

STATE OF NEW MEXICO MI VIA WAIVER: HOME & COMMUNITY BASED SETTINGS TRANSITION PLAN

State of New Mexico Mi Via Waiver NM.0448

Human Services Department, Medical Assistance Division

FINAL DRAFT

Submitted to CMS on November 14, 2014 for review and approval

STATE OF NEW MEXICO MI VIA WAIVER: HOME & COMMUNITY BASED SETTINGS TRANSITION PLAN

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BACKGROUND

On January 16, 2014, the Centers for Medicare and Medicaid (CMS) published Final Rule 2249-F/2296-F which addresses several sections of the Social Security Act and makes changes to the 1915(c) Home and Community-Based Services (HCBS) waiver program. It provides states the option to combine existing waiver targeting groups. The rule also establishes requirements for HCBS settings under the 1915(c), 1915(i) and 1915(k) Medicaid authorities, and person-centered planning requirements for Medicaid HCBS participants under 1915(c) and 1915(i). In addition, it clarifies the timing of amendments and public input requirements when states propose modifications to HCBS waiver programs.

The final rule requires that all HCBS settings meet certain qualifications¹, including:

- Is integrated 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;
- Is selected 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;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices, and,
- Facilitates choice regarding services and who provides them.

The person-centered planning process was developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waivers have full access to their community and to assure the plan addresses the health and long-term services and support needs that are reflected in the participant's preferences and goals. The resulting person-centered plan will assist the participant in achieving personally defined outcomes and ensures that waiver services are provided in qualified HCB settings.

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 was originally designed and developed with person-centered planning at its core which is reflected in our current 1915 (c) HCBS (NM.0448) Waiver, Mi Via Service Standards, and the New Mexico Administrative Code (NMAC) at 8.314.6 *Mi Via HCBS Waiver*. As such, Mi Via service and support plans (SSPs) are developed through the person-centered planning process which guide the participant's selection of services that achieve personally defined outcomes in the most integrated community setting. The State will submit its request to renew the Mi Via waiver for another 5-year

¹ CMS Fact Sheet: Summary of Key Provisions of the Home and Community-Based Services Settings Final Rule. January 10, 2014.

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waiver period from October 1, 2014 through September 30, 2019. Renewal for the waiver must include the state's plans for implementing the Final Rule 2249-F/2296-F.

PERSON-CENTERED PLANNING

Mi Via recognizes the essential role of participants in planning and purchasing services and supports. Consultants and Support guides, who are well-versed in the philosophy and practice of self-direction, assist participants in the person-centered planning process during the development of the SSP. The Mi Via philosophy of self-direction reflects a strong commitment throughout the planning process to being sensitive to the person's preferences, responsibilities and arrangements when reducing any identified risks.

The State's assessment of the person-centered process evaluated the key provisions that must be reflected in the participant's plan. The SSP template, used to create the participant's SSP, meets the CMS requirements for person-centered planning. The following key provisions² are reflected in the Mi Via SSP:³

- 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
- Individualized backup plans and strategies when needed

DESCRIPTION OF THE STATE'S ASSESSEMENT OF COMPLIANCE WITH HCBS SETTINGS REQUIREMENTS

The Department of Health (DOH) along with Human Services Department/Medical Assistance Division (HSD/MAD) completed a systemic assessment of the Developmental Disabilities Home and Community-Based Services (HCBS) settings by analyzing our current 1915 (c) Home and Community-Based Services waiver, the Mi Via waiver Service Standards, and the New Mexico Administrative Code (NMAC), based on the new Centers for Medicare and Medicaid Services (CMS) HCBS Settings Final Rule 2249-F/2296-F. (See **Table 1**). Secondly, the Departments assessed the Mi Via person-centered planning process (See

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

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Table 2). Thirdly, the Departments completed a detailed assessment for Mi Via service settings utilizing CMS-defined qualifications (See **Table 3, a-d**).

ASSESSMENT FINDINGS

Upon conducting the compliance assessment, the State identified that one waiver service: Customized Community Group Supports (CCGS) requires modifications to achieve compliance with the CMS Final Rule. As of August 2014, approximately 80 Mi Via participants have CCGS on their service and support plan (SSP). CCGS services, which are non-residential/non-institutional services, are designed to offer Mi Via participants flexible supports in integrated community settings. These supports can include participation in community day programs and centers that offer functional meaningful activities that assist with acquisition, retention, or improvement in self-help, socialization and adaptive skills. CCGS may include Adult Day Habilitation, Adult Day Health, and other adult day support models.

