

TITLE 8 SOCIAL SERVICES
CHAPTER 326 CASE MANAGEMENT SERVICES
PART 10 ~~[TRAUMATIC] BRAIN INJURY [TRUST] SERVICES FUND PROGRAM~~

8.326.10.1 ISSUING AGENCY: ~~[Aging and Long-Term]~~ Human Services Department.
[8.326.10.1 NMAC - N, 11/15/2007]

8.326.10.2 SCOPE: This rule applies to the general public.
[8.326.10.2 NMAC - N, 11/15/2007]

8.326.10.3 STATUTORY AUTHORITY: Subsection E of Section 9-23-6 NMSA 1978
[8.326.10.3 NMAC - N, 11/15/2007]

8.326.10.4 DURATION: Permanent.
[8.326.10.4 NMAC - N, 11/15/2007]

8.326.10.5 EFFECTIVE DATE: ~~[11/15/2007]~~ 01/01/2021, unless a later date is cited at the end of a section.
[8.326.10.5 NMAC - N, 11/15/2007]

8.326.10.6 OBJECTIVE: ~~[The objective of this rule is to establish policies, procedures and to define standards of the New Mexico aging and long term services department traumatic brain injury (TBI) trust fund program that will provide timely services for persons with qualifying brain injuries that are a result of a trauma caused by an outside force in order to promote independence and to assist the individual in accessing long term services and access to community resources when there is no other funding available.]~~ The objective of this rule is to establish policies and procedures and define standards of the New Mexico human services department (HSD) brain injury services fund program. The brain injury services fund program provides timely short term in-state non-medicaid services for persons with qualifying brain injuries that are of traumatic or other acquired origin in order to promote independence and to assist the individual in resolving a brain-injury related crisis need and access available payer sources and community resources, when there is no other funding available.
[8.326.10.6 NMAC - N, 11/15/2007]

8.326.10.7 DEFINITIONS:

~~**A.** — “Acquired brain injury” means a brain injury that is the result of a metabolic disorder, cerebral vascular insults, surgical procedures, tumors, anoxia (lack of oxygen) or other internal causes and does not fit the criteria for traumatic brain injury.~~

~~**B.** — “Activities of daily living” means those tasks that define an independent existence and care of one's personal needs and may include: personal hygiene, preparing and consuming meals, cleaning the home, doing laundry, shopping for groceries, managing personal finances and transporting oneself to and from various locations in the pursuit of self care.~~

~~**C.** — “Aging and long term services department (ALTSB)” means the agency of New Mexico state government that oversees the services for the elderly and disability populations, which include the TBI trust fund program.~~

~~**D.** — “Crisis” means an emergency situation that may be a serious potential danger a turning point in an acute injury or an emergency or an unstable or crucial time in which a decisive change is impending or a situation that has reached a critical phase and may include; homeless status, zero finances, unemployment due to TBI, separation from support systems, potential danger or abandonment.~~

~~**E.** — “Crisis interim period” means a short term period of 90 days that can be reassessed and extended for another 90-day period, limited to no more than one consecutive year, if goals or services have not reached completion or until another funding source can be obtained.~~

~~**F.** — “Education” means providing individuals training in life skills or activities of daily living, which they can apply day to day, to help them to attain an independent lifestyle.~~

~~**G.** — “Fiscal intermediary agency” means an agency that processes reimbursement and funding for services and goods for eligible recipients of the New Mexico aging and long term services department TBI program.~~

~~**H.** — “Grievance” means a complaint or disagreement with regard to how or whether a service provided through the program is or can be provided.~~

_____ **I.** _____ **“ICD 9 code”** means an International Code of Diseases diagnosis assigned to a traumatic brain injury, which has been obtained from and documented in writing by a duly licensed physician or psychologist.

_____ **J.** _____ **“Imminent”** means a pending crisis that is bound to happen with a clear and present danger to the health and safety of a person who has sustained a traumatic brain injury and who has exhausted all available resources.

_____ **K.** _____ **“Independence”** means the ability to live and perform activities of daily living with little or no assistance from others and to access available community resources.

_____ **L.** _____ **“Individual”** means an individual who has been approved for services in the TBI program through an application process and who has provided medical documentation of an appropriate ICD9 code.

_____ **M.** _____ **“Individual living plan”** means a written individualized plan with definite goals and strategies to accomplish that are aimed at assisting an individual in achieving strategies that lead to eventual independence including goals, measurable objectives, contact, progress, referrals, outcome of services and other payor resources. All TBI services must be in the ILP, service coordinator, life skills and crisis interim.

_____ **N.** _____ **“Interim”** means an intervening time defined by the TBI program as temporary, transitional services within a defined period with a definite goal.

_____ **O.** _____ **“Legal resident of New Mexico”** means a person residing in New Mexico at the time of application.

_____ **P.** _____ **“Life skills coach”** means a person who provides training in activities of daily living for TBI individuals that aids in their return to a lifestyle where they function as independently as possible.

_____ **Q.** _____ **“Limited service coordination”** means contact between the service coordinator and the individuals once a month either face to face or by telephone to monitor status of crisis interim services or life skills coaching, which continue after the “active” period to ensure the continuity and completion of specific limited services.

_____ **R.** _____ **“Payor of last resort”** means a source of funding for TBI program services that is not to be used until all other possible payor sources have been denied or exhausted.

_____ **S.** _____ **“Residency”** means that a person must be a legal resident of New Mexico and must be able to produce documentation of a physical location of New Mexico and not reside in an institution or be in the process of being institutionalized.

_____ **T.** _____ **“Risk”** means a possible loss or injury, a dangerous element or factor or a degree of probability of loss.

_____ **U.** _____ **“Self determination”** means the right of individuals to make decisions that direct the path their life follows in regard to medical, financial and all other matters.

_____ **V.** _____ **“Service coordination”** means the coordinating of goods and services and the referring of community resources available for delivery to individuals through the use of an individual living plan (ILP).

_____ **W.** _____ **“Short term”** means an intervention period with beginning and end points within which the trust fund may be used to prevent or alleviate a crisis situation until circumstances stabilize or other funding is obtained.

_____ **X.** _____ **“Traumatic brain injury (TBI)”** means an insult to the brain from an outside physical force that may or may not have produced a diminished or altered state of consciousness. The term applies to open or closed head injuries resulting in an impairment of cognitive ability and/or physical functions but not necessarily both. Impairments in one or more areas such as: cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory; perceptual, and motor abilities; psychosocial behavior, physical function, information process and speech. Impairments may be either temporary or permanent and may cause partial or total functional disability and/or psychosocial disorientation.

_____ **Y.** _____ **“TBI crisis interim services”** means services for individuals that are critical when there has been a sudden change in the course of the medical, psychological or physical condition of an individual diagnosed with TBI or when there is an imminent risk to an individual's health and safety.

_____ **Z.** _____ **“TBI formulary”** means the list of medications approved by the TBI trust fund for treatment of the TBI and related conditions, which are listed as: brand name medications; generic name medications and category of medications. Access to this formulary is through TBI service coordinators.

_____ **AA.** _____ **“TBI trust fund program”** means a short term crisis interim program of up to 90 day increment duration, during which time services, goods and supports for the treatment of the TBI and conditions directly related to the TBI are offered to eligible individuals along with referrals to community resources that offer the opportunity to apply for long term services, in order to promote an independent lifestyle of self reliance. After the initial 90 days, a reassessment shall be done to determine whether there remains a need for an extension of additional periods of 90 days, limited to no more than one consecutive year, to complete any services that have been initiated.

~~BB. "TBI uniqueness" means that crisis interim services are intended to provide unique TBI specific services that are not available for eligible individuals from any other funding source.~~

~~CC. "Unit price system (UPS)" means the reimbursement for TBI services for direct care activities under state general funded contracts through the unit price system of the administrative services division of the aging and long term services department according to the component and service unit.]~~

A. "Acquired brain injury" (ABI) means a brain injury that is the result of trauma arising from an insult to the brain from an outside physical force via open or closed head injury; shaken baby syndrome; anoxia; near-drowning; electrical shock; brain infection; brain tumors; cerebrovascular lesions or insults, including stroke and aneurysm; or unintended toxic or chemical exposure. The definition excludes conditions that are congenital, degenerative, induced by birth trauma, or resulting from abuse of alcohol or other substances. The injury may be focal or diffuse, causing temporary or permanent impairments in cognitive, psychosocial or physical functioning affecting one or more areas of the brain and result in partial or total functional disability. Brain injury related impairments may affect one or more areas of functioning such as: cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; information processing; sensory, perceptual, and motor abilities; physical functioning; sleep; psychosocial and behavioral functioning; and, or speech.

B. "Activities of daily living" (ADL) means the basic tasks that are necessary for independent functioning to care for one's personal needs and may include bathing and showering, personal hygiene and grooming, dressing, toileting, transferring or moving the physical body in space while performing activities, and self-feeding. Instrumental activities of daily living (IADLs) are not necessary for fundamental functioning but do allow an individual to live independently in their home or community; these include cleaning and maintaining the home, doing laundry, managing personal finances, preparing meals, shopping for groceries, taking prescribed medications, and using the telephone or other communication devices.

C. "Brain injury". See definition for acquired brain injury and traumatic brain injury.

D. "Brain injury services fund (BISF) program" means a non-medicaid program administered by HSD through programmatic oversight and contractual management of agencies, providing short-term crisis interim home and community-based services for eligible individuals living with brain injury, who have a defined crisis related to living with brain injury and no responsible funding source to pay for needed services or goods. Direct participant care services are provided through service coordination or BISF home and community-based services.

E. "Crisis" means an emergency or unstable situation that has reached a critical phase with a distinct possibility of adverse outcome and poses a serious potential danger. As related to a brain injury, a crisis may include homeless status, unemployment, substantial loss of income, lack of health insurance or means to pay for brain-injury related healthcare, separation from support systems, abandonment or other endangering circumstances. For the purposes of the BISF, the absence of service coordination, long-term care, long-term case management or need for long-term case management does not constitute a crisis.

F. "Crisis interim period" means a short-term period of six months upon which an enrolled participant can be reassessed to extend approved services for another six month period depending upon available funding and limited to no more than one consecutive year, if the crisis has not resolved and goals for independent living have not reached completion, or until another funding source has been obtained. Time limitations on services apply to both service coordination and to BISF HCBS.

G. "Education" means providing individuals living with brain injury training and understanding of brain injury, acquiring life skills or fulfilling activities of daily living, which can be applied day to day, to assist in the attainment of an independent lifestyle.

H. "Fiscal intermediary agency" means an agency that arranges for BISF home and community-based services and goods and processes payment or reimbursement for services and goods for eligible participants of the New Mexico human services department brain injury services fund program.

I. "Formulary" or "BISF formulary" means the list of medications approved by the BISF program for treatment of specific categories of brain injury symptoms and related conditions. Coverage is in the form of copayments for participants who have no other responsible payer sources. Approved generic and brand name medications are categorized by class or function. BISF service coordinators are authorized to review prescribed participant medications against the formulary in the event that other responsible payer sources to cover the medication do not exist prior to referral for BISF HCBS.

J. "Grievance" means a complaint or disagreement with regard to how or whether a service provided through the program is or can be provided.

K. "Home and community-based services" (HCBS) are defined as services to promote independent living that are provided in a person's home or community, i.e., those not provided under institutional care. BISF HCBS are those that may be required when there is an imminent risk to a participant's health and safety; there has

been a sudden change in the medical, psychological or physical condition of a participant; when there is acceleration in the amount of services needed; when needs have suddenly changed; or when another payer source will not pay for the unique brain injury services assessed as a need.

L. "Human services department (HSD)" is the New Mexico state government agency that administers services to New Mexico's more vulnerable populations to improve health outcomes through state and federal funding. The brain injury services fund is administered through the medical assistance division and receives only state funding.

M. "ICD code" means an international classification of diseases diagnosis, which includes codes for traumatic and other acquired brain injuries and has been documented in writing by a duly licensed medical professional or psychologist for the purpose of assisting an individual with brain injury to qualify for the BISF program. Current ICD codes may be accepted from medical doctors (MDs), osteopathic doctors (DOs), certified nurse practitioners (CNPs), physician assistants (PAs), and Ph.D. psychologists.

N. "Imminent" means impending and threatening, referring to a crisis that is bound to happen with a clear and present danger to the health and safety of a person who has sustained a brain injury and who has exhausted all available resources.

O. "Independence" means the ability to live in a home and community setting and perform activities of daily living with little or no assistance from others while having access to available community resources.

