider agency Nurses may conduct visits/assessments remotely or in person using their clinical judgement and if there is no objection from the individual and/or their guardian.*
- **Medical Appointments:** CSB issued guidance of what you can expect before and during medical appointments. Although there may be minor differences in protocols, all medical providers are required to honor COVID-19 Safe Practices.
 - It is important that everyone is informed of the specific protocols used at the office or clinic they are going to; medical and/or clinical offices are calling several days before the appointment as a reminder and to go over specific instructions.
 - Make sure to communicate these specific instructions to the person and to the staff or family that will be attending the appointment.
 - During this call, it's important to communicate with the office staff that the person has an intellectual and/or physical disability and will have to be assisted by at least one staff person. Ask them to make a note of this on the record. This is important whether or not it is a new provider or someone who has seen them in the past. Some offices have hired new staff to help with scheduling and screening. Ask if the office wants a co-pay before or at the time of the appointment.
 - Take some time to go over what to expect with the individual in your care. Talk about using a mask and sitting apart from other people.
 - Make sure you have a current Health Passport and Physician Consultation form ready to take to the appointment.
 - Many offices only allow one person to accompany a person who is disabled. Try to limit the number of people attending the appointment to the minimum needed to support the person. Don't be surprised if someone is asked to wait in the car.
 - Everyone must wear a face mask. If the person cannot tolerate a mask, have one ready just in case and be prepared to let the clinic staff know why they cannot wear a mask. Practicing using a mask ahead of time can be really helpful.
 - Ask what time to arrive. The clinics know how long it takes to screen for COVID-19, get admitted and get to the waiting areas. You may be asked to call from the car when you arrive or proceed to a tent area for screening. Ask if you can go into a waiting room or if you need to stay in the car until you are called.
 - If you arrive too early before the stated appointment time, you may be asked to wait until prior patients are cleared from the area. During hot weather make sure the vehicle's air conditioner is operating effectively. If having water is allowed before the appointment, be sure to bring some with you. Be sure the person does not have to be NPO (nothing by mouth) before the appointment.
 - Screening for COVID-19 exposure and symptoms will be completed for everyone. This may be done by clinic staff in the car, in a tent or at the entry way. Providers are using a checklist similar to the one used in the DDSD homes. Screening and temperatures will be taken for the person and whoever goes with them into the clinic. Screening may also be done for anyone else who came with the person.
 - If the person or anyone with them has a fever or symptoms, they likely will not be allowed into a routine appointment. However, if the appointment is due to the person being sick, be ready to talk about why you are there and what has been happening. Always have a current Health Passport and Physician Consultation form with you at every appointment.

- Most offices have markers on the ground for waiting to help people stay 6 feet apart. Many have moved furniture or have taped off seating areas. Respect social distancing when checking in and when waiting. If you need to take an elevator, try not to get into one that has a lot of other people already in it. Be aware that some people do not respect social distancing. Be ready to step to one side or stand still if someone passes too close.
 - Things change. If you become aware at any time (even at the last minute) that the client, or a caregiver (a family member or staff) is sick with COVID-19 symptoms (fever over 100.4, cough, chills, body aches, etc.) or has an exposure to COVID-19, please let the provider know. Don't go to the clinic. Call and cancel the appointment. The goal is protecting everyone from getting or sharing this very contagious virus.
 - If you are in doubt, call the providers office or clinic and talk to them about your concerns about COVID-19 illness or exposure. Call the Agency Nurse to keep them informed about what is happening if anyone may be ill or exposed at any time.
- **Provisions for Emergency Training (WDSIs, TIPS, etc.):** In emergency circumstances, when Therapists (OT, PT, SLP) or Behavior Support Consultants cannot be reached to train Direct Support Professionals; Provider agency Service Coordinators may train Direct Support Professionals on OT, PT, SLP and BSC plans WDSIs, TIPS, plans etc. if necessary to ensure health and safety. If feasible, Therapists and BSCs should continue to review the items that are critical to know about the person and communicate this to the designated trainers. Providers must retain documentation of these trainings and provide them to the Division upon request. Therapists and BSCs should follow up with monitoring site visits or phone calls to address any questions from Direct Support Professionals.
 - **Provisions for Emergency Training (CARMPs):** In emergency circumstances, when Therapists or BSC's cannot be reached to train Direct Support Professionals, Provider Agency Nurses may train all aspects of the CARMP within their comfort level and scope of practice until such time the Therapist/BSC training can be arranged. Providers must retain documentation of these trainings and provide them to the Division upon request.
 - **Assistive Technology (AT) funds:** To ensure health and safety and to support access to telehealth, individuals who do not currently have access to a computer, tablet, or other devices in the home continue to be able to utilize Assistive Technology (AT) funds in excess of \$250.00 in order to purchase a needed device that allows remote video conferencing, training and monitoring. The current maximum funding allowed under AT funds is \$250.00 per ISP year. With the Appendix K amendment and approval by the Centers for Medicare and Medicaid Services (CMS), the maximum allowed amount for AT funds during the Public Health Emergency is \$500.00. **Case Managers and teams have until January 26, 2021 to submit revisions to access the \$500.00 for Assistive Technology.**
 - Individuals whose ISP terms renew during this time frame (4-1-2020 to 9-30-2020) cannot access the expanded benefit in two-consecutive ISP years.
 - Requests for Appendix K (COVID-19) AT of \$500.00 is a onetime occurrence.
 - AT revisions due to COVID-19 should not be submitted as Imminent.
 - AT Revisions due to COVID-19 should not be submitted as a retroactive request unless also meeting current criteria for a retroactive revision request.
 - The requested amount must include the 10% processing fee and may not exceed a total of \$500.00.