Review of all other individual settings determined that with the exception of CCGS, all other settings currently approved under the State's standards fully align with the federal setting requirements. Mi Via services provided in residential and non-residential settings that comply with waiver federal and HCB settings requirements are: consultant services, behavior support, community direct supports and customized community supports, employment supports, in-home living supports, homemaker/direct support and home health aide service, nutritional counseling, personal plan facilitation, private duty nurse, respite, therapies and specialized therapies. The services are integrated in and support full access of individuals to the greater community, including opportunities to seek employment.

Through the assessment, it was also found that State's oversight process is adequate to ensure ongoing compliance. Service plans are developed through person-centered planning (PCP) process that helps the participants select services that achieve personally defined outcomes in the most integrated community setting. The services are selected by the participants where they have the ability to engage in community life and control their own resources. Participants have autonomy in selecting the services, independence in choosing how they engage in community life, their daily activities, physical environment, and with whom they interact. Mi Via participants chose all of their providers and can change providers at any time based on their preference or needs. Service plans are also used as a monitoring tool in regards to measuring whether services are received and that the participant is receiving expected outcomes.

REMEDIAL ACTIONS TO ASSURE COMPLIANCE ACTIVITIES & TIMEFRAMES FOR STATE ACTION

The State expects to achieve compliance with the new Federal Rule by July 1, 2015 by addressing the following three (3) areas for CCGS:

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1. Expand 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. Revised Service Standards will be released in March 2015.
2. Revise CCGS provider packets to include an attestation that the services and supports provided will be delivered in a community-based integrated setting. Revised GGCS provider packets will be implemented in March 2015. Current CCGS providers will be required to submit a completed attestation to ensure compliance with the revised standards. The State will send a notice to each CCGS enrolled provider to submit the required attestation. In addition, the State will inform participants and Consultants of the attestation via the Mi Via newsletter.
3. Train Consultants on the new CCGS service standards and monitor implementation through SSP development. DOH/DDSD will train Consultants beginning March 1, 2015.

Moving forward from submission, the State will monitor compliance with federal HCB settings requirements through:

- State oversight and monitoring of SSP development by Consultants.
- Verification of the CCGS attestation in provider enrollment packets.

PUBLIC INPUT PROCESS

The Transition Plan is subject to public input as required in 42 CFR Section 441.301(6)(B)(iii) and 42 CFR Section 441.710(3)(iii). The State's public input process consisted of a notice and public hearing. On September 14, 2014, a notice was sent to all stakeholders informing them of the HCBS settings Transition Plan and notification of a public hearing. The notice provided background information on the Final Rule 2249-f/2296-F; proposed Modification to the Mi Via Waiver; outlined directions for public comment and testimony opportunities. The notice also provided a web 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 healthcare 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 to all stakeholders and interested parties. Newspaper announcements 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.

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PUBLIC INPUT RECEIVED

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

Comment One from a Mi Via participant: *“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 program.

Comment Two from Jemez Health Clinic: *“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.

MODIFICATIONS MADE TO TRANSITION PLAN AS A RESULT OF PUBLIC INPUT

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.

The final version of the Transition Plan is available for public viewing on the HSD website:

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

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Table 1: Assessment of Waiver, Service Standards, New Mexico Administrative Code (NMAC) Rules

CMS RULE	APPROVED WAIVER NM.0448	SERVICE STANDARDS 02.2012	NMAC 8.314.6
SUB CATEGORY HCBS SETTING REQUIREMENTS			
Is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community	Application: 2. Brief Waiver Description; Appendix D: Service Plan Development	p. 4, B-C	NMAC 8.314.6.9 Mi Via Home and Community Based Services Waiver: Section A.
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources	Appendix C: Employment Supports; Appendix E -1: Participant Direction of Services	Appendix A: p 35-41	NMAC 8.314.6.15 F (2)
Ensures the individual receives services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	Application: 2. Brief Waiver Description; Appendix C; Appendix E - 1: Participant Direction of Services	p. 4, B-C; 7	NMAC 8.314.6.9 A
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	Application: 2. Brief Waiver Description; Appendix C; Appendix E - 1: Participant Direction of Services	p.11	NMAC 8.314.6.7 (U); NMAC 8.314.6.15 A
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	Application: 2. Brief Waiver Description; Appendix C; Appendix E - 1: Participant Direction of Services	p. 18-20	NMAC 8.314.6.15 C, D; NMAC 8.314.6.17 A (3-4); NMAC 8.314.6.17 C
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint	Appendix F; Appendix G	p. 6	NMAC 8.314.6.15 G (1) (d) (v)