P. "Individual" means a person living with brain injury and may be an applicant or a program participant.

Q. "Independent living plan" (ILP) means a written person-centered plan that outlines definite goals for resolving a participant's identified crisis which is designed to assist the participant toward greater independence; lists measurable objectives in the form of action steps and strategies that are targeted to comprehensively address and resolve each identified crisis; and specifies a plan for discharge. The ILP identifies all services and supports as well as payer sources that are assisting the participant toward greater independence, specifying those that pertain directly to service coordination and BISF HCBS. It must also list ancillary services and supports, not paid for by the BISF program, noting related payer sources, as well as services refused but needed to resolve or address identified crises.

R. "Interim" means a time period defined by the BISF program in which temporary services are provided. The interim period for the BISF program is six months.

S. "Legal resident of New Mexico" means a person residing in New Mexico at the time of application.

T. "Life skills coach" means a person, who may be defined as a "life coach", is certified through an accredited organization, and provides targeted customized training to an individual with brain injury to assist in relearning and completing activities of daily living while addressing related cognitive, behavioral or social impairments that are preventing the return to independent functioning.

U. "Participant" means a person living with brain injury, who has qualified for, been approved for, and is actively receiving BISF program services, while working toward greater independence and resolution of crisis needs.

V. "Payer of last resort" refers to the BISF Program as a source of funding available to pay for BISF HCBS only after all payer sources with responsibility to pay have been denied or exhausted including private insurance, medicaid, medicare, indian health services, veterans administration, adult protective services and other state or federal programs, or community programs in which the participant participates voluntarily.

W. "Residency" means the status of a person who is a legal resident of New Mexico and is able to produce documentation of a physical address within New Mexico at which the person resides within a home and community setting. It does not include residence in an institution wherein the individual is unable to function independently.

X. "Risk" means a possible loss or injury, a hazard increasing the probability or chance that loss or injury will occur.

Y. "Self-determination" means the right of individuals to make decisions that direct the path their life follows with regard to medical, financial and all other matters, including the right to refuse measures needed to improve their outcome.

Z. "Service coordination" means the goal-oriented initiation, organization and management of a BISF participant's services, including determination of eligibility, initial and interim assessments, development and monitoring of the participant's independent living plan (ILP), referrals for BISF program and community resources, assistance with benefits applications for other payer sources, and problem-solving to assist in the resolution of the crisis that motivated entry to the BISF program, while moving the participant toward greater independence in daily living. Service coordination may continue during resolution of an identified crisis need. Service coordination is not defined as case management, and the need for long-term case management does not constitute a qualifying crisis for remaining on the BISF.

AA. "Short-term" means an intervention period with beginning and end points within which BISF funding for service coordination or BISF HCBS may be used to prevent or alleviate a crisis situation until circumstances stabilize or other funding is obtained.

BB. "Traumatic brain injury (TBI)" means an insult to the brain from an outside physical force that may or may not have produced a diminished or altered state of consciousness causing temporary or permanent impairments in one or more areas of the brain and resulting in partial or total functional disability and or psychosocial disorientation. The term applies to open or closed head injuries resulting in an impairment of cognitive, psychosocial or physical functions. Brain injury related impairments may occur in one or more areas such as: cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; information processing, sensory, perceptual, and motor abilities; physical functioning; sleep; psychosocial and behavioral functioning; and speech.

[8.326.10.7 NMAC - N, 11/15/07]

8.326.10.8 [STANDARDS FOR PROVIDING SERVICES GOODS AND SUPPORTS TO INDIVIDUALS WITH TRAUMATIC BRAIN INJURIES (TBI and other ABI): TBI BISF services are provided through three contractor components: service coordination, life skills coaching and crisis interim services. These services enhance the individual's self-determination and promote independence. They include the expectation of individual and family participation.] MISSION STATEMENT: To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

[8.326.10.8 NMAC - N, 11/15/2007]

8.326.10.9 [ELIGIBILITY REQUIREMENTS FOR INDIVIDUALS:

A. **Diagnosis:** Individuals are eligible for TBI service coordination services if they have a diagnosis of traumatic brain injury which has been documented in writing by a duly licensed physician or psychologist. Eligibility must be further substantiated by the assignment of an international code of diseases (ICD-9) TBI diagnosis obtained from their licensed practitioner of record.

B. **Definition of TBI:** As stated in Subsection X of 8.326.10.7 NMAC.

C. **Residency:** Eligible individuals must be legal residents of the state of New Mexico. They must be able to produce documentation of the physical location of their New Mexico residence. Those residing in an institution or in the process of transitioning to an institutional setting are not eligible for service coordination services through the TBI program. Those individuals who have a confirmed discharge date and are transitioning into the community are eligible for service coordination for a 30-day period prior to planned discharge date.

D. **Service Coordination Duplication:** Those served by other service coordination programs or systems are not eligible to receive service coordination through the TBI program. Such service coordination program might include:

- (1) — medicaid salud service coordination;
- (2) — medicaid adult therapy service coordination;
- (3) — early periodic screening diagnostic testing service coordination;
- (4) — medicaid waiver programs;
- (5) — mi via waiver;
- (6) — developmental disability waiver;
- (7) — family infant toddler;
- (8) — medically fragile;
- (9) — HMOs; and
- (10) — other private insurances.

E. **Determination of Eligibility:** The service coordination contractor is responsible for determining eligibility for the traumatic brain injury (TBI) program and maintaining documentation of eligibility status. Proof of eligibility status including qualifying ICD-9 codes must be provided to the elderly and disability services division/TBI program or its designee upon request.

F. **Limited Service Coordination:** With written approval by TBI program manager or designee, rare exceptions may be made to allow individual cases to be opened for TBI program service coordination at the same time the individual is receiving non-TBI service coordination from programs such as those listed in Subsection D above. Limited service coordination of no more than 30 days may be used to make referrals of individuals to life skills coaching, crisis interim services and or to assist non-TBI program case managers in securing appropriate TBI resources for their individuals.

~~G. **Non-TBI Service Coordination:** Other case managers include such systems as those listed in Subsection D above. TBI service coordination contractors are responsible for determining eligibility for TBI life skills coaching for an individual that is receiving their service coordination from non-TBI program case managers and they must maintain documentation of proof of eligibility in the individual's records.]~~ **BISF ELIGIBILITY**

REQUIREMENTS: Enrollment into the BISF, as a non-entitlement program, is on a voluntary basis and occurs in up to six month increments. To be eligible for the BISF program, an applicant with a crisis need must meet the following requirements:

A. Diagnosis: Individuals are eligible for BISF services if they have a qualifying diagnosis of brain injury of ABI or TBI which has been documented in writing by a duly licensed medical professional or psychologist. A qualifying diagnosis of brain injury is confirmed by the licensed health practitioner's assignment of the current international classification of diseases (ICD) code.

B. Residency: Eligible individuals must be legal residents of the state of New Mexico. Eligible participants must be able to produce documentation of the physical location of their New Mexico residence. Those residing in an institution or are in the process of transitioning to an institutional setting are not eligible for services through the BISF program. Those participants who have a confirmed discharge date from an institutional setting and are transitioning into the community are eligible for BISF services for a 30-day period prior to the planned discharge date to assist with setting up needed supports and services. For homeless participants with brain injury, the physical address constitutes the agreed-upon location at which the participant routinely meets with the BISF service coordinator and at least one other community case manager, if available.

C. Service Coordination Duplication: Those participants served by other service coordination programs, care coordination or case management systems are not eligible to receive service coordination through the BISF program, unless transitioning between programs and with HSD approval. Such programs might include comparable services offered through any of the following:

- (1) medicaid managed care organization (MCO), including community benefit;
- (2) medicaid home and community-based services waivers;
- (3) early and periodic screening, diagnosis and treatment;
- (4) family infant toddler;
- (5) program of all-inclusive care for the elderly (PACE);
- (6) health management organizations (HMOs); and
- (7) other private insurances.

D. Determination of eligibility: The service coordination contractor is responsible for determining eligibility for the BISF program and maintaining documentation of eligibility status. Proof of eligibility status including current qualifying ICD codes must be provided to the HSD or its designee upon request.

E. Re-enrollment into the BISF for reactivation of services: Former program participants, who disenrolled from the program due to resolution of their crisis needs, may seek to re-enroll in the BISF, in the event that a new crisis arises with which they require the program's assistance. Re-enrollment allows for the reactivation of service coordination and BISF HCBS without providing a new ICD code, in the event that a qualifying code continues to be on file.

F. Continuation of BISF services beyond one consecutive service year. Program participants who have not experienced a resolution of their crisis need(s) within two consecutive six month interims of service may be eligible to continue service coordination or BISF HCBS for additional interim periods for up to another service year as funding allows. The petition for continuation of services requires written justification by the service coordination agency, following the standards established by HSD. In no case will continuation of services be permitted without written approval by HSD to extend services beyond one service year.

G. Disenrollment from the BISF: Disenrollment from the BISF may be voluntary or involuntary.

(1) Voluntary disenrollment: Participants may voluntarily disenroll from the program without cause at any time. In addition, participants are no longer eligible to receive service coordination or BISF HCBS services when any of the following apply:

- (a) other responsible payer sources have been identified and have begun coverage;
- (b) the crisis or crises that caused the participant to seek enrollment have been resolved; or

(c) upon a permanent move out of the state of New Mexico. The service coordination agency will give such participants reasonable advance notice of pending disenrollment and continue furnishing any needed services until the terms for disenrollment have been met and the disenrollment is complete. Upon disenrollment, all services will be inactivated.

(2) **Involuntary disenrollment:** Participants of the BISF may be disenrolled involuntarily if any of the following circumstances apply, subsequent to reasonable efforts of the service coordination agency to provide technical assistance to improve the participant's understanding of program expectations and as noted below:

(a) The participant refuses to act in accordance with the requirements of their independent living plan (ILP) or otherwise participate in the resolution of their crisis needs, exercising the capabilities that remain within their power or that of their authorized representative. This describes participants who repeatedly fail to follow through with keeping appointments with the service coordinator or access needed and recommended services;

(b) The participant refuses to act in accordance with the program's participant rights and responsibilities, as explained by the service coordination agency and signed by the participant upon program intake;

(c) The participant's physical, behavioral, psychosocial or service needs exceed that which can be reasonably provided by the program or be met with available funding;

(d) The participant engages in disruptive or threatening behavior. This describes a participant whose behavior jeopardizes his or her health or safety, or the safety of others. In these cases, and with justifiable cause for the service coordinator's safety, the service coordination agency may elect to disenroll such participant without providing further remedy or technical assistance.

(e) Prior to disenrollment for any of the above, the service coordination agency proposing to disenroll a participant involuntarily is required to:

(i) document the reasons for proposing to disenroll the participant as well as any and all efforts to remedy the situation; and

(ii) submit the written request to involuntarily disenroll the participant to HSD, along with supporting documentation for HSD's review and determination that the service coordination agency has provided acceptable grounds for the participant's disenrollment.