- In addition to the current required clinical criteria, the requestor must indicate the rationale for using this device for telehealth sessions related to the COVID-19 crisis.
 - Case Managers must note “COVID-19 AT REQUEST” on the OR cover sheet.
 - AT devices available for purchase include computers, laptops, tablets and accompanying accessories for the individual to better utilize the AT device. Such accessories may include cables, mounts, speakers, monitors, covers, risers, stands, etc.
 - General AT Fund requests made for children and Jackson Class Members (if desired) are to be submitted directly to the TPA. Jackson Class Members are allowed to use either DD Waiver Budget Based AT or General AT fund. However, as of July 1, 2020 DDS D does not have a General AT fund fiscal agent. JCMs are, therefore, advised to use Budget Based AT for any kind of AT request - telehealth or other.
- **Provider Agency Nurses Face to Face Visits:** Beginning August 1, 2020 Provider Agency Nurses may resume face to face visits in accordance with DD Waiver Standards. It is required that the notes resulting from these visits must be entered in Therap in accordance with March 20, 2020 Guidance Document (See Adding Monthly Nursing Visits to Therap on the DDS D COVID site). Provider Agency Nurses must wear appropriate PPE, maintain social distancing if possible, and abide by COVID-19 Safe Practices.
 - **Provider Agency Nurses may provide face to face, remote services, or a combination based on clinical judgement and with no objections or preference of the service (face to face versus remote) from the guardian and/or individual.**
 - **Face-to-Face Visits for Therapists (OT, PT, SLP, BSC):** Beginning August 1, 2020 Occupational Therapy, Physical Therapy, Speech Language Pathology, and Behavior Support Consultants may resume face to face therapy (clinical sessions) in the home. Therapists and Behavior Support Consultants must wear appropriate PPE, maintain social distancing if possible, and abide by COVID Safe Practices. Clinical sessions must be scheduled at least 24 hours in advance with the Provider See DDS D Therapy and Behavioral Support Consultant Clinical Session Requirements (Effective 08.01.2020) on the DDS D COVID site.
 - **Therapists may provide face to face, remote services, or a combination of those services per individual and/or guardian approval.**

DDW General Events Reporting (GER):

- Effective March 18, 2020; DDS D and Therap® created the following for COVID-19 reporting via the General Events Reporting (GER) system: Event- Other, Event Type- Communicable Disease, Sub-type- COVID-19.
 - GER COVID-19 State Guidance Material: <https://help.therapservices.net/app/new-mexico>
- COVID-19 Related Events must be reported in Therap® using the General Event Reports (GER). Events include Suspected or Confirmed Exposure, COVID-19 Testing including results, and COVID-19 Related Death. The COVID-19 GER module includes options for each of these events. The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DD Waiver program, but do not meet criteria for Abuse, Neglect, Exploitation, or other reportable incidents as defined by NMAC 7.14.3, Incident Reporting and Investigation Requirements for Provider Agencies of Community Based Services. See also

