

NEW MEXICO HUMAN SERVICES DEPARTMENT

Medicaid Management Information System Replacement (MMISR) Project



**PROPOSAL ADDENDUM 23 (Twenty-Three)
ADDENDUM TITLE: HHS 2020 DOH Documentation**

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Attachment T5: Functional Requirements Approach

The Offeror should provide a narrative overview of how the proposed System will meet the Client Data Management System (CDMS) Functional Requirements. The following questions pertaining to Functional Requirements are a required portion of the RFP response and will be evaluated by the Agency.

While responding, the Offeror should reference the RFP, the CDMS Business Process Report (located in the Procurement Library), the CDMS Functional Requirements Traceability Matrix (Attachment T4) as well as all other documentation provided as part of the Procurement Library, to gain an overall understanding of the required scope and functionality, as well as the future DOH DDSD vision.

Please use these response sections to provide specific details of the proposed approach to meeting the Agency's requirements in each area. Responses should, when necessary, reference requirements using the appropriate RFP Requirement Numbers from Attachment T4, Functional Requirements Traceability Matrix. Please refer to the Business Process Report Document in the Procurement Library for workflows, business processes and additional details on the selected functional areas.

Responses for the Functional Requirements Approach are strongly preferred to be highly focused on the specific requirements and should not simply provide generic or marketing descriptions of technology or product capabilities. Offerors should indicate how their proposed phased implementation may or may not impact functionality. Additionally, the Offeror should indicate exception handling processes where appropriate and any dependencies on existing systems or components of the new System to provide the specified functionality.

1.0 Intake/Eligibility/Enrollment

Instructions: Discuss how this System will provide the functionality required to deliver the business benefits outlined in the Attachment T4: Functional Requirements Traceability Matrix, and contextually described in the CDMS Business Process Report, specifically as related to the following business processes:

- BP01: Pre-Screening Management
- BP02: Application Management
- BP02a: Medically Fragile Waiver Program Pre-Screening
- BP03: Wait List and Allocation Management
- BP03a: Expedited Allocation
- BP04: Eligibility Determination

<Response>

2.0 Case Establishment

Instructions: Discuss how this System will provide the functionality required to deliver the business benefits outlined in the Attachment T4: Functional Requirements Traceability Matrix, and contextually described in the CDMS Business Process Report, specifically as related to the following business processes:

- BP05: Person-Centered Plan Management
- BP06: Budget Management
- BP07: Secondary Freedom of Choice (SFOC) Management
- BP08: Screening, Assessment and Plan Management

<Response>

3.0 Service Delivery Management

Instructions: Discuss how this System will provide the functionality required to deliver the business benefits outlined in the Attachment T4: Functional Requirements Traceability Matrix, and contextually described in the CDMS Business Process Report, specifically as related to the following business processes:

- BP09: Service Delivery Management
- BP10: Utilization Management
- BP11: Individual Information Management
- BP12: Waiver Transfer Management
- BP13: Provider Transfer Management

<Response>

4.0 Provider Enrollment & Management

Instructions: Discuss how this System will provide the functionality required to deliver the business benefits outlined in the Attachment T4: Functional Requirements Traceability Matrix, and contextually described in the CDMS Business Process Report, specifically as related to the following business processes:

- BP14: Provider Enrollment Management
- BP14a: Provider Renewal Management
- BP15: Provider Change Management
- BP16: Provider Amendment Management
- BP17: Provider Moratorium Management
- BP18: Provider Closure Management

<Response>

5.0 Family Infant Toddlers (FIT), State General Funds (SGF) and Pre-Admission Screening & Resident Review (PASRR) Program Management

Instructions: Discuss how this System will provide the functionality required to deliver the business benefits outlined in the Attachment T4: Functional Requirements Traceability Matrix, and contextually described in the CDMS Business Process Report, specifically as related to the following business processes:

- BP19: FIT Program – Intake/Eligibility/Enrollment Management
- BP20: FIT Program – Person-Centered Planning (Individualized Family Service Plan, IFSP) Management
- BP21: FIT Program – Service Delivery Management
- BP22: FIT Program – Transition Management
- BP23: FIT/SGF Provider Enrollment & Management
- BP24: SGF Program – Eligibility & Services Management
- BP25: PASRR Management - Level I Screening
- BP26: PASRR Management - Level II Evaluation

<Response>

6.0 Operations Management

Instructions: Discuss how this System will provide the functionality required to deliver the business benefits outlined in the Attachment T4: Functional Requirements Traceability matrix, and contextually described in the CDMS Business Process Report, specifically as related to the following business processes:

- BP27: Training Management
- BP28: Incident Management
- BP29: Quality Management
- BP30: Contract Management
- BP31: Institutional Review Committee (IRC) Management
- BP32: Civil Monetary Penalty (CMP) Management
- BP33: Request for Regional Assistance (RORA) Management
- BP34: Mortality Review Management
- BP35: General Events Reporting (GER) Management
- BP36: Fair Hearings Management
- BP37: Secure Communications Management
- BP38: Alerts & Notifications Management
- BP39: Standard and Parameter-Based Reports Management
- BP40: Ad Hoc Queries and Reports Management

<Response>

7.0 Functional Requirements Approach Assumptions

Instructions: Document all assumptions related to this Response Template in the following Table. Add rows as necessary.