[8.326.10.9 NMAC - N, 11/15/2007]

~~**8.326.10.10 — SERVICE COORDINATION SERVICES PROVIDERS FOR TRAUMATIC BRAIN INJURY TRUST FUND PROGRAM**~~

~~**A. Service Coordination Services:** TBI service coordination is a problem-solving function that is intended to insure continuity of services and prevents fragmentation of services and endeavors to tap into any and all resources that are appropriate and accessible for eligible individuals. It is the responsibility of TBI service coordinators to neither under nor over-utilize available services. Service coordination includes the following scope of services:~~

~~(1) process the application and assess the service needs for each individual through an appointed visit to determine the unique needs of the individual;~~

~~(2) identify the appropriate services, supports and goods to meet the individual's needs;~~

~~(3) coordinate the delivery of services for the individual;~~

~~(4) assist the individual in obtaining the qualifying ICD-9 code and access to services supports and goods;~~

~~(5) develop an individual living plan (ILP) that includes all the services, goods, and supports recommended to the individual including referrals to life skills coaching (LSC) crisis interim services (CIS) and any other potential resources available in the local community;~~

~~(6) reassess needs every 90 days to ensure that the services the individual is receiving continue to be appropriate;~~

~~(7) maintain a 24-hour emergency response system that allows individuals to contact them. An emergency response written policy should be provided to all individuals and available for review by ALTSD;~~

~~(8) create a transition plan for eventual discharge from service coordination services; and~~

~~(9) document or record evidence of all services listed in this scope of services that are provided by the program to the individual in the individual's permanent TBI program record.~~

~~**B. Entry into the TBI program:** Service coordinators must initiate entry into the TBI program funded services that include life skills coaching (LSC) and crisis interim services (CIS).~~

~~(1) Service coverage area for the TBI service coordination contractor must be throughout at least one entire program region as specified in the contract provider agreement with ALTSD.~~

~~(2) Frequency of contact with individual shall be no less than one hour face to face each month unless otherwise approved in writing by the TBI program manager or designee.~~

~~(3) Limited services coordination is available to individuals who continue to receive crisis interim services or life skills coaching and these individuals must be contacted monthly either face to face or by telephone. This contact may be less than one hour.~~

- _____ (4) _____ Assist individuals with application process. Individuals must be found eligible prior to receiving life skills coaching or crisis interim services.
- _____ (5) _____ Facilitate independent living to individuals who have qualified for TBI services.
- _____ (6) _____ Coordinate with other case managers from Medicaid, waivers, and private insurance especially when the individual is transitioning from the TBI program into another system.
- _____ (7) _____ Facilitate team meetings with individual and other program agencies or individual professionals to streamline services.
- _____ (8) _____ Complete an individual living plan (ILP), which shall be written and developed by the individual and their service coordinator and shall include:
 - _____ (a) _____ goals and objectives;
 - _____ (b) _____ education and support necessary to reach goals and objectives;
 - _____ (c) _____ number of hours per month the individual will receive TBI service coordination;
 - _____ (d) _____ expected measurable outcomes;
 - _____ (e) _____ time frames for reaching goals and meeting objectives;
 - _____ (f) _____ plans for discharge or transference to another program or payor source;
 - _____ (g) _____ identification of all persons, services and or products necessary to reach the individual's goals and accomplish their objectives shall be included in the ILP; and
 - _____ (h) _____ identification and estimated cost of services and or goods provided by crisis interim services.
- _____ (9) _____ TBI life skills coaching and or crisis interim services can not be initiated until the individual's service coordinator has included the services in the ILP.
- _____ (10) _____ Maintain case records of each individual served including but not limited to:
 - _____ (a) _____ two page application;
 - _____ (b) _____ intake form;
 - _____ (c) _____ initial assessment;
 - _____ (d) _____ eligibility documentation (ICD 9 code and medical records substantiating the TBI);
 - _____ (e) _____ individual living plan (ILP) which includes goals, measurable objectives, revisions of ILP, referrals;
 - _____ (f) _____ contacts, progress, outcomes of services and documentation of other payor resources; and
 - _____ (g) _____ maintain a copy of the life skills ILP.

_____ **C. Administrative Requirements of Service Coordination Contractors:** The intent of service coordination is to augment not replace the individual's natural supports in a non-obtrusive manner while focusing on those natural supports. Service coordination is intended to nurture individuality in the person's environment and when possible to allow the individual to live in their own home. Specified requirements are listed below:

- _____ (1) _____ have and follow confidentiality standards;
- _____ (2) _____ possess and maintain a current business license issued by the state, county or city government if required;
- _____ (3) _____ comply with all applicable federal or state regulations policies and procedures that apply to their business including but not limited to policies and procedures related to:
 - _____ (a) _____ service provision and appropriate supervision;
 - _____ (b) _____ professional documentation standards;
 - _____ (c) _____ training and education on TBI; and
 - _____ (d) _____ reimbursement of service coordination services;
- _____ (4) _____ demonstrate financial solvency;
- _____ (5) _____ establish and maintain separate financial reporting and accounting activities that are in accordance with state requirements;
- _____ (6) _____ maintain an automated data system for financial and program reporting purposes (note: direct linkage/modem to the aging and long term services department may be required);
- _____ (7) _____ have extensive knowledge of TBI and community resources individuals may access within their community, region, New Mexico and nationally and maintain an in-house directory of TBI resources on-site;
- _____ (8) _____ have an established method of information and data collection;
- _____ (9) _____ have a readily accessible office in each geographic TBI program designated region served by the contract provider;

_____ (10) _____ be able to respond to individual emergency situations within a reasonable amount of time after notification on a 24 hour basis;

_____ (11) _____ purchase and maintain full professional liability insurance coverage;

_____ (12) _____ establish and maintain appropriate written grievance procedures;

_____ (13) _____ reports shall be submitted in the time frame and format prescribed by TBI program; reports will be submitted in the manner designated by the TBI program including a summary of the total hours of service coordination services provided to each individual;

_____ (14) _____ organizations must avoid conflict of interest or duplication of services and may not provide other state general funded services to individuals with traumatic brain injuries when they are also individuals for whom they provide TBI service coordination services;

_____ (15) _____ comply with the following quality assurance system requirements:

_____ (a) _____ assure that the individual achieves an optimal level of wellness and function by implementing timely and appropriate services and natural supports individualized to meet their need;

_____ (b) _____ assure timely assessment and implementation of necessary services supports and goods;

_____ (c) _____ insure that each individual's ILP addresses targeted realistic goals and objectives with measurable outcomes within a cost effective and specific time frame;

_____ (d) _____ develop an ongoing monitoring process which provides for the evaluation of quality effectiveness and appropriateness of services and supports provided to the individual;

_____ (e) _____ utilize a monitoring system to track accurate data reported on individual issues and concerns regarding the individual from both internal and external resources;

_____ (f) _____ identify and resolve known or suspected issues that may have an impact on the individual;

_____ (g) _____ perform individual satisfaction surveys at time of inactivation that identify areas of need such as delays in implementation of services or supports, over and under utilization of services or supports and access to providers of services;

_____ (h) _____ employ a formal method of monitoring, regulating and documenting the quality of services or supports provided to determine if the goals and objectives of the ILP are being achieved and remain appropriate and realistic;

_____ (i) _____ arrange and participate in a quarterly individual progress review with other service contract and or subcontract providers to verify that the individual's goals and objectives remain appropriate and realistic;

_____ (j) _____ monitor and assure that services and supports are readily accessible to the individual;

_____ (k) _____ evaluate and monitor the appropriateness and timeliness of services delivered to the individual;

_____ (l) _____ maintain regular communication with all contract and subcontract providers delivering services and products to the individual;

_____ (m) _____ demonstrate that the quality of services has been evaluated and that all concerns and issues are identified including implementation of necessary corrective action plans; and

_____ (n) _____ maintain original individual records for each program individual in the local service coordination contractor agency.

D. Staffing Requirement Qualifications: TBI service coordinators must demonstrate their qualifications in one of the following ways:

_____ (1) _____ have a current social worker license in good standing with the New Mexico board of social work examiners;

_____ (2) _____ have a current registered nurse license, in good standing from the New Mexico board of nursing;

_____ (3) _____ have a bachelor's degree in social work, counseling, nursing, special education or closely related field plus one year clinical experience related to the TBI population working in any of the following settings:

_____ (a) _____ home health or community health program;

_____ (b) _____ hospital;

_____ (c) _____ private practice;

_____ (d) _____ publicly funded institution or long term care program;

_____ (e) _____ mental health program;

_____ (f) _____ community based social service program; and

- ~~_____ (g) _____ other programs addressing the needs of individuals with TBI;~~
- ~~_____ (4) _____ with prior approval from the TBI program manager or designee, exceptions to service coordinators qualifications can be made; providers requesting qualification exceptions must demonstrate relevant education internships and or volunteer experience of applicants and or staff;~~
- ~~_____ (5) _____ all TBI service coordinators whether subcontracting or employed by a TBI program contracting agency must meet these requirements and attend continuing education as determined by ALTSD;~~
- ~~_____ (6) _____ notify the department if key personnel changes occur (the state reserves the right to review contract status if key personnel change);~~
- ~~_____ (7) _____ service coordination agency agrees to pay the minimum hourly wage to service coordinators as stated in the request for proposals for TBI providers.~~

~~_____ **E. Reimbursements For Service Coordination Services:** Reimbursements for TBI service coordination services under state general funded contract with the aging and long term services department is through the unit price system (UPS) of the administrative services division of the aging and long term services department.~~

- ~~_____ (1) _____ Component unit rate is as stated by ALTSD in the request for proposals for TBI providers.~~
- ~~_____ (2) _____ TBI service coordination services are calculated on a rate per hour as set by ALTSD and is payable through a monthly reimbursement not to exceed one twelfth of the contractor's total contract for this service. Allocations for TBI service coordination services are based upon legislative appropriation and annual utilization review.~~

- ~~_____ (3) _____ TBI service coordinators can bill for activities related to assisting individuals with the application process regardless of final eligibility determination within the initial 90 day period.~~
- ~~_____ (4) _____ Activities that are not billable under the TBI trust fund include:

 - ~~_____ (a) _____ services provided to persons once it has been established that the individual does not meet the definition of individuals with traumatic brain injuries (TBI);~~
 - ~~_____ (b) _____ services provided to persons who are not residents of the state of New Mexico or who reside in an institution except those who have 30 days to transition into the community;~~
 - ~~_____ (c) _____ services provided by other service coordination systems unless approved the TBI program manager or designee;~~
 - ~~_____ (d) _____ direct intervention services, such as individual therapy, group therapy, support groups, homemaker personal care services personal attendant services, psychosocial rehabilitation services and or duplicate services that are being covered by TBI crisis interim services;~~
 - ~~_____ (e) _____ individual outreach and identification activities in which a provider attempts to contact potential individuals;~~
 - ~~_____ (f) _____ services that are not documented by the service coordinator in the individual's record;~~
 - ~~_____ (g) _____ travel to and from the individual's home except when the individual is being transported unless prior approval has been given in writing by the TBI program manager or designee;~~
 - ~~_____ (h) _____ attendance at training and other personnel development activities which are not face to face with the individual;~~
 - ~~_____ (i) _____ preparation of billing statements progress notes or quarterly reports; and~~
 - ~~_____ (j) _____ service coordination contractors cannot charge eligible individuals according to a sliding fee scale for TBI services.]~~~~

~~_____ **BISF CONTRACTED ENTITIES AND CONTRACTORS:** Brain injury services fund (BISF) services are provided through two contractor components, service coordination and fiscal intermediary agent for BISF HCBS.~~

~~_____ **A. Service coordination services:** Service coordination services serve a problem-solving function. They are intended to resolve a participant's stated crisis need, ensure service continuity, prevent fragmentation of services and endeavor to tap into any and all resources that are appropriate and accessible, including community-based supports, while resolving the crisis that brought the participant into the program. The intent of service coordination is to augment, not replace, the participant's natural supports in a manner that facilitates independent living and self-determination. All participants must have a BISF program service coordinator before they can receive any other BISF program services.~~

~~_____ (1) **Qualifications for service coordination:** Service coordination agencies serving the BISF program must ensure the following pertaining to staff qualifications:~~

- ~~_____ (a) _____ have a current social worker license in good standing with the New Mexico board of social work examiners; or~~
- ~~_____ (b) _____ have a current registered nurse license, in good standing from the New Mexico board of nursing; or~~

(c) have a bachelor's degree in social work, counseling, nursing, special education or closely related field plus one-year clinical experience related to the brain injury population working in any of the following settings:

- (i) home health or community health program;
- (ii) hospital;
- (iii) private practice;
- (iv) publicly funded institution or long-term care program;
- (v) mental health program;
- (vi) school or school health setting;
- (vii) community-based social service program; or
- (viii) other programs addressing the needs of individuals with brain injury.

(d) With prior approval from the HSD BISO program manager or designee, exceptions to service coordinator qualifications can be made; contractors requesting qualification exceptions must demonstrate that applicant candidates have relevant education, internships or volunteer experience. Other qualifications may be:

- (i) associates degree and a minimum of three years of experience in the mental health or brain injury field; or
- (ii) high school graduation or general educational development (GED) test and a minimum of five years of experience in the mental health or brain injury field.

(e) All BISO service coordinators whether subcontracting or employed by a BISO program contracted agency must meet these requirements and attend continuing education as determined by HSD.

(2) **Scope of services:** Service coordination includes but is not limited to facilitating eligibility determination for individuals applying to the BISO; conducting an in-person assessment; developing an independent living plan (ILP); coordination and documentation of the delivery of services; maintaining a complete permanent case record for each participant which includes documentation as prescribed by HSD; and creating a transition plan for discharge from the BISO program, coordinating with other case managers, as needed.

(a) Service coordinators must identify, and resolve known or suspected issues that may have an impact on the safety and well-being of the participant.

(b) Service coordinators must evaluate and monitor direct service and implementation of the ILP through face-to-face contact with the participant at a frequency prescribed by HSD.

(c) Service coordination agencies are required to maintain a 24-hour emergency response system that allows participants to contact the agency and respond to individual emergency situations within a reasonable amount of time after notification on a 24-hour basis. An emergency response written policy is to be provided to all program participants.