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CMS RULE	APPROVED WAIVER NM.0448	SERVICE STANDARDS 02.2012	NMAC 8.314.6
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	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)
Facilitates individual choice regarding services and supports, and who provides them	Application: 2. Brief Waiver Description; Appendix C; Appendix E - 1: Participant Direction of Services	p. 4, B-C, 11, 18-20; Appendix B	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)
SUB CATEGORY PERSON CENTERED PLANNING			
The person-centered planning process is driven by the individual	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 4 B-C; p. 14 C; p. 18 A; Appendix A: p.29 I; Appendix A p. 35 I;	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
Includes people chosen by the individual	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 18 A, B	NMAC 8.314.6.17 A (2)
Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 14 -15; p. 18 A; Appendix A: p. 5, 10-11	NMAC 8.314.6.10 A; NMAC 8.314.6.15 B-DNMAC 8.314.6.17;
Is timely and occurs at times/locations of convenience to the individual	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	Appendix A: p. 5, 10-11	NMAC 8.314.6.17 A
Reflects cultural considerations/uses plain language	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 5; Appendix A p. 59	NMAC 8.314.6.15 G (1)(h)
Includes strategies for solving resolutions	Appendix D, Appendix F	p. 5, 20	NMAC 8.314.6.22

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CMS RULE	APPROVED WAIVER NM.0448	SERVICE STANDARDS 02.2012	NMAC 8.314.6
Offers choices to the individual regarding services and supports the individual receives and from who	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 4, B-C	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)
Provides methods to request updates	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 15; Appendix A: p. 14	NMAC 8.314.6.17 F
Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 11, 18-20, Appendix B	NMAC 8.314.6.17; NMAC 8.314.6.15 C
Identifies the strength, preferences, needs (clinical and support), and desired outcomes of the individual	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 11, 18-20, Appendix B	NMAC 8.314.6.17; NMAC 8.314.6.15 C
May include whether and what services are self-directed	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 11, 18-20, Appendix B	NMAC 8.314.6.15 G
SUB CATEGORY WRITTEN PLAN REFLECTS			
Setting is chosen by the individual and is integrated, and supports full access to the greater community	Appendix C: C1-C3: Case Management; Appendix D, Appendix E	p. 11, 18-20, Appendix B	NMAC 8.314.6.17; NMAC 8.314.6.15 C
Opportunities to seek employment and work in a competitive integrated setting	Appendix C: Employment Supports; Appendix E -1: Participant Direction of Services	Appendix A: p 35-41	NMAC 8.314.6.15 F (2)
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	Application: 2. Brief Waiver Description; Appendix C; Appendix E - 1: Participant Direction of Services	p. 4, B-C; 7; Appendix A: p 35-41	NMAC 8.314.6.15 F (2); NMAC 8.314.6.9 A