Table 1: Functional Requirements Assumptions

ITEM #	REFERENCE (Section, Page, Paragraph)	DESCRIPTION	RATIONALE
1.			
2.			
3.			

Attachment T5: Functional Requirements Approach

The Offeror should provide a narrative overview of how the proposed System will meet the Client Data Management System (CDMS) Non-Functional Requirements. The following questions pertaining to Non-Functional Requirements are a required portion of the RFP response and will be evaluated by New Mexico DOH.

While responding, the Offeror should reference the RFP, the CDMS Business Process Report (located in the Procurement Library), the CDMS Functional Requirements Traceability Matrix (Attachment T4), CDMS Non-Functional Requirements Traceability Matrix (Attachment T6) as well as all other documentation provided as part of the Procurement Library, to gain an overall understanding of the required scope and functionality, as well as the future DOH vision.

Please use these response sections to provide specific details of the proposed approach to meeting requirements in each area. Responses should, when necessary, reference requirements using the appropriate RFP Requirement Numbers from Attachment T6, Non-Functional Requirements Traceability Matrix.

Responses for the Non-Functional Requirements Approach are strongly preferred to be highly focused on the specific requirements and should not simply provide generic or marketing descriptions of technology or product capabilities. Offerors should indicate how their proposed phased implementation may or may not impact functionality. Additionally, the Offeror should indicate exception handling processes where appropriate and any dependencies on existing systems or components of the new System to provide the specified functionality.

1.0 General System Behavior Requirements

Instructions: Discuss how this System will meet the requirements specified in Attachment T6: Non-Functional Requirements Traceability Matrix, specifically as related to the following Non-Functional Requirements sections:

- G1 - Usability
- G2 - Audit & Compliance
- G3 - Performance & Availability
- G4 - Interface List

<Response>

2.0 Technology Platform Requirements

Instructions: Discuss how this System will meet the requirements specified in Attachment T6: Non-Functional Requirements Traceability Matrix, specifically as related to the following Non-Functional Requirements sections:

- T1 - Interoperability and Interfaces
- T2 - Scalability and Extensibility
- T3 - Regulatory and Security
- T4 - Solution Management and Administration
- T5 - Technology Preferences

<Response>

3.0 Implementation Requirements Section

Instructions: Discuss how this System will meet the requirements specified in Attachment T6: Non-Functional Requirements Traceability Matrix, specifically as related to the following Non-Functional Requirements sections:

- I1 - Project Management and Monitoring
- I2 - Project Planning
- I3 - Provision of Technical Environment and Management
- I4 - Solution Design, Development & Implementation (DDI)
- I5 - Data Conversion and Migration
- I6 - Testing
- I7 - Organizational Change Management, Training and Knowledge Transfer
- I8 - Pilot, Roll-Out and Go-Live
- I9 - Warranty Support and Steady State
- I10 - Implementation Service-Level Requirements

<Response>

4.0 Application Maintenance and Operations Requirements

Instructions: Discuss how this System will meet the requirements specified in Attachment T6: Non-Functional Requirements Traceability Matrix, specifically as related to the following Non-Functional Requirements sections:

- O1 - Application M&O Service Requirements
- O2 - Modifications/Enhancements Requirements
- O3 - M&O Turn-Over or Transition Services Requirements
- O4 - M&O Service Level Requirements

<Response>

5.0 Non-Functional Requirements Approach Assumptions

Instructions: Document all assumptions related to this Response Template in the following Table. Add rows as necessary.

Table 2: Non-Functional Requirements Assumptions

ITEM #	REFERENCE (Section, Page, Paragraph)	DESCRIPTION	RATIONALE
1.			
2.			
3.			



State of New Mexico Department of Health (DOH), Developmental Disabilities Supports Division (DDSD)

**Client Data Management System (CDMS) –
Planning, Requirements and Procurement
Support Project**

Business Process Report

Version 2.0
March 30, 2018

Version History

Version	Implemented By	Revision Date	Description of Change
1.0	Gartner	November 28, 2017	Original Document provided to DDSD for client comments
2.0	Gartner	March 30, 2018	Documented updates per DDSD comments

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1.0 Introduction

1.1 Document Purpose

The purpose of this document is to establish the foundation necessary to support the business case (program, policy, procedural and operational) for the State of New Mexico's Department of Health (DOH), Developmental Disabilities Supports Division (DDSD) Client Data Management System (CDMS). This Business Process Report is driven by the vision, goals and key business imperatives of DDSD for the CDMS.

This Business Process Report consists of business process workflows and business case narratives, depicting DDSD's "future state" model of practice to be enabled by the CDMS system. This Business Process Report is the result of a thorough and disciplined business process analysis, with significant DDSD, DOH, and Human Services Department (HSD) stakeholder participation, to ensure that DDSD:

- Provides a thorough description of the business context for the CDMS system, including DDSD's expectations of the functionality needed to support its Home and Community Based (HCBS) Waivers, Family Infant Toddler (FIT), State General Funds (SGF) and Pre-Admission Screening and Resident Review (PASRR) programs
- Clearly articulates their needs from a CDMS system, to ensure DDSD fulfills its vision, goals and objectives of a person-centric model of practice, and increases access, improves outcomes, reduces costs, supports accountability and strengthens the quality of its programs and services
- Provides the functional requirements definition necessary to:
 - Communicate to the vendor community DDSD's needs for a CDMS system, including the establishment of