B. Fiscal intermediary agent (FIA): The fiscal intermediary agent (FIA) serves as the intermediary for the arrangement and payment of brain injury specific home and community-based services (HCBS). BISO services are only accessible through the coordination of a BISO program service coordination agency and are limited to filling a participant's needs as outlined in the participant's independent living plan (ILP), when there is an imminent risk to the participant's health and safety.

(1) **Qualifications for FIA:** FIA service staff must demonstrate the following qualifications:

(a) have a bachelor's degree in business, social work, counseling, nursing, special education or closely related field; and

(b) have experience related to the brain injury population, working in any of the following settings:

- (i) home health or community health program;
- (ii) hospital;
- (iii) private practice;
- (iv) publicly funded institution or long-term care program;
- (v) mental health program; or
- (vi) community-based social service program; or other program addressing the needs of individuals with brain injuries.

(c) With prior approval from the BISO program manager or designee, exceptions to FIA personnel qualifications can be made. Contractors requesting qualification exceptions must demonstrate relevant education internships or volunteer experience. Other qualifications may be:

(i) associate degree and experience in the mental health or brain injury field; or

(ii) high school graduation or general educational development (GED) test and extensive experience in the mental health or traumatic brain injury field.

(d) All BISF FIA staff employed by the agent, must meet these requirements and attend continuing education as determined by HSD. Contracted FIA service providers must have the required education and be duly licensed by the state of New Mexico within their respective disciplines.

(2) **Scope of services:** Fiscal intermediary agent services include but are not limited to the following activities: maintain a network of providers of brain injury related services and goods and ensure that subcontracted providers are duly licensed by the state of New Mexico or otherwise certified within their respective disciplines; procure goods and arrange contracts and letters of agreement with vendors and contractors who provide the goods, services and supports; receive service and goods referral requests submitted by BISF service coordinators for prior authorization; and arrange for delivery of BISF goods and services.

(a) Prior to arranging for and funding requested services or goods, the FIA must verify that other responsible payer source coverage is not available to pay for services or goods and that the participant has exhausted any other financial resources.

(b) The FIA must monitor and document service expenditures for participants receiving BISF HCBS and ensure that coverage does not exceed the allowable limits set by HSD;

(c) The FIA must assure that subcontracted providers and vendors are providing the services and goods as contracted and ensure timely reimbursement to such providers and vendors.

C. General administrative requirements: Agencies contracted to provide BISF service coordination or fiscal intermediary services are required to:

(1) have and follow confidentiality standards;

(2) maintain a current business license issued by the state, county or city government if required;

(3) comply with all applicable federal or state regulations, policies and procedures that apply to their business and to their contract with HSD;

(4) demonstrate financial solvency;

(5) maintain full professional liability insurance coverage;

(6) establish and maintain written policies and procedures related to:

(a) service provision and appropriate supervision;

(b) professional documentation standards;

(c) training and education on brain injury; and

(d) grievances and appeals as outlined in 8.326.10.15 NMAC in a manner that is accommodating to those living with brain injury and agreeable to the HSD BISF program; and

(7) have a governing board with at least one external member with a brain injury, a family member with a brain injury or professional working with brain injury;

(8) maintain an in-house directory of brain injury resources for each region served.

[8.326.10.10 NMAC - N, 11/15/2007]

[8.326.10.11 — LIFE SKILLS COACHING SERVICES PROVIDERS FOR TRAUMATIC BRAIN INJURY

TRUST FUND PROGRAM New Mexico traumatic brain injury program, life skills coaching services are services provided to individuals with traumatic brain injury (TBI) to assist them in performing routine daily living tasks that will enhance their quality of life. Individuals are eligible to receive life skills coaching services that meet specific New Mexico TBI program requirements.

A. Life Skills Coaching Services: services are focused on coaching individuals to live independently in their homes and communities. Life skills coaching is not designed to provide substitute task performance. It is customized for each individual and is usually provided in the person's home, place of work or wherever an activity would normally occur. Life skills may also be provided to family members to help them adjust to their changed roles and circumstances following the traumatic brain injury of their family member. Life skills coaching for individuals with traumatic brain injuries are those services that may include but are not limited to:

(1) assist individuals with housing and household management including:

(a) locating affordable housing;

(b) signing a rent or lease agreement;

(c) cleaning the house;

(d) shopping for household goods;

(e) cooking meals;

(f) laundry; and

(g) use of everyday tools and appliances;

- _____ (2) _____ assist individuals in applying nutritional principles in developing menus along with comparative shopping and food preparation;
- _____ (3) _____ coach individuals on activities of daily living such as personal care including but not limited to hygiene, grooming and dressing;
- _____ (4) _____ coach individuals on their physical, medical and emotional health maintenance;
- _____ (5) _____ coach medication reminder cues;
- _____ (6) _____ train individuals in the use of assistive devices and other durable medical equipment including communication devices;
- _____ (7) _____ assist individuals with employment and education needs;
- _____ (8) _____ teach individuals on the best ways to utilize and access public transportation;
- _____ (9) _____ help individuals become aware of community resources and how they can gain access to them;
- _____ (10) _____ assist individuals to learn and practice sensible money management;
- _____ (11) _____ coach individuals on ways to most effectively interact and communicate with family members and other caregivers;
- _____ (12) _____ coach individuals in the development and use of anger management skills;
- _____ (13) _____ coach individuals in memory skills;
- _____ (14) _____ provide coaching to improve time management skills;
- _____ (15) _____ help individuals recognize and avoid common dangers to self and possessions, which may include basic safety skills including interaction with strangers, first aid, fire safety, crossing streets and common public courtesies;
- _____ (16) _____ assist individuals with other social, recreational and cognitive skills as specified in their ILP;
- _____ (17) _____ coach individuals on their communication skills;
- _____ (18) _____ coach individuals on childcare and parenting skills;
- _____ (19) _____ assist with other social, medical or educational skill needs as recognized by the individual, individual's service team and or the family.

B. Administrative Requirements of Life Skills Coaching Services Contractors: Life skills coaching is intended to provide coaching of the skills that an individual needs to function in their home environment, their job and or their community.

- _____ (1) _____ Service coverage area for TBI life skills coaching services should be throughout at least one entire TBI program region as specified in the contract provider agreement with ALTSD.
- _____ (2) _____ Based on an initial assessment and 90-day reassessment of need, individuals may receive TBI life skills coaching for up to four hours per day, five days per week for up to one year. When it becomes evident that no progress is being made by the individual the lack of progress must be documented in the individual's record. A team staffing must be called to determine if the life skills coaching the individual is receiving is still appropriate and if it should or should not be changed or continue. The team should be comprised of the individual, the life skills coach(s), the service coordinator(s) family members and other appropriate professionals including applicable crisis interim services staff.
- _____ (3) _____ Life skills coaching services shall follow a behavioral model for individuals in the program and be conducive to desirable behavior for everyday life and to assist the individual in learning coping skills to help improve interrelationships.
- _____ (4) _____ Life skills coaching services shall be provided in a one to one basis or in a small group setting of no more than four individuals and shall be based on the needs of the individual. Coaching shall take place in the individual's residence or wherever the activity would take place naturally.
- _____ (5) _____ Facilitate independent living skills by providing life skills coaching services to individuals with TBI to increase their ability to live independently.
- _____ (6) _____ An independent living skills assessment must be completed for each individual who is determined to be eligible for life skills coaching service. This assessment must:
 - _____ (a) _____ be completed prior to beginning life skills coaching services;
 - _____ (b) _____ consist of an evaluation of daily living skills through observation, testing, questioning and consultation within the individual's everyday environment; home, work, school and general community setting;
 - _____ (c) _____ determine the individual's capabilities, long and short term goals, and needs in employment, education, transportation, housing, home management, finances, money management, self-advocacy,

socialization, recreation, community living, self care, attendant care needs, communication, and ability to access community resources;

_____ (d) _____ include medical documentation of a traumatic brain injury by a duly licensed physician or psychologist, including an assigned ICD 9 code;

_____ (e) _____ include a written ILP for life skills coaching services that covers: goals and objectives, training necessary to reach those goals and objectives, number of hours per month the individual will receive life skills coaching, expected measurable outcomes, time frames for reaching goals and meeting objectives, plans for discharge and or transition out of life skills coaching services, identification of the service coordinator(s) other persons, services, programs and or products necessary to help the individual reach targeted goals and accomplish those objectives, and identification and estimated costs of crisis interim goods and or services;

_____ (f) _____ be reviewed and updated quarterly; and

_____ (g) _____ begin life skills coaching only after the individual's service coordinator has included life skills services in the individual's ILP and a life skills coaching plan has been submitted to the service coordinator.

_____ (7) _____ Maintain case records on each individual served including but not limited to: the two page application, initial life skills assessment, eligibility documentation (ICD 9 code), ILP which includes goals, measurable objectives, contact, progress, revisions of ILP that reflect changes in goals and objectives, referrals and outcomes of services.

_____ (8) _____ Have and follow confidentiality standards.

_____ (9) _____ Maintain a current business license issued by the state, county or city government if required.

_____ (10) _____ Life skills coaching contractors must comply with all applicable federal and state regulations, policies and procedures that apply to their business.

_____ (11) _____ Demonstrate financial solvency.

_____ (12) _____ Establish and maintain separate financial reporting and accounting activities that are in accordance with state requirements.

_____ (13) _____ Maintain an automated data system for financial and program reporting purposes (note: direct linkage/modem to the aging and long term services department may be required).

_____ (14) _____ Be knowledgeable of TBI resources within their community, their region, New Mexico and nationally and maintain an in house directory of TBI useful resources on site.

_____ (15) _____ Have an established method of information and data collection.

_____ (16) _____ Have a readily accessible office in each geographic region serviced by the contract provider.

_____ (17) _____ Comply with all federal and state regulations, policies, and procedures, including but not limited to policies and procedures related to:

_____ (a) _____ service provision and appropriate supervision;

_____ (b) _____ professional documentation standards;

_____ (c) _____ training and education; and

_____ (d) _____ reimbursement of life skills coaching services.

_____ (18) _____ Purchase and maintain full professional liability insurance coverage.

_____ (19) _____ Establish and maintain appropriate written grievance procedures.

_____ (20) _____ Reports shall be submitted in the time frame and format prescribed by TBI program.

Reports will be submitted in the manner designated by the TBI program including a summary of the total hours of life skills coaching services provided to each individual.

_____ (21) _____ Organizations must avoid conflict of interest or duplication of services and may not provide other state general funded services to individuals with traumatic brain injuries when they are also individuals for whom they provide TBI life skills coaching services.

_____ (22) _____ Comply with the following quality assurance system requirements:

_____ (a) _____ assure that the TBI individual achieves an optimal level of wellness and function by implementing timely and appropriate services and natural supports individualized to meet their needs;

_____ (b) _____ assure timely assessment and implementation of necessary services, supports and goods;

_____ (c) _____ insure that each individual's ILP addresses targeted realistic goals and objectives with measurable outcomes within a cost effective and specific time frame;

_____ (d) _____ develop an ongoing monitoring process which provides for the evaluation of quality effectiveness and appropriateness of services and supports provided to the individual;

- _____ (e) _____ utilize a monitoring system to track accurate data reported on individual issues and concerns regarding the individual from both internal and external resources;
- _____ (f) _____ identify and resolve known or suspected issues that may have an impact on the individual, perform annual individual satisfaction surveys that identify areas of need such as delays in implementation of services or supports, over and under utilization of services or supports and access to providers of services;
- _____ (g) _____ employ a formal method of monitoring regulating and documenting the quality of services or supports provided to determine if the goals and objectives of the ILP are being achieved and remain appropriate and realistic;
- _____ (h) _____ arrange and participate in a quarterly individual progress review with other service contract and or subcontract providers to verify that the individual's goals and objectives remain appropriate and realistic;
- _____ (i) _____ monitor and assure that services and supports are readily accessible to the individual;
- _____ (j) _____ evaluate and monitor the appropriateness and timeliness of services delivered to the individual;
- _____ (k) _____ maintain regular communication with all contract and subcontract providers delivering services and products to the individual;
- _____ (l) _____ demonstrate that the quality of services has been evaluated and that all concerns and issues are identified including implementation of necessary corrective action plans; and
- _____ (m) _____ maintain original individual records for each program individual in the local service coordination contractor agency.

_____ **C. Staffing Requirement Qualifications:** TBI life skills coaches must demonstrate their qualifications in one of the following ways listed below.