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CMS RULE	APPROVED WAIVER NM.0448	SERVICE STANDARDS 02.2012	NMAC 8.314.6
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	Appendix C: Employment Supports; Appendix E -1: Participant Direction of Services	p. 11, 18-20, Appendix B	NMAC 8.314.6.17; NMAC 8.314.6.15 C
Includes risk factors and plans to minimize them	Appendix F; Appendix G	p. 15; Appendix A p.12	NMAC 8.314.6.14 E; NMAC 8.314.6.17 A (3)(h); NMAC 8.314.6.17 F; NMAC 8.314.6.15 (3)
Distributed to the individual and others involved in the plan	Appendix D	Appendix A	NMAC 8.314.6.15 D(1)(d)
Includes purchase/control of self-directed services	Appendix D; Appendix E-1	p. 11, 18-20, Appendix B	NMAC 8.314.6.17; NMAC 8.314.6.15 C
Excludes unnecessary or inappropriate services and supports	Not applicable	p. 22	NMAC 8.314.6.16
SUB CATEGORY ASSESS WAIVER AND STATE PLAN SERVICE DEFINITIONS			
Case management	Appendix C	Appendix A: p. 5	NMAC 8.314.6.15 C
Personal plan facilitation	Appendix C	Appendix A: p. 50	NMAC 8.314.6.15 D
Homemaker/direct support services	Appendix C	Appendix A: P. 46	NMAC 8.314.6.15 E (1)
Home health aide services	Appendix C	Appendix A: p. 44	NMAC 8.314.6.15 E (2)
Community direct support	Appendix C	Appendix A: p. 26	NMAC 8.314.6.15 F (1)
Employment supports	Appendix C	Appendix A: p. 35	NMAC 8.314.6.15 F (2)
Customized community direct support	Appendix C	Appendix A: p. 29	NMAC 8.314.6.15 F (3)
In-home living supports	Appendix C	Appendix A: p. 31	NMAC 8.314.6.15 F (4)
Physical therapy	Appendix C	Appendix A: p. 64	NMAC 8.314.6.15 G (1)(a)
Occupational therapy	Appendix C	Appendix A: p. 64	NMAC 8.314.6.15 G (1)(b)
Speech and language pathology	Appendix C	Appendix A: p. 64	NMAC 8.314.6.15 G (1)(c)

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CMS RULE	APPROVED WAIVER NM.0448	SERVICE STANDARDS 02.2012	NMAC 8.314.6
Behavior support consultation	Appendix C	Appendix A: p. 63	NMAC 8.314.6.15 G (1)(d)
Nutritional counseling	Appendix C	Appendix A: p. 63	NMAC 8.314.6.15 G (1)(e)
Private duty nursing for adults	Appendix C	Appendix A: p. 53	NMAC 8.314.6.15 G (1)(f)
Acupuncture	Appendix C	Appendix A: p. 60	NMAC 8.314.6.15 G (2)(a)
Acupuncture	Appendix C	Appendix A: p. 60	NMAC 8.314.6.15 G (2)(a)
Biofeedback	Appendix C	Appendix A: p. 60	NMAC 8.314.6.15 G (2)(b)
Chiropractic	Appendix C	Appendix A: p. 60	NMAC 8.314.6.15 G (2)(c)
Cognitive rehabilitation therapy	Appendix C	Appendix A: p. 61	NMAC 8.314.6.15 G (2)(d)
Hippotherapy	Appendix C	Appendix A: p. 61	NMAC 8.314.6.15 G (2)(e)
Massage therapy	Appendix C	Appendix A: p. 61	NMAC 8.314.6.15 G (2)(f)
Naprapathy	Appendix C	Appendix A: p. 61	NMAC 8.314.6.15 G (2)(g)
Native American healers	Appendix C	Appendix A: p. 62	NMAC 8.314.6.15 G (2)(h)
Play therapy	Appendix C	Appendix A: p. 62	NMAC 8.314.6.15 G (2)(i)
Transportation	Appendix C	Appendix A: p. 63	NMAC 8.314.6.15 H (1)
Emergency response service	Appendix C	Appendix A: p. 34	NMAC 8.314.6.15 H (2)
Respite	Appendix C	Appendix A: p. 56	NMAC 8.314.6.15 H (3)
Related goods	Appendix C	Appendix A: p. 55	NMAC 8.314.6.15 H (4)
Environmental modifications	Appendix C	Appendix A: p. 42	NMAC 8.314.6.15 H (5)

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Table 2: Person Centered Planning Process

Written plan must reflect the following:	
Key Provisions of HCBSS Final Rule for Person-Centered Service Plan/Planning ^{1:}	Mi Via Service and Support Plan (SSP) 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

**supported by documentation found in the current 1915 (c) Home and Community-Based Services Waiver (NM. 0448), Mi Via Service Standards, and the New Mexico Administrative Code (NMAC) Rules*

¹ *Informational Review of GHSC Clients, Medicaid Home and Community-Based Services New Rules. Mercer Government Human Services Consulting. June 27, 2014. p 11.*

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Tables 3a-d: Mi Via Home and Community Based (HCB) Settings Assessment