Medicaid Waiver Standards' requirements in section 19.2, General Events Reporting (GER), pages 234-5. DDS's GER guidelines remain effective until further notice:

- Enter GERs related to infection and note if the person has had a COVID-19 test or not. "Screening" means that an individual was assessed for symptoms related to COVID-19 (e.g., by a health care provider) but does not necessarily mean that a COVID-19 test was performed.
- **COVID-19 test results** must be reported through a GER. **Providers are now being asked to enter a new GER to enter COVID-19 testing results.**
 - **Repeat tests for COVID-19** must also be reported using a separate GER. For example, a second or third test must be reported. **Test results must be reported in a separate GER.**
 - **Out-of-Home Placements:** If the person was admitted to the hospital or a nursing home, please note as soon as possible if there was a COVID-19 test completed during the hospital stay and note the results of the test as soon as it is known **in a separate GER.**

DDW Training:

- As of September 25, 2020, Providers are required to be in compliance with all training requirements.
- No in-person classroom trainings may occur until further notice.
- **One-to-one skills demonstration trainings may occur for trainings such as MANDT, CPI, First Aid/CPR, etc.**
 - Training staff who do not otherwise already work in an individual's home must use distance technologies. If distance technology is not possible, certified trainers already working in an individual's home can provide face-to-face training or agencies may have trainees come into the office for scheduled, individualized teach backs.
 - For First Aid and CPR, people may take an online CPR course until an in-person training can be taken which would meet OSHA requirements.
 - For CPI, Handle with Care Trainers need to follow the guidance from the company they are certified under to provide the specific training.
- All trainers certified by the DDS Training Unit must continue to conduct remote/video conferencing trainings with participants until further notice. You must contact your DDS regional Training Coordinator to request approval for Live Stream training status.
- DDS has created on-line competency trainings for all Live Streaming DSP Courses. These url links will be provided following a request through your regional DDS trainer. Details are available on the *"Updated guidance on DD Waiver Training Memo"* April 9, 2020.
- Effective 8/14/20, the Pre-Service Manual, Pre-Service, and Teaching and Support Strategies modules are no longer required. They have been replaced with Intro to Person-Centered Planning and Intro to Waivers. Both are available online at: <http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/index.html>.
- **AWMD courses** (two day and recertification) are available through live stream and recorded on the New Mexico Waiver Training Hub. AWMD now has two parts for each module type. For specifics, review *"Updated guidance on DD Waiver Training"* April 9, 2020. Participants need to

be entered on both rosters in order to be AWMD certified. If participants are using a live streaming or recorded course, they need to request Part 2 from their agency trainer. Agency trainers are responsible for training Part 2. The following trainings are available at <https://ddsctrain.cdd.unm.edu/Calendar.aspx>. These are temporary versions of face-to-face trainings that have been recorded for use during the COVID-19 emergency. People successfully completing the recorded course and competency will receive credit, have it placed on their transcripts, and can print or download a certificate of completion.

- Assisting with Medication Delivery Part 1 - Live Stream
 - AWMD Part 2: P&P and OTJ (Agency Trainer)
 - AWMD Recertification Part 1 Live Stream
 - AWMD Recertification Part 2: P&P and OTJ (Agency Trainer)
 - The Assistance with Medication Delivery (AWMD) extension expired on June 25, 2020. This training exception was extended until July 31, 2020. Effective July 31, 2020 agencies must have all staff assisting with medication trained. To meet this requirement, staff must complete the training (live streaming or recorded) and complete the on-site skills demonstration. Again, trainings will not be face-to-face unless the trainer and staff are already working regularly in the individual's home. Trainers and AWMD coaches will need to complete the on-site skills demonstration remotely.
- **Individual Specific Training (IST):** Individual Specific Training (HCP, CARMP, MERP, Therapy Plans and WDSIs) are still required. These trainings can be conducted by the agency nurses, therapists or an agency designated trainer.
 - **PBSS competency** can be completed by using the role play at the end of the course, or if trainers would prefer, they may conduct a written competency that is now available. DDSD created competencies and URLs for all Live Streaming DSP courses. These links were provided to Trainers once they had the ability to teach Live Streaming courses.
 - **ANE Refresher Online:** For those that took the ANE refresher online as a stopgap, the initial guidance from our FAQ letter on March 26, 2020 still stands. You will not need to retake the face to face option once the Public Health Orders are lifted.
 - **Certified ANE Trainers:** For certified Abuse Neglect and Exploitation (ANE) trainers, trainers must train this course at a minimum of one time per year. Trainers will have until December 31, 2020 to meet this requirement. **All ANE trainers must add themselves as a participant to the roster for ANE classes they train at a minimum of 1 time per year. This allows compliance for certified trainers for ANE.**
 - **ANE:** All versions of the DOH - ANE courses will count during COVID-19, with the exception of in-person training. Currently there are two online options available, ANE live streaming or the ANE Awareness. Both are available on the New Mexico Waiver training Hub. This version of the ANE Awareness replaced the ANE refresher. If you need the ANE refresher you must now take ANE Awareness.
 - **Training Compliance:** As a reminder all classes are available online, live streaming or recorded from the New Mexico Waiver Training Hub. <https://ddsctrain.cdd.unm.edu/Calendar.aspx>. This includes ANE (DOH Developed) – Live streaming and Indications of Illness and Injury.