- _____ (1) _____ Have a current registered nurse license in good standing from the New Mexico board of nursing.
- _____ (2) _____ Have a bachelor's degree in social work, counseling, nursing, special education or closely related field plus one year clinical experience related to the TBI population working in any of the following settings:
 - _____ (a) _____ home health or community health program;
 - _____ (b) _____ hospital;
 - _____ (c) _____ private practice;
 - _____ (d) _____ publicly funded institution or long term care program;
 - _____ (e) _____ mental health program;
 - _____ (f) _____ community based social service program; and
 - _____ (g) _____ other programs addressing the needs of individuals with traumatic brain injuries.
- _____ (3) _____ With prior approval from the TBI program manager or designee exceptions to life skills coaching qualifications can be made. Providers requesting qualification exceptions must demonstrate relevant education internships and or volunteer experience. Other qualifications may be:
 - _____ (a) _____ associate's degree and a minimum of three years experience in the mental health or traumatic brain injury field; and
 - _____ (b) _____ high school graduation or general educational development (GED) test and a minimum of five years experience in the mental health or traumatic brain injury field.
- _____ (4) _____ All TBI life skills coaches whether subcontracting or employed by contractor must meet requirements and attend continuing education as determined by ALTSD.
- _____ (5) _____ Prior written approval from the TBI program is required for any intern providing life skills coaching in the TBI program.
- _____ (6) _____ Notify the department if key personnel changes occur. The state reserves the right to review contract status if key personnel change.
- _____ (7) _____ Life skills coaching agency agrees to pay the minimum hourly wage to life skills coaches as stated in the request for proposals for TBI providers.

_____ **D. Reimbursement for Life Skills Coaching Services:** Reimbursements for TBI life skills coaching services under state general funded contract with the aging and long term services department is through the unit price system (UPS) of the administrative services division of the aging and long term services department.

- _____ (1) _____ Component unit service rate is as stated by ALTSD in the request for proposals for TBI providers at 20 hours per week per individual maximum.

~~_____ (2) _____ TBI life skills coaching services is calculated on a rate per hour as set by ALTSD and is payable through a monthly reimbursement not to exceed one twelfth of the contractor's total contract for this service. Allocations for TBI life skills coaching services are based upon legislative appropriation and annual utilization review.~~

~~_____ (3) _____ Activities that are not billable include:~~

~~_____ (a) _____ services provided to persons who do not meet the definition of individuals with traumatic brain injuries (TBI);~~

~~_____ (b) _____ services provided to persons who are not residents of the state of New Mexico or who reside in an institution or who are served through a separate system such as one provided through the medicaid waiver programs;~~

~~_____ (c) _____ direct intervention services such as individual therapy, support groups, homemaker personal care services, personal attendant services, psychosocial rehabilitation services and or services that are being paid by TBI crisis interim services;~~

~~_____ (d) _____ individual outreach and identification activities in which a provider attempts to contact potential individuals;~~

~~_____ (e) _____ services that are not documented by the TBI life skills coach in the individual's file;~~

~~_____ (f) _____ travel to and from the individual's home, except when the individual is provided transportation for service and support coaching which has been included in the ILP, unless prior approval has been given in writing by the TBI program;~~

~~_____ (g) _____ attendance at training and other personnel development activities which are not face to face with the individual;~~

~~_____ (h) _____ preparation of billing statements progress notes or quarterly reports; and~~

~~_____ (i) _____ life skills coaching contractors cannot charge eligible individuals according to a sliding fee scale for TBI services.]~~

CONFLICT OF INTEREST: Contracted entities and providers, who provide direct BISO services, must avoid conflict of interest or duplication of services and may not:

A. provide direct intervention services, such as individual therapy, group therapy, support groups, homemaker services, personal attendant services, life skills coaching services, psychosocial rehabilitation services, and or duplicate BISO HCBS or fiscal intermediary services for enrolled BISO participants, when they are also contracted to provide service coordination services;

B. accept gifts from existing or potential vendors in exchange for a contract relationship or other favorable treatment;

C. charge BISO program participants for their services; and

D. in no instance shall a service coordination agency or fiscal intermediary agent, contracted by HSD for BISO program services, dictate the provider, vendor or contractor that shall provide a participant's services or goods.
[8.326.10.11 NMAC - N, 11/15/2007]

[8.326.10.12 — CRISIS INTERIM SERVICES TO INDIVIDUALS WITH TRAUMATIC BRAIN INJURY

TRUST FUND PROGRAM: Crisis interim services to individuals with traumatic brain injury (TBI) are provided through a contracted fiscal intermediary agency that processes reimbursement and funding for services and goods for eligible recipients of the ALTSD trust fund. Individuals are eligible to receive crisis interim services that meet specific New Mexico TBI program requirements.

A. Crisis Interim Services Eligibility Requirements: Services are focused on funding services, supports and goods for individuals who have a current service coordinator through the TBI program. External case managers must access crisis interim through the TBI service coordinator. TBI service coordinators are responsible for determining initial eligibility and arranging for crisis interim service or products with the fiscal intermediary agent. The fiscal agent must comply with the following:

~~_____ (1) _____ obtain copies of the individual's two page application, qualifying ICD 9 code and referral form from the service coordinator;~~

~~_____ (2) _____ have a written comprehensive ILP that includes all services, products, estimated costs, duration and or limits, before the contract fiscal agent may fund the services or product;~~

~~_____ (3) _____ ensure through a copy of the service coordination ILP that the applicant receiving funding has exhausted any other financial resources and that services are provided only until other resources can be made available; and~~

~~_____ (4) _____ applicants may be eligible to receive funding when there is an accelerated need for services on a short term basis to protect the individual if the person has an exacerbated condition that has caused a critical need or if needs have suddenly and drastically changed.~~

~~_____ **B. Funding Limits Per Individual:** There is a maximum yearly and lifetime coverage for each individual with a TBI and it is determined by the individual's need based on service coordinator assessment(s) and availability of funding. The qualifications for funding are that:~~

- ~~_____ (1) _____ all TBI individuals may or may not qualify for or receive the yearly or lifetime maximum;~~
- ~~_____ (2) _____ there is a one time only initial housing assistance in a lifetime;~~
- ~~_____ (3) _____ a one time only \$10,000 lifetime limit on environmental modifications;~~
- ~~_____ (4) _____ crisis interim funding is limited up to \$25,000 lifetime maximum per year per TBI individual and is dependent on legislative appropriation; and~~
- ~~_____ (5) _____ crisis interim funding is limited up to \$75,000 lifetime maximum per TBI individual and is dependent on legislative appropriation.~~

~~_____ **C. Provisions for Utilization of Services Provided to Individual:** The individual is given freedom of choice to select needed goods or a provider for a given service based on the ILP, then conveys the choice to the service coordinator who then notifies the fiscal intermediary agent through submission of a referral, to contact the provider and set up a letter of agreement and/or contract, to provide said services to the individual. The crisis interim services record shall reflect the express service details stated in the individual's ILP and in the service coordinator's referral and shall include:~~

- ~~_____ (1) _____ a copy of the doctor's order recommending services due to TBI as applicable;~~
- ~~_____ (2) _____ the service being provided;~~
- ~~_____ (3) _____ the 90 days timeline;~~
- ~~_____ (4) _____ the number of sessions and hours per week or the particular service(s) or item(s) provided;~~
- ~~_____ (5) _____ the fee charged per hour or for the specified item; and~~
- ~~_____ (6) _____ in the case of provider services, notify the service coordinator who in turn notifies individual that an agreement has been completed; start date of services begins with the initial appointment for the individual.~~

~~_____ **D. Duration of Services:** Crisis interim funding shall be limited to 90 days in duration. Exceptions to this 90 day timeline, may be made by the crisis interim contractor.~~

~~_____ (1) _____ Continuation of crisis interim services funding is contingent upon receipt of a 90-day reassessment conducted in collaboration with, and the authorization in writing by the individual's service coordinator. It is determined within each 90-day time frame if the needs being addressed still exist and cannot be provided by another payor source. Reassessment must be conducted every 90 days and documentation of reassessment and continuing need must be established and recorded in the individual's crisis interim record and service coordination file.~~

~~_____ (2) _____ After services have been inactivated for an individual, the individual may have services reestablished due to an exacerbated condition or extended past the initial 90 days due to continued need of a critical nature. Reassessment and documentation is required as detailed in Paragraph (1), above.~~

~~_____ (3) _____ Justification for continuing crisis interim services funding must be recorded with proper documentation and corroborating written assessment or progress note from a physician or licensed medical provider such as a physical or occupational therapist stating support for ongoing services.~~

~~_____ (4) _____ Crisis interim services may be extended or continue past the 90-day duration until a necessary product can be obtained or modification to the individual's environment or automobile can be completed. A 90-day reassessment is not usually required during the interval between assessment and delivery, if the situation is that the initial task cannot be completed during the first 90 days. The cause for delay beyond 90 days must be recorded in the crisis interim individual's record and service coordination file and updated every 90 days until completion of the project or modification has been completed or the goods ordered are delivered.]~~

~~_____ **INDEPENDENT LIVING PLAN: An independent living plan (ILP) is required for each interim service period that includes all the services, goods, and supports recommended to the participant including referrals to BISF HCBS and any other potential resources available in the local community that are needed to resolve the identified crisis. BISF HCBS cannot be initiated until the service coordinator has included the services in the ILP and completed the appropriate referrals. The ILP is to be written and developed by the service coordinator with the participation of the participant and shall include:**~~

- ~~_____ (1) _____ person-centered goals and action steps needed to complete goals;~~
- ~~_____ (2) _____ education and support necessary to reach goals and objectives;~~
- ~~_____ (3) _____ number of hours per month the participant will receive BISF service coordination and other identified BISF services;~~

- ~~(4) expected measurable outcomes;~~
- ~~(5) time frames for reaching goals and meeting objectives;~~
- ~~(6) plans for discharge or transference to another program or payer source;~~
- ~~(7) identification of all persons, services or products necessary to reach the participant's goals and accomplish their objectives; and~~
- ~~(8) estimation of cost of services or goods provided by HCBS.~~

[8.326.10.12 NMAC - N, 11/15/07]

~~**8.326.10.13 — TBI CRISIS INTERIM SERVICES GOODS AND SUPPORTS OFFERED TO INDIVIDUALS WITH TRAUMATIC BRAIN INJURY TRUST FUND PROGRAM:** Crisis interim services for individuals with TBI include but are not limited to the items listed below.~~

~~**A. Special Equipment:** TBI crisis interim services funds may be used to pay for equipment that fills the need of a individual, that is specifically not paid for by medical assistance division (MAD) programs, medicare, the special education individuals with disability education act (IDEA) program, department of vocational rehabilitation (DVR), HMOs, private insurance, or another payor source. The equipment must be necessary because of the individual's TBI and a prescription or a written assessment provided by a physician or licensed therapist must be submitted to justify the equipment requested.~~

~~**B. Assistive Technology Assessment Services:** Funds from TBI crisis interim services may be used to provide assistive technology assessment.~~

~~(1) Assistive technology assessment services are the systematic application of technologies to assist persons diagnosed with TBI to improve communications skills and the ability to perform activities of daily living.~~

~~(2) Services shall be provided by an individual or agency with a minimum of a post Master's degree in assistive technologies; an individual or agency who is certified by the rehabilitation engineering and assistive technologies society of north America (RESNA); or an individual or agency who demonstrates a working knowledge of assistive technologies, a physician or rehabilitation provider agency. Services shall include assessment, recommendations and training by a healthcare professional.~~

~~**C. Initial and or Emergency Housing Costs:** Funds from TBI crisis interim services may be used to pay initial and or emergency rent, security deposit and utility start of service and or one month maintenance of service charges. This is a one time only lifetime occurrence. Housing plans shall adhere to the following guidelines:~~

~~(1) a copy of a lease or rental agreement letter that contains the name of the leaser, the address of the property and a contact name and phone number for verification of rental intent shall be obtained by the service coordinator and placed in the individual's permanent file;~~

~~(2) a copy of the lease or rental agreement shall be sent with the referral to crisis interim and placed in the individual's record;~~

~~(3) a written plan shall detail the manner in which initial housing and utility costs will be paid and included in the individual's file;~~

~~(4) start up and or emergency utility costs shall be submitted to crisis interim to be paid within 30 days of the signed rental agreement;~~

~~(5) housing plan shall include documentation that the TBI individual has sufficient long term resources to sustain on going housing expenses; and~~

~~(6) document evidence that TBI funds are not being used to pay for housing that could have been provided by another more appropriate payor source.~~

~~**D. Environmental Modifications:** Funds from the TBI crisis interim services may be used to make an individual's home accessible due to individual's TBI and related physical limitations and must meet the following requirements:~~