Table 3a: Consultant Services

<i>Federal HCB Settings Requirements</i>	Settings: Consultant Services	
	Consultant Services	Personal Plan Facilitation
Is setting integrated in and supports full access to the greater community?	yes	yes
Is setting selected by the individual from among setting options?	yes	yes
Does service ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint?	yes	yes
Is autonomy and independence in making life choices optimized?	yes	yes
Is choice regarding services and who provides them facilitated?	yes	yes
Is the planning process driven by the individual?	yes	yes
Are providers chosen by the individual?	yes	yes
Are the service, times and locations convenient to the individual?	yes	yes
Do the regulations and standards reflect cultural consideration and use plain language?	yes	yes
Are there protocols, strategies, or a complaint system available for participants to register grievances or complaints concerning the services they are receiving under the Mi Via program?	yes	yes

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Table 3b: Living Supports and Other Supports

Federal HCB Settings Requirements	Settings: Living Supports & Other Supports			
	In-home Living Supports	Homemaker/Direct support	Home Health Aide Service	Respite
Is setting integrated in and supports full access to the greater community?	yes	yes	yes	yes
Is setting selected by the individual from among setting options?	yes	yes	yes	yes
Does service ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint?	yes	yes	yes	yes
Is autonomy and independence in making life choices optimized?	yes	yes	yes	yes
Is choice regarding services and who provides them facilitated?	yes	yes	yes	yes
Is the planning process driven by the individual?	yes	yes	yes	yes
Are providers chosen by the individual?	yes	yes	yes	yes
Are the service, times and locations convenient to the individual?	yes	yes	yes	yes
Do the regulations and standards reflect cultural consideration and use plain language?	yes	yes	yes	yes
Are there protocols, strategies, or a complaint system available for participants to register grievances or complaints concerning the services they are receiving under the Mi Via program?	yes	yes	yes	yes

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Table 3c: Community Membership Supports

	Settings: Community Membership Supports		
<i>Federal HCB Settings Requirements</i>	Community Direct Supports	Customized Community Group Supports	Employment Supports
Is setting integrated in and supports full access to the greater community?	yes	no *	yes
Is setting selected by the individual from among setting options?	yes	yes	yes
Does service ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint?	yes	yes	yes
Is autonomy and independence in making life choices optimized?	yes	yes	yes
Is choice regarding services and who provides them facilitated?	yes	yes	yes
Is the planning process driven by the individual?	yes	yes	yes
Are providers chosen by the individual?	yes	yes	yes
Are the service, times and locations convenient to the individual?	yes	yes	yes
Do the regulations and standards reflect cultural consideration and use plain language?	yes	yes	yes
Are there protocols, strategies, or a complaint system available for participants to register grievances or complaints concerning the services they are receiving under the Mi Via program?	yes	yes	yes

**Need for expansion of 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. Revised Service Standards to be released by March 1, 2015.*

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Table 3d: Health and Wellness Supports

	Setting: Health & Wellness Supports				
<i>Federal HCB Settings Requirements</i>	Behavioral Support	Nutritional Counseling	Private Duty Nurse	Specialized Therapies Services*	Therapies**
Is setting integrated in and supports full access to the greater community?	yes	yes	yes	yes	yes
Is setting selected by the individual from among setting options?	yes	yes	yes	yes	yes
Does service ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint?	yes	yes	yes	yes	yes
Is autonomy and independence in making life choices optimized?	yes	yes	yes	yes	yes
Is choice regarding services and who provides them facilitated?	yes	yes	yes	yes	yes
Is the planning process driven by the individual?	yes	yes	yes	yes	yes
Are providers chosen by the individual?	yes	yes	yes	yes	yes
Are the service, times and locations convenient to the individual?	yes	yes	yes	yes	yes
Do the regulations and standards reflect cultural consideration and use plain language?	yes	yes	yes	yes	yes
Are there protocols, strategies, or a complaint system available for participants to register grievances or complaints concerning the services they are receiving under the Mi Via program?	yes	yes	yes	yes	yes

**acupuncture, biofeedback, chiropractic, cognitive rehabilitation therapy, hippotherapy, massage therapy, naprapathy, Native American healing therapies, and play therapy*

***physical therapy, occupational therapy, speech language and pathology*

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