- **Training Evaluation:** A new evaluation feature has been added to the Hub. For details review *“News from the Training Unit Memo”* July 17, 2020.
- **Job categories in the New Mexico Waiver Training Hub.** A new set of position classifications has been added into the Hub. The type of waiver is identified first, followed by the job title (e.g., DDW-DSP, Mi Via DSP, SW CCS etc.), for details review *“News from the Training Unit Memo”* July 17, 2020.

DHI Quality Management Bureau:

- **Revised Compliance Survey Process:** QMB continues to follow the revised compliance survey process and will continue until further notice:
 - Verification (VER) surveys will be conducted for all non-compliance determinations via desk audit.
 - Beginning with April 2020 surveys, QMB moved to a format of completing Routine (RTN) surveys via desk review and phone interviews. DSP’s, Nurse’s, and Individuals when available and possible, will be interviewed via phone or video (remotely) capabilities.
 - Routine surveys will take place over the course of two (2) weeks.
 - All items available on Therap[®] will be reviewed via Therap[®] (if agency has purchased additional modules in Therap[®] and all files are in Therap[®] please provide QMB with a guest account for term of survey, so that we may access information).
 - All documents not located in Therap[®] will be provided to QMB by the agency via secure communications (scomm), fax, and/or other electronic format. If documents contain HIPAA Protected Health Information (PHI), **do not** send PHI directly to NMDOH email accounts. When possible please submit through scomm (Therap[®]).

New Mexico Abuse Registry, Caregiver Online Registry (COR), and Caregiver Criminal History Screening (CCHS):

- Effective April 1, 2020 to present, the New Mexico Human Services Department (HSD) issued joint guidance with the Department of Health (DOH), the Children Youth and Families Department (CYFD), and the Aging and Long-term Services Department (ALTSD) outlining flexibility for fingerprinting requirements for the duration of the declaration of the Public Health Emergency (PHE). Until further notice, all new employees who are required to pass the NM Abuse Registry, Caregiver Online Registry (COR), and background checks for employment will be required to proceed with the following process:
 - Employee information will be required to complete an application and be processed through the New Mexico Abuse Registry and the Caregiver Online Registry (COR). If approved, employee can begin working.
 - During the PHE, the state is allowing flexibility for the timeframe of the requirement for fingerprinting.
 - Employees hired during this time and who could not complete a fingerprint appointment are required to submit their fingerprint cards within 30 days of the termination of the declaration of the PHE.
 - Fingerprint cards are required to be sent to DOH Caregivers Criminal History Screening Program.

- Employees who do not pass the background check at that time, or who fail to submit fingerprint cards and complete the background check within the 30 days of termination of the declaration of the PHE, will be removed from employment immediately.