~~(1) no home improvements requested by the individual will be covered by crisis interim funds;~~

~~(2) funds can only be used to make the individual's home more accessible because of their TBI condition, this includes but is not limited to, widening doorways, installing ramps and modifying bathrooms;~~

~~(3) an assessment on the proposed environmental modification must be done by a licensed physical or occupational therapist to justify the service;~~

~~(4) for any modification over \$250 at least one contractor bid shall be obtained by the service coordinator, which include blueprint and or written description of plan and price itemization for materials and labor, along with any other supporting documentation and submitted by the service coordinator to ALTSD for consideration and a written decision;~~

- ~~_____ (5) there is a one time only \$10,000 lifetime maximum for all TBI crisis interim funded services that may be used for environmental modifications;~~
- ~~_____ (6) funds cannot be used to purchase a home;~~
- ~~_____ (7) only contractors with current license in good standing can be engaged to do environmental modifications;~~
- ~~_____ (8) individual shall provide proof of property ownership, and, if residing in or renting someone else's property, provide written permission from landlord for any environmental modification funded by the TBI crisis interim services program;~~
- ~~_____ (9) the crisis interim provider in collaboration with the individual's service coordinator shall show evidence that TBI funding was the most appropriate payor source to fund an environmental modification;~~
- ~~_____ (10) collaboration with other funding sources must include:

 - ~~_____ (a) detailed description/plan of the project including total cost;~~
 - ~~_____ (b) documentation of specific portion to be funded by the TBI program as the payor of last resort; and~~
 - ~~_____ (c) documentation that contractor acknowledges the specific portion and amount of the project for which the TBI program is responsible; and~~~~
- ~~_____ (11) all environmental modifications shall be reviewed and approved by ALTSD in writing.~~
- ~~**E. Retrofit Automobile:** Funds from TBI crisis interim services shall be used to modify an automobile specifically for the use of the individual with TBI and include the following criteria:

 - ~~_____ (1) can be used to install a van lift, hand controls and modified seating;~~
 - ~~_____ (2) cannot be used for the purchase of an automobile nor for auto repairs; and~~
 - ~~_____ (3) the crisis interim provider in collaboration with the individual's service coordinator will show evidence that the TBI program was the most appropriate payor source to fund retrofitting an automobile for an individual with TBI.~~~~
- ~~**F. Transportation:** Funds from crisis interim services may be used to provide transportation for individuals with TBI, that is specifically not paid for by medical assistance division (MAD) programs, medicare, the special education individuals with disability education act program (IDEA), department of vocational rehabilitation (DVR), HMO's, private insurance, or other payor sources. Planned transportation should be included in the ILP. Individuals may use funding for transportation to get to medical and therapy care for treatment of conditions directly related to the TBI, but only if they cannot access other funding sources to get them to appointments.~~
- ~~**G. Public/Private Transportation:** Crisis interim fiscal agents may reimburse for public transportation, taxi services and mileage reimbursement for actual mileage according to an approved rate when a private vehicle is used. Individuals may not be reimbursed for transportation costs submitted more than 90 days past the date the transportation was provided or the trip was taken.~~
- ~~**H. Respite Care:** Funds from crisis interim services may only be used to provide an individual's primary caregiver, as identified in the ILP, with temporary respite. Respite may be provided for a period up to 72 hours per week that may or may not include overnight hours. TBI program funds cannot be used to pay for respite care provided by home health aids or salaried employees. Funds may be used for respite care that is specifically not paid for by medical assistance division programs, medicare, HMOs, private insurance or other payor sources.~~
- ~~**I. Home Health Aide, Homemaker or Companion:** Funds from TBI crisis interim services may be used to contract for the services of a home health aide, a homemaker or companion from a licensed agency that meet the quality personnel standards as stipulated by the agency and state licensing. The required license of contractors providing these services must be in good standing and current. TBI crisis interim services funds may only be used to pay for home health aides, homemaker or companion services that are not paid for by medical assistance division (MAD) programs, medicare, the special education individuals with disability education act program (IDEA), department of vocational rehabilitation (DVR), HMOs, private insurance, or other payor source.~~
- ~~**J. Nursing Care:** Funds from crisis interim services may be used to provide private duty nursing services that are specifically not paid for by medical assistance division (MAD) programs, medicare, HMO's, private insurance or other payor sources. These services may include:

 - ~~_____ (1) direct nursing care provided in an individual's home; and~~
 - ~~_____ (2) a registered nurse (RN) or a licensed practical nurse (LPN) that provides services only under the orders of the individual's physician; nursing services provided by crisis interim services must be in compliance with the New Mexico Nurse Practice Act.~~~~
- ~~**K. Therapies:** All therapists providing services under TBI crisis interim services must hold a current license and be in good standing from their respective licensing authority. Funds from TBI crisis interim services may be used to provide necessary therapies as listed below:~~

- _____ (1) _____ outpatient mental and or behavioral health;
- _____ (2) _____ physical therapy;
- _____ (3) _____ occupational therapy; and
- _____ (4) _____ speech and language therapy.

_____ **L. Prescribed Medications:** Funds from TBI crisis interim services may be used to provide prescription medications used to treat their TBI symptoms or directly related conditions when they are not available and or covered by any third party payors, medical assistance division (MAD) programs, medicare, the special education individual with disability education act program (IDEA), department of vocational rehabilitation (DVR), HMO's, private insurance or by another payor sources. Crisis interim services may provide:

- _____ (1) _____ prescription medications listed in the TBI program formulary (exceptions to the TBI program formulary must be approved in writing from the TBI Program Manager or designee);
- _____ (2) _____ individuals may not be reimbursed for prescription medications in cases where the receipt evidencing purchase is submitted more than 90 days past the date the prescription was filled;
- _____ (3) _____ for reimbursement, the individual must submit the pharmacy print out, which has on it: individual's name, the date, doctor's name, name of the medication and the price paid; and
- _____ (4) _____ if feasible, and the fiscal agent is able to set up an agreement with certain pharmacies, individuals may have scripts filled with the billing sent directly to crisis interim services for payment; service coordinator is responsible for checking receipts submitted by individuals to avoid duplicate payments on those submitted through the pharmacy.

_____ **M. Health Insurance Deductibles or Co pays:** Funds from TBI crisis interim services may be used to pay health insurance deductibles or co pays from long term services and private insurance to hospital or physician(s) for services and treatment for TBI or conditions directly related to TBI. Payment of insurance premiums are not covered by the TBI program.

_____ **N. Other Use of Crisis Interim Funds:** TBI crisis interim services funds may be used to provide other limited services. Those services provided by a licensed practitioner may require a script or a letter of recommendation from a physician or therapist.

- _____ (1) _____ Special training and education to individual and family in the use of tools and methods needed to promote recovery and independence of the individual.
- _____ (2) _____ Assistive devices evaluations to show justification for said devices for treatment of TBI.
- _____ (3) _____ Neuropsychological evaluations if there is no other payor source. Individual must present physician's order or script for approval of evaluation in order for crisis interim services fund to cover the cost.
- _____ (4) _____ Training in the use of new equipment or existing equipment that has been modified for the individual's use.
- _____ (5) _____ Special health and dietary items as needed because of the TBI or conditions directly related to the TBI.
- _____ (6) _____ Limited alternative therapies such as massage, acupuncture, and chiropractic can be provided if a contractor designated to provide the therapy is able to document the proven effectiveness of the therapy. Practitioners must possess a current license and be in good standing with respective field.
- _____ (7) _____ Experimental therapies are not usually covered. All questionable experimental therapies require prior written approval by the TBI program manager or designee.

_____ **O. Aging and Long Term Services Department (ALTSD),** reserves the right to approve or disapprove any and all contractors used by the fiscal intermediary agent.

_____ **P. All Billings and Receipts Submitted to Crisis Interim Services,** for all goods, services and supports, shall be submitted for payment or reimbursement within 90 days of the service date, by the individual, service coordinator and or vendor.

_____ **Q. Waiver of Requirements:** Only ALTSD and or TBI trust fund program manager or designee can make exceptions to the provisions of the crisis interim services standards with the following stipulations:

- _____ (1) _____ requests for waivers to the provisions and services provided by the TBI program must be made in writing;
- _____ (2) _____ requests must have accompanying documentation justifying the exception; and
- _____ (3) _____ approval must be made in writing and must be placed in the individual's crisis interim record and service coordination permanent file.]

BRAIN INJURY SERVICES FUND HOME AND COMMUNITY-BASED SERVICES: BISF home and community-based services (HCBS) and goods are for outpatient care administered within the state of New Mexico and must address the participant's assessed needs and include the expectation of individual and family participation. BISF HCBS are designed to resolve a participant's identified crisis, enhance the individual's self-determination and promote independence. BISF HCBS funding can only be used for

services and goods that are documented in the participant's ILP and or substantiated by physician's orders or other required documentation, as appropriate. As the payer of last resort, BISF funding may be used for the purchase of authorized services or goods that are not covered by medicaid, medicare, the special education-individuals with disability education act (IDEA) program, department of vocational rehabilitation (DVR), private insurance or other responsible payer sources. The delivery of all BISF HCBS will be in accordance with the standards set by HSD.

A. BISF HCBS eligibility requirements: BISF HCBS can only be provided to program participants who have a current BISF service coordinator and have met BISF program requirements. Eligibility for BISF HCBS is based upon the service coordinator's assessment of participant needs, verification that no responsible payer source exists, and receipt of supporting medical documentation, as appropriate to justify the need for a requested service or good. Referrals for qualifying participants are submitted to the FIA, who arranges and pays for authorized goods and services in 90-day increments.

B. Funding limits per participant: There is a maximum yearly and lifetime coverage for eligible participants as determined by their assessed needs. Funding is also limited by legislative or departmental appropriation. Coverage limitations for qualifying participants are as follows:

(1) No more than the annual budgetary cap per participant as prescribed by HSD, unless through approved written exception by HSD; this value represents a maximum amount that may be budgeted and is not a guaranteed annual budget assignment.

(2) \$75,000 lifetime maximum for combined services and goods;

(3) \$10,000 lifetime limit on environmental modifications;

(4) only one emergency housing assistance per participant in a lifetime, unless an exception is made in writing by the BISF program manager at the HSD.

C. Duration of services: BISF HCBS funding and approved services are provided in six month increments with the following provisions:

(1) BISF HCBS are provided as funding limits allow only until other responsible payer sources are available, or the crisis has been otherwise resolved.

(2) BISF HCBS can only be continued for one additional interim, up to one year with documentation that the needs being addressed still exist and cannot be provided by another responsible payer. Continuation of BISF HCBS for requested services is contingent upon completion of a six month written recertification conducted by the participant's service coordinator in accordance with program standards. As applicable, this will include orders from a physician or licensed medical provider stating support for ongoing services.

(3) BISF HCBS may be extended or continue past the six month duration, until a necessary product can be obtained or in the case of environmental modification and retrofit automobile services, the modification to the participant's environment or automobile can be completed. Any cause for delay must be recorded by the service provider in the participant's record and provided to the service coordination agency. The record must be updated, until completion of the project or modification has been completed or the goods ordered are delivered.

(4) Exceptions to the six month interim timeline beyond two consecutive interims, may be requested by the service coordination agency in writing through HSD's process for extending services and referrals on the basis of one or more unresolved crises, ongoing participant needs and available funding.

(5) After a participant's BISF HCBS have been inactivated, services may be reestablished through the BISF service coordinator due to an exacerbated condition or situation that has caused a critical need that cannot be covered by other responsible payer sources.

(6) Participants who are receiving BISF HCBS may be eligible to access additional BISF HCBS funding, beyond the prescribed limits, if the person has experienced a sudden, drastic and accelerated change in needs impacting health and safety, such as an exacerbated medical or psychological condition. Participants accessing BISF HCBS on an escalated basis will require medical documentation to establish a higher order of need. Escalated services may or may not be provided as funding allows on a short-term basis, per program requirements.

D. Freedom of choice: Each participant receiving BISF HCBS shall be informed of all available service providers, vendors or contractors that are eligible to provide the needed services or goods in their region. The participant shall be the sole decision maker of who is to provide services or goods from all eligible entities that could fill his or her needs. The BISF program cannot guarantee that all services will be available in all regions or that a preferred provider will agree to work with the program.

E. Service descriptions: Services that require physician's orders include but are not limited to home health aide, nursing services, neuropsychological evaluations, novel or unconventional therapies, durable medical equipment over \$250, and other non-standard services and goods. Requested services and goods cannot be accessed until authorized in writing by the FIA, who arranges and pays for approved BISF HCBS and goods. BISF HCBS

funding may be used to pay for services and goods that meet the noted criteria in the following categories, with special requirements, as noted:

(1) **Assistive technology assessment services:** Assistive technology assessment services are the systematic application of technologies to assist persons diagnosed with brain injury to improve communication skills and the ability to perform activities of daily living. An assistive technology assessment is required to justify the purchase of assistive technology or adaptive equipment that is needed to address symptoms of the participant's brain injury. Services shall be provided by an individual or agency with a minimum of a master's degree in assistive technologies; an individual or agency certified by the rehabilitation engineering and assistive technologies society of north america (RESNA); an individual or agency demonstrating a working knowledge of assistive technologies; or a licensed physician or rehabilitation provider agency. Services shall include assessment, recommendations and training by a qualified healthcare professional.

(2) **Durable medical equipment and assistive technology:** Durable medical equipment (DME) refers to any equipment that is used to serve a medical purpose or provides therapeutic benefits to a patient in need because of certain medical conditions, related to a participant's brain injury. Assistive or adaptive technology refers to any "product, device, or equipment, whether acquired commercially, modified or customized, that is used to maintain, increase, or improve the functional capabilities" of a person living with brain injury. DME or adaptive equipment is intended to fill the assessed medical, therapeutic or functional needs of participant and a prescription and a written assessment provided by a physician or licensed therapist must be submitted to justify the equipment requested if the cost of the DME is more than \$250.

(3) **Environmental modifications:** Environmental modifications refer to alterations required to make the participant's home more accessible because of their brain injury and related physical limitations. Environmental modifications include but are not limited to, widening doorways, installing ramps and modifying bathrooms. Funds cannot be used to cover home improvements; expenses related to home maintenance or other repairs that would otherwise be incurred as a responsible homeowner or tenant; or be applied toward the purchase of a home. The following criteria for environmental modifications must be adhered to:

(a) An assessment for the proposed environmental modification must be done by a licensed physical or occupational therapist to justify the service.

(b) For any modification over \$250, contractor bids must be obtained by the service coordinator which must include blueprint, written description of plan and price itemization for materials and labor, along with any other supporting documentation.

(c) Only contractors with a current license in good standing can be engaged to do environmental modifications.

(d) Funds for environmental modifications are limited to a \$10,000 lifetime maximum.

(e) The participant shall provide proof of property ownership, and, if residing in or renting property owned by another party, provide written permission from the landlord prior to pursuing any BISF funded environmental modification;

(f) The FIA in collaboration with the participant's service coordinator shall show evidence that BISF funding was the most appropriate payer source to fund the requested environmental modification;

(g) For instances when costs related to a needed environmental modification cannot be covered in total by another funding source, documentation of collaboration with other funding sources must be submitted to the FIA and include:

(i) a detailed description and plan for the project including total cost;

(ii) the specific portion to be funded by the BISF program as the payer of last resort; and

(iii) the contractor's written acknowledgment of the specific portion and amount of the project for which the BISF program is responsible.

(h) All requests, plans and related documentation for environmental modifications shall be submitted by the BISF service coordinator for review and written approval by HSD, prior to submitting a referral.

(4) **Home health aide, homemaker or companion:** A home health aide, homemaker or companion from a licensed agency may be contracted to assist participants in gaining functional independence with activities of daily living, performance of general household tasks, and enable the eligible participant to accomplish tasks he or she would normally do for himself or herself if he or she did not have a brain injury. Providers of these services must meet the quality personnel standards as stipulated by the agency and state licensing. The required

license of contractors providing these services must be in good standing and current. Provision of authorized services must adhere to the following requirements:

(a) Participants must require regular assistance with activities and or instrumental activities of daily living, as prescribed by the HSD BISF program.

(b) Family members, who reside in the same household, cannot serve as paid caregivers, unless:

(i) the participant and family member reside in a remote area, where no professional caregiver or respite services are available, and the needs of the participant prevent the in-home caregiver from engaging in employment outside the home; or

(ii) the intensiveness of the participant's behavioral or mental health needs prevent outside caregivers from entering the home and administering effective care. These needs shall be justified in writing through a signed letter from the participant's licensed medical or mental health care providers and submitted to HSD or designated representative for review and approval. Such justification shall be updated annually, for as long as the participant remains eligible for BISF services.

(c) In-home family caregivers who meet the criteria noted in Subparagraphs (a) thru (c) of Paragraph (4) of Subsection E of 8.326.10.12 NMAC must be trained and employed by a licensed agency that meets the quality personnel standards, as stipulated by the agency and state licensing, and timesheets shall be submitted, as requested.

(5) **Initial and emergency housing costs:** Assistance to pay initial or emergency rent, security deposit and utility start-of-service or one-month maintenance of service charges may be provided as once in a lifetime occurrence. Documentation submitted by BISF service coordinators with any housing referral to the FIA shall adhere to the guidelines below and be maintained in the participant's BISF record:

(a) a completed housing plan worksheet and budget, which includes documentation that the participant has sufficient resources to sustain ongoing housing expenses for the chosen housing; documentation that no other payer source was available to cover the housing expenses; the rental price range that would be sustainable for the participant; and detail regarding the manner in which initial housing or utility costs will be paid.

(b) a copy of a lease or rental agreement letter that contains the name of the leaser, the address of the property and a contact name and phone number for verification of rental intent.

(c) start up and or emergency utility costs shall be submitted to the FIA to be paid within 30 days of the signed rental agreement.

(6) **Nursing care:** Brain injury related private duty nursing services covered by BISF HCBS must be in compliance with the New Mexico Nurse Practice Act and provided in the participant's home under the orders of the participant's physician. These services may be provided by a licensed registered nurse (RN) or a licensed practical nurse (LPN).

(7) **Nutritional consultation:** Coverage includes consultation and follow-up with a registered dietician or nutritionist, who is licensed with the New Mexico board of nutrition and dietetics; qualified providers may include specialists such as MDs, DOs, Ph.D.s, RDs, LDs, or DCs.

(8) **Physician or medical provider services for outpatient health insurance:** Coverage of copayments for physician services or the treatment of a participant's brain injury or conditions directly related to the brain injury requires treatment verification by the office of the licensed medical professional or therapist. Payments of insurance premiums and or deductibles are not covered by the BISF program.

(9) **Prescribed medications:** Copayment assistance may be used to cover prescription medications that are medically necessary to treat symptoms arising from a participant's brain injury or directly related conditions. Reimbursement for this service requires adherence to the following guidelines:

(a) prescription medications eligible for reimbursement must be listed in the approved BISF program formulary. Exceptions to the BISF program formulary must be approved in writing from the HSD BISF program manager or designee;

(b) participants may not be reimbursed for prescription medications in cases where the receipt evidencing purchase is submitted more than 90 days past the date the prescription was filled;

(c) the participant must submit the pharmacy print out, which identifies the participant's name, the date, doctor's name, name of the medication and the price paid; and

(d) if feasible, and the FIA is able to set up an agreement with certain pharmacies, participants may have scripts filled with the billing sent directly to the FIA for payment; the service coordinator is responsible for checking receipts submitted by participants to avoid duplicate payments on those submitted through the pharmacy.

(10) Professional life skills coaching and organizer services: This interim service may be accessed to assist a participant in learning or re-learning life skills that are required in order to function independently in their home environment, in their job or in their community. These services are provided by individuals with appropriate certification and require the provider to address the cognitive, behavioral or social impairments that are preventing the return to independent functioning. The service may include assistance with home organization or management, time management, records management, and organization and management of finances, as well as coaching in appropriate social interactions; effective communication skills; anger management; self-care/health management; pursuit of education or employment; childcare and parenting skills; accessing and navigating community resources; mindfulness training and any other cognitive, social, or behavioral skills identified in the participant's ILP. The services of the life skills coach are not to be used as a substitute for the participant's task performance. The services are customized for each participant and are usually provided in the person's home, place of work or wherever an activity would normally occur. Services are to be provided at a frequency that will best facilitate the transfer of needed skills, following an evaluation conducted by the coach. Life skills may also be provided to family members to help them adjust to their changed roles and circumstances following the brain injury of their family member. Service limitations apply as prescribed by HSD.

(11) Respite care: A participant's primary caregiver may be provided temporary respite, if the caregiver lives in the same household as the participant. Respite may be provided for a period up to 72 hours per week and may or may not include overnight hours. BISF HCBS funds cannot be used to pay for respite care provided by home health aides or salaried employees.

(12) Retrofit automobile: This service is used to modify an automobile specifically for the use of a participant with brain injury. The service is limited to installation of a van lift; hand or pedal controls; and modified seating. Funds cannot be used for the purchase of an automobile or be applied toward the cost of auto repairs or maintenance that would be otherwise incurred by the responsible vehicle owner or lessee. Any request for retrofit of an automobile will begin with a referral by the service coordinator identifying a certified driver rehabilitation specialist (CDRS), who will assess the abilities of the participant with brain injury, complete an evaluation, make recommendations for the vendor who will perform the installation, and provide any training on the use of specialized equipment or controls, once the installation is completed. The CDRS may or may not be affiliated with the vendor who completes the installation; a separate referral may be needed for the vendor completing the installation.

(13) Transportation (public or private): Requests to cover private or public in-state transportation for participants with brain injury must adhere to the following guidelines:

(a) Funds may be authorized for mileage reimbursements for the use of the participant's private vehicle for the purpose of getting to medical and therapy care for treatment of conditions directly related to the brain injury. Approved mileage reimbursements will:

(i) require prior approval by the BISF service coordinator for identified destinations and be authorized for payment by the BISF FIA;

(ii) cover costs of actual mileage at no more than the current state approved rates;

(iii) not be authorized to pay for gas, mileage or wear and tear on any other vehicle not privately owned by the participant with brain injury;

(iv) not cover overnight costs for participant or caregiver lodging or per diem; and

(v) not be covered for requests submitted more than 90 days past the date the transportation was provided, or the trip was taken.

(b) Funds may be used to purchase public transportation in the form of bus, van or rail passes for participants and their caregivers.

(14) Therapies and alternative therapies: All therapists providing traditional and alternative therapy services must hold a current license and be in good standing from their respective licensing authority. Service limitations on alternative therapies, such as massage, acupuncture and chiropractic care may apply, as specified by the HSD. BISF HCBS funds may be used to cover copayments for medically necessary therapies, as listed below:

(a) outpatient mental or behavioral health;

(b) physical therapy;

(c) occupational therapy;

(d) speech and language therapy;

(e) massage therapy;

(f) acupuncture; and

(g) chiropractic care.

(15) Other use of BISF HCBS funds: BISF HCBS funds may be used to provide other limited services in the absence of another payer source. Those services provided by a licensed practitioner may require an order or a letter of recommendation from a licensed physician or therapist. Requests for these services must be submitted by the service coordinator in writing for written authorization by the HSD BISF program manager or designee and include:

(a) Special training and education to the participant and family in the use of tools and methods needed to promote recovery and independence of the participant.

(b) Neuropsychological evaluations to determine a course of treatment for a participant who has already met the BISF program's eligibility criteria. The participant must present a physician's order or letter of recommendation for prior authorization, before accessing the service.

(c) Special health and dietary items that are needed because of conditions directly related to the brain injury.

(d) Health and housing advocate through independent contractors or peer mentors for attendance and advocacy at medical or therapy appointments or providing assistance in locating safe and affordable housing.

F. Providers or vendors of BISF HCBS sub-contracted by the FIA may not charge program participants for services already arranged and authorized through the BISF, unless the program has authorized direct reimbursement to the participant.

G. Only the HSD BISF program manager or designee can make exceptions or waivers of requirements regarding the provision of BISF HCBS with the following stipulations:

(1) requests for waivers to the provisions and services provided by the BISF program must be made by the service coordination agency in writing;

(2) requests must have accompanying documentation justifying the exception; and

(3) written approval from HSD must be placed in the participant's record by both the FIA and the service coordination agency.