DDW Community Inclusion (Customized Community Support and Community Integrated Employment):

- **Congregate Programs:** All congregate Customized Community Supports Programs (congregate facility day programs) in the state remain closed until further notice.
- **CCS and CIE:** Effective March 16, 2020 and until further notice; all Customized Community Supports and Community Integrated Employment services can be provided in the home and billed for by the provider of record (authorized on the budget).
- **Transportation:** CCS transportation, travel should be limited and in line with the Public Health Orders. DDSD strongly recommends that no more than 2-3 people including staff are in a vehicle at one time.
- LCAs can request CCS and/or CIE budget to support individuals that also receive residential services. Every effort should first be made to utilize CCS and CIE services on the budget utilizing person centered planning and hybrid model service provision of in person and remote based service.
- **If a CCS or CIE outcome(s) cannot be met in the home or by remote based service provision the IDT must meet to update the ISP Outcome(s).**
- CCS services may not be provided in staff homes. CCS services are encouraged to be provided in the individual's home or remotely and in alignment with the Public Health Order.
- **Remote Services:** CCS and CIE can be provided in the individual's home and remotely through January 26, 2021.
- **CCS and CIE budget revisions and billing:**
 - Must not be dated prior to 7/1/2020 and can run up to the end of the expiration date of the ISP budget year.
 - Must be person centered and meet Clinical Criteria.
 - CCS/CIE agency requesting additional units must provide and attach a written accounting to the Case Manager of the 80% Retainer Payment amount/units billed from 3/16/20 to 6/30/20, remaining units, and justification for additional units. Revisions are not necessary if they are being submitted for the sole purpose of resuming services in the home.
 - ISP must contain a Vision and Outcome that is directly linked to the budget request for additional units of CCS and/or CIE.
 - For CCS, the budget revision supporting documentation must include a schedule/calendar of how the units will be utilized as referenced in the DD Waiver Service Standards (pg. 119 of 285), 11.6.2 General Service Requirements, *"..individualized schedules that can be modified easily based on individual needs, preferences and circumstances that outline planned activities per day, week and month including date, time location and cost of activity."*

- If an individual requires a higher level of care, justification of need, and IDT meeting minutes must document discussion, decisions and consensus by the team.
- Only Budget revisions for CCS and CIE can be submitted to the OR with a start date of 7/1/2020 without retroactive requests through 7/31/2020. Any other budget items added or included will result in the entire budget returned as “unable to work”. CCS and CIE Budget revisions with a start date of 7/1/2020 submitted after 7/31/2020 will require a retroactive approval through the DDSD Case Management Coordinator.
- CCS and CIE agencies cannot bill for services as referenced in the DD Waiver Standards, pg. 247-249, 21.8 Non-billable Services, Activities, Circumstances (i.e. attendance at IDT meetings, program set up/clean up, etc.).

Mi Via Waiver:

- **Consultant Quarterly Face to Face Visits:** All Mi Via Consultant Quarterly face to face visits must continue to be conducted via technology until further notice.
- **Face Masks:** Effective April 30, 2020 until further notice, DDSD continues to mandate that all DSPs always wear a face mask during the entirety of their scheduled shift ***to include wearing a mask while transporting individuals***. DDSD’s mandate applies to all DD Waiver, Mi Via Waiver, and State General Fund Direct Support Professionals working in the home.
- **Monitoring Requirements:** Mi Via Waiver Consultant monitoring requirements remain the same with the exception of being able to conduct quarterly face-to-face visits telephonically.
 - The Consultant should continue to use the Mi Via Quarterly In-Person update form and mark the visit was telephonic/remote as the location. Focus should be on health and safety and individual accommodations made for COVID-19.
 - For quarterly Consultant billing, the requirement is to meet obligations per person whether it be face to face or remote work at this time.
- Community Direct Support and Customized Community Group Support in the Mi Via Waiver may be billed in the participant’s home starting Monday, March 16, 2020 and until further notice.
- **SSP meetings/transitions** must continue to be held electronically/telephonically in accordance with current NMAC until further notice.
- **Payment Request Form (PRF):** DDSD is not allowing vendor agencies on the Mi Via Waiver to bill with Payment Request Forms (PRFs) that are not signed by the EOR. To do so could be construed as Medicaid fraud.
- The role and accessibility of Employer of Records has not changed. If you continue to have difficulty with an EOR, please notify the corresponding Consultant or a DDSD Mi Via representative.
- **Mi Via In-Home Assessments for the Annual Level of Care (LOC).** The Human Services Department is allowing the In-Home Assessment (IHA) to be completed remotely in order to complete the Level of Care packet.