[8.326.10.13 NMAC - N, 11/15/2007]

8.326.10.14 ~~[CRISIS INTERIM SERVICES FISCAL INTERMEDIARY AGENT FOR TRAUMATIC BRAIN INJURY TRUST FUND PROGRAM: TBI crisis interim services fiscal agent contractor manages and tracks the expenditures on individuals of the TBI trust fund program, procures goods and arranges contracts and letters of agreement with vendors and contractors who provide the goods, services and supports.~~

~~A. Administrative Requirements for the Crisis Interim Services Fiscal Agent:~~

~~(1) Non TBI program case management may request goods and services for an eligible individual through the TBI service coordinator. Other case managers might include such systems as medicaid salud, medicaid waiver programs, HMO's and other insurances. The crisis interim services fiscal agent is responsible for maintaining documentation of eligibility and other required documents as described in Paragraphs (1), (2), (3) and (4) of Subsection A of 8.326.10.12 NMAC, per individual. TBI service coordination contract providers determine initial eligibility for all crisis interim services and are responsible for monitoring all individuals receiving any TBI services.~~

~~(2) Service coverage area should be throughout at least one entire TBI program region as specified in the contract/provider agreement with ALTSD.~~

~~(3) Facilitate independent living by assistance and services to the individual with TBI that will promote the ability for independent living.~~

~~(4) At least one representative of the TBI fiscal agency shall attend all quarterly trainings held by the TBI program for providers.~~

~~(5) Have and follow confidentiality standards.~~

~~(6) Crisis interim providers must document evidence, in an individual's record that reasonable attempts have been made to verify that other payor source coverage is not available to pay for services or goods.~~

~~(7) Denial of payment of benefits from an individual's other payor source should be documented in the record before crisis interim provides the service or goods. Documentation should be obtained from the service coordinator and must include a copy of a written denial or a dated detailed accounting of a verbal denial and placed in the individual's record. Minimal documentation of the denial must consist of the date, payor source, naming of the person spoken to and reason for denial.~~

~~(8) Maintain an extensive directory of TBI resources within their community, their region, New Mexico and nationally, on site.~~

- ~~_____ (9) _____ Have an established method of information and data collection.~~
- ~~_____ (10) _____ Have a readily accessible office in each TBI program geographic region served or means to communicate with other TBI program contractors or subcontractors effectively by phone.~~
- ~~_____ (11) _____ Each individual receiving crisis interim services shall be informed of all available service providers, vendors or contractors that are eligible to provide the TBI services or goods in their region. The individual shall be the sole decision maker of who is to provide service or goods from all eligible entities that could fill his or her needs. In no instance shall a fiscal agent dictate the provider, vendor or contractor that shall provide the service, or goods. Self referral by a crisis interim fiscal agent, or an affiliate of the crisis interim agent, shall not be allowed.~~
- ~~_____ (12) _____ Establish and maintain appropriate written grievance procedures for individuals and other TBI services providers.~~
- ~~_____ (13) _____ Reports shall be submitted in the time frame and format prescribed by TBI program. Reports will be submitted in the manner designated by the TBI program including a summary of the total hours billed for service rendered, expenditures per individual and all other data requested by ALTSD.~~
- ~~_____ (14) _____ Crisis interim services providers shall avoid conflict of interest and or duplication of services and shall not provide TBI program service coordination or life skills coaching in the same region(s) in which they are a TBI program fiscal agent.~~
- ~~_____ (15) _____ Quality assurance system requirements: Crisis interim contractors must comply with the stipulations listed below:

 - ~~_____ (a) _____ assure that the TBI individual achieves an optimal level of wellness and functioning by implementing timely and appropriate services and natural supports that are individualized to meet their needs;~~
 - ~~_____ (b) _____ assure timely assessment and implantation of necessary services and supports;~~
 - ~~_____ (c) _____ ensure that each individual's ILP addresses targeted, realistic goals and objectives with measurable outcomes within a cost effective and specific time frame, as it applies to crisis interim services;~~
 - ~~_____ (d) _____ develop an ongoing monitoring process which provides for the evaluation of quality effectiveness, and appropriateness of services and supports provided to the individual;~~
 - ~~_____ (e) _____ develop a monitoring system to track accurate data reported on individual issues and concerns regarding the individual from both internal and external resources;~~
 - ~~_____ (f) _____ identify and resolve known or suspected issues that may have an impact on the individual;~~
 - ~~_____ (g) _____ perform annual individual satisfaction surveys that identify areas of need such as delays in implementation of services or supports over and under utilization of services or supports and access to providers or service;~~
 - ~~_____ (h) _____ employ a formal method of checking, regulating and documenting the quality of services or supports provided to determine if the goals and objectives of the ILP are being achieved and remain appropriate and realistic, as the ILP applies to crisis interim services;~~
 - ~~_____ (i) _____ participate in quarterly individual progress reviews called by the service coordinator and which include the individual and life skills coach(s) if possible, to verify that the individual's goals and objectives remain appropriate and realistic;~~
 - ~~_____ (j) _____ monitor and assure that services and supports are readily accessible to the individual;~~
 - ~~_____ (k) _____ evaluate and monitor the appropriateness and timeliness of crisis interim services to the individual that may affect crisis interim services;~~
 - ~~_____ (l) _____ maintain regular communication with all providers delivering other TBI services to the individual that may affect crisis interim services; and~~
 - ~~_____ (m) _____ demonstrate that the quality of services has been evaluated and that all concerns and issues are identified, including implementation of corrective action plans.~~~~

~~_____ **B. Staffing Requirement Qualifications:** TBI crisis interim service staff must demonstrate their qualifications to serve TBI individuals by compliance with certain stipulations.~~

- ~~_____ (1) _____ Have a current registered nurse license in good standing, from the New Mexico board of nursing.~~
- ~~_____ (2) _____ Have a bachelor's degree in social work, counseling, nursing, special education or closely related field.~~
- ~~_____ (3) _____ Have clinical experience related to the TBI population, working in any of the following settings:

 - ~~_____ (a) _____ home health or community health program;~~~~

(b) hospital;
(c) private practice;
(d) publicly funded institution or long term care program;
(e) mental health program; and
(f) community based social service program; and other program addressing the needs of individuals with traumatic brain injuries (TBI).

(4) Demonstrate relevant education, internships, and or extensive medical volunteer experience.

(5) With prior approval from the TBI program manager or designee exceptions to crisis interim personnel qualifications can be made. Providers requesting qualification exceptions must demonstrate relevant education internships and or volunteer experience. Other qualifications may be:

(a) associate's degree and experience in the mental health or traumatic brain injury field; and

(b) high school graduation or general educational development (GED) test and extensive experience in the mental health or traumatic brain injury field.

(6) All TBI crisis interim services contractors, whether contracting with the fiscal agent or employed by the agent, must meet these requirements and attend continuing education as determined by ALTSD. Contractor crisis interim services providers must have the required education, and be duly licensed by the state of New Mexico within their respective disciplines. Crisis interim service fiscal agents are responsible for verifying the status of contractor licenses.

(7) Notify the department if key personnel changes occur. The state reserves the right to review contract status if key personnel change.

C. Reimbursement for Crisis Interim Services: Reimbursement for TBI crisis interim services under state general funded contract with aging and long term services department (ALTSD) is through the unit price system (UPS) of the administrative services division of ALTSD.

(1) Component unit service rate per unit is stated by ALTSD in the request for proposals for TBI providers. No more than 25,000 units may be spent on a single eligible individual with TBI during a contract year. Under the direction of the crisis interim services contractor, and as described on the eligible individual's ILP, a licensed or certified (whenever applicable) direct service provider, or vendor of goods, will provide goods and services to the individual with TBI. The crisis interim contractor is responsible for reimbursement made to the direct service provider or vendor in accordance with the ILP and or crisis plan. When feasible, all goods and services provided under TBI crisis interim services contracts are to be consistent with the human services department (HSD) medicaid waiver, or medicaid rates.

(2) Reimbursement by the ALTSD to the contractor for TBI crisis interim services is payable through a monthly reimbursement not to exceed one twelfth of the contractor's total contract for this service. Allocations for TBI crisis interim services are based upon legislative appropriation and annual utilization review.

(3) Activities not billable include:

(a) services provided to persons who do not meet the definition of individuals with traumatic brain injuries (TBI) as defined in section 8.326.10.7 in these regulations;

(b) individuals that do not have an ICD-9 code on file;

(c) services provided to persons who are not legal residents of the state of New Mexico, who reside in an institution or who are served through a separate system, such as one provided through the medicaid waiver programs;

(d) duplication of services that are being funded by any other payor source;

(e) individual outreach and identification activities in which a fiscal agent attempts to market their services to potential individuals;

(f) services that are not documented by the TBI crisis interim services staff person in the individual's file;

(g) travel to and from the individual's home, except when the individual is being transported, unless approved in writing by the ALTSD TBI program;

(h) attendance at training and other personnel development activities which are not face to face with the individual;

(i) preparation of billing statements, progress notes or quarterly reports; and

(j) crisis interim services contractors cannot charge eligible individuals according to a sliding fee scale for TBI services and bill them to the ALTSD.] **NON-COVERED SERVICES AND GOODS:**

Costs not covered by BISO HCBS include:

- A. Dental exams, visits, procedures or equipment;
- B. Optical exams, visits, glasses, lenses or other equipment;
- C. Hearing exams, visits or aids or other equipment;
- D. Experimental therapies;
- E. Computers and internet;
- F. Cell phones or cell phone carrier service;
- G. Organizational supplies;
- H. Service animals, certification or training of service animals, veterinary, grooming, boarding or maintenance costs;
- I. Health insurance deductibles or premiums;
- J. Institutional care, nursing facility or hospital care costs.

[8.326.10.14 NMAC - N, 11/15/2007]

8.326.10.15 SERVICE AUTHORIZATION AND REIMBURSEMENT: Funding for BISF service coordination, BISF HCBS and fiscal intermediary agent services is based upon trust fund revenues and legislative or departmental appropriation. Billings and receipts for all approved goods, services and supports, shall be submitted for payment or reimbursement within 90 days of the service date, by the participant, service coordinator or vendor, following all HSD BISF program instructions. Reimbursement for goods, services and supports are made at a predetermined reimbursement rate. The HSD reserves the right to approve or disapprove any and all vendors or subcontractors used by the BISF HCBS fiscal intermediary agent.

~~[8.326.10.15] **8.326.10.16 [GRIEVANCE AND APPEALS PROCESSES FOR TRAUMATIC BRAIN INJURY TRUST FUND PROGRAM:** The provider will have written individual grievance procedures, which provide the individual and or their representative with a process for expressing dissatisfaction with the program services. The procedures will explain and permit an orderly resolution of informal and formal grievances. These procedures should be presented in a culturally competent format, at a language level understandable by the individual and or their representative.~~

- ~~**A. Grievances:**~~
 - ~~(1) Ensure that a written grievance procedure is provided to the individual at the time of intake and available upon request thereafter.~~
 - ~~(2) Ensure that the grievance procedures clearly explain to individuals which staff members are assigned to receive informal and formal complaints, the expected procedure and the time frames for doing so.~~
 - ~~(3) Ensure that a staff member is designated as having primary responsibility for the maintenance of the grievance procedures, review of their operation, and revision of related policies and procedures whenever necessary.~~
 - ~~(4) Ensure that procedures are in place for tracking, investigating, recording, resolving and appealing decisions concerning grievances made by the individual, their representative or others.~~
 - ~~(5) Ensure that all provider grievance procedures and any subsequent changes are approved by ALTSD and included in the intake documentation.~~
 - ~~(6) Ensure there is no discrimination against an individual solely on the grounds that the individual or their representative filed a grievance.~~

~~**B. Appeals:**~~

- ~~(1) If the individual and or their representative do not agree with the outcome of an informal or formal grievance filed and reviewed at the provider agency, they may appeal, in writing, to the TBI program manager.~~
- ~~(2) The TBI program manager will review the written appeal along with any supporting documentation as applicable and will respond in writing to the individual filing the appeal within 30 days with notification of the outcome to the provider agency.]~~

GRIEVANCE AND APPEALS PROCESSES FOR THE BRAIN INJURY SERVICES FUND PROGRAM: The BISF program allows for a grievance or complaint process that affords program participants the opportunity to register grievances or complaints concerning the provision of services that are administered through the BISF program.

- A. Grievances**
 - (1) Program participants may register complaints with the service coordination and FIA contractors.

(2) Individual BISF contractors will have written grievance procedures approved by HSD, which provide the participant or their representative with a process for expressing dissatisfaction with the program services.

(3) The contractor's written grievance procedure is to be available upon request by program participants, HSD or its assigns.

B. Appeals:

(1) If the participant or their representative do not agree with the outcome of a formal grievance filed and reviewed at the BISF contracted agency, they may appeal, in writing, to the HSD BISF program manager.

(2) The HSD BISF program manager or designee will review the written appeal along with any supporting documentation as applicable and will respond in writing to the participant filing the appeal within 30 days with notification of the outcome to the provider agencies involved.

[8.326.10.15 NMAC - N, 11/15/2007]

HISTORY OF 8.326.10 NMAC: [RESERVED]