- **Notice of Essential Business** dated 3-23-2020 explains that DDSD funded services are essential and that Direct Support Personnel can continue to work, and that agencies can continue to operate so long as the Public Health Orders are observed.
- **Environmental Modifications** are considered essential services and may continue to be completed.
- The **HSD 100 form (financial eligibility)** still needs to be completed as there has not been an extension granted. The document must be completed electronically or submitted via the mail.
- **LOC Assessments:** HSD continues to allow the use of currently approved LOC assessments on file to fulfill the annual LOC requirement for impacted waiver participants for the duration of the public health emergency.
- Mi Via Consultants must reach out to each participant on their caseload once a month.
- **Signature Requirements:** During the Public Health Emergency, the following continue to be acceptable to meet signature requirements for HCBS forms issued and monitored by Department of Health (DDSD/DHI).
 - Digital signature which is cryptographically secure and verifies that someone with your private signing key has seen the document and authorized it.
 - Electronic signatures which is an image of your signature overlaid on top of a PDF document obtained through any HIPAA compliant platform;
 - Electronic verification obtained via secure email in accordance with HIPAA requirements; or
 - Verification by phone via attestation by the consultant, as applicable and permitted, with date, time, and summary of call.
 - Sample List of Forms Issued by DDSD:
 - Waiver Change Forms
 - Consultant Agency Change Form
 - HCBS Consumer Rights and Freedoms
 - Legally Responsible Individual (LRI) Forms
 - Mi Via Quarterly Update form
- **Payment Request Form (PRF):** If you are a Mi Via Waiver vendor of Community Direct Support, Customized Community Group Support, and Employment Support services and are billing with an invoice and Payment Request Form (PRF), it must state on the forms that the service was provided at home, virtually, or one on one. To avoid having to re-submit claims, this information must be listed next to the service code on the PRF. For example: Customized Community Supports Group code S5100 must include language that reads *"In Home."* Example #2: Occupational Therapy code GO152 must include language that reads *"Virtually"* or *"Telehealth."*
- **Billing for Mi Via Services:** In order to bill for Mi Via services, the service must be approved on the current budget.

- The participant or EOR, working with the provider, will determine the retainer payment hours to be billed for no longer than five (5) consecutive days.
 - The employee must enter time at the agreed upon retainer payment hours in FoCOSonline in which the retainer payment will be accessed. Vendors will submit a PRF with the agreed retainer payment hours. *“Retainer Payment”* must be noted under service description.
 - The participant or EOR must still approve time in FoCOSonline or approve the PRF as usual according to the payroll schedule and processes.
 - When billing for telehealth services, *“Telehealth”* must be noted under the service description on the PRF form.
- The State will allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting during this emergency. The payments may only be made for up to 30 consecutive days.
- **BBS is available to assist and provide support to Mi Via participants and Consultants.**
 - **CSB is available to assist and provide support to Mi Via participants and Consultants.**
 - **The Regional Office Nurses are available to assist and provide support to Mi Via participants and Consultants.**
 - **The Community Inclusion Unit is available to assist and provide support to Mi Via participants and Consultants.**

Medically Fragile Waiver:

- Persons on the Medically Fragile Waiver and MFW/Mi Via with a 095 category of eligibility continue to be assessed through Comagine/MFCMP telephonically and using video conferencing when available or possible.
- **Notice of Essential Business** dated 3-23-2020 explains that DDS funded services are essential and that Direct Support Personnel can continue to work, and that agencies can continue to operate so long as the Public Health Orders are observed.
- **Environmental Modifications** are considered essential services and may continue to be completed.
- **Face Masks:** Effective April 30, 2020 until further notice, DDS continues to mandate that all DSPs always wear a face mask during the entirety of their scheduled shift ***to include wearing a mask while transporting individuals.*** DDS’s mandate applies to all DD Waiver, Mi Via Waiver, and State General Fund Direct Support Professionals working in the home.
- **HSD 100 form (financial eligibility)** still needs to be completed as there has not been an extension granted. The document must be completed electronically or submitted via the mail.
- **LOC Assessments:** HSD continues to allow the use of currently approved LOC assessments on file to fulfill the annual LOC requirement for impacted waiver participants for the duration of the public health emergency. The following is effective March 25, 2020 until 90 days after the Public Health Orders are lifted:
 - The 90 and 45-day LOC written reminder notices issued by the Third-Party Assessor (TPA), Comagine Health, are suspended during the duration of the Public Health Emergency.
 - No new LOC information should be submitted to the TPA after March 25, 2020, unless there is a change in the LOC.

- The TPA will follow the routine process for LOC submissions and RFIs issued prior to March 25, 2020. DDS will assist the TPA to reach Case Managers to respond to outstanding RFIs.
 - Beginning March 25, 2020, the TPA is processing 2020-2021 LOCs using the 2019-2020 approved LOC documents. The TPA creates a new “episode” for the 2020-2021 LOC in the Comagine Health Provider Portal. The episode contains the recipient’s historical 2019-2020 LOC information. The TPA reviews and approves the 2020-2021 LOC utilizing this historical information.
 - The approved 2020-2021 DOH 378 and approval letters are available electronically to Case Managers through the Comagine Health Provider Portal.
 - Approval letters will not be mailed directly to recipients and guardians during this time.
 - Case Managers can obtain the recipient letters through the Comagine Health Provider Portal and provide to recipients and guardians electronically upon request.
 - For initial LOCs or LOC changes, the level of care submission will follow the normal process and the LOC packet will be submitted to the TPA. The TPA will review the submission and the final decision will be available in the Comagine Health Provider Portal. If a review results in a denial, the DOH 378 and the denial letter will be available electronically in the Comagine Health Provider Portal. The TPA will place a phone call to inform the recipient/guardian of the denial.
- **Annual Individual Service Plan (ISP) and Budget Submissions**
 - With the exception of remote annual ISP meetings, the annual ISP and budget development and submission process remains the same. IDT meeting minutes may have electronic signatures or other notation of verification phone/email attendance during this time.

State General Fund Program:

- **Notice of Essential Business** dated 3-23-2020 explains that DDS funded services are essential and that Direct Support Personnel can continue to work, and that agencies can continue to operate so long as the Public Health Orders are observed.
- **Reporting Related to COVID-19.** State General Fund Providers must continue to report on the following items related to COVID-19:
 - Individuals receiving SGF Adult Residential, Adult Day/Employment, and/or Respite services with positive test results for COVID-19.
 - Individuals receiving SGF Adult Residential, Adult Day/Employment, and/or Respite services with suspected COVID-19 without positive test results.
 - Individuals receiving SGF Adult Residential, Adult Day/Employment, and/or Respite services whose service provision will be altered due to the impact of COVID-19 (for example, an individual receiving services who is under quarantine due to recent travel or possible exposure), and
 - Any incident or event that is related to COVID 19 relocation, Emergency Room visit, Hospitalization, Urgent Care, etc.).
 - Please report any of the above events via secure communication (scomm) to Juanita Salas, SGF Program Manager.
- State General Fund providers can continue to bill for services as outlined on the individual’s current and approved Individual Service Plan (ISP) or Service and Support Plan (SSP) as deemed appropriate in certain circumstances. The SGF scope of service and standards can be modified

by DDS to adhere to the Governor's Public Health Executive Orders and guidance to stay at home.

- If the scope of service is implemented via teleconference, face to face, and/or videoconferencing, those interactions may continue to be billed, as usual.
 - The amount billed should solely reflect the interactions with the individual in accordance with the person-centered plan and Provider Agreement, or the plan should be adjusted accordingly to meet the individual's needs in lieu of the COVID-19 Pandemic.
- **Face Masks:** Effective April 30, 2020 until further notice, DDS continues to mandate that all DSPs wear a face mask at all times during their scheduled shift ***to include wearing a mask while transporting individuals***. DDS's mandate applies to all DD Waiver, Mi Via Waiver, and State General Fund Direct Support Professionals working in the home.

Additional Resources:

- NM DOH COVID Site: <https://cv.nmhealth.org/>
- DDS COVID-19 Site: <https://nmhealth.org/about/dds/diro/ddcv/>
- Should I be Tested? <https://cv.nmhealth.org/should-i-get-tested/>
- DOH Test Portal: <https://cvresults.nmhealth.org/>
- HSD COVID-19 Portal: <https://nmmedicaid.portal.conduent.com/static/covid.htm>
- Report a Public Health Order Violation: <https://www.newmexico.gov/2020/03/25/how-to-report-non-compliance-within-a-business-a-violation-of-the-mass-gatherings-ban-or-other-violations-of-the-public-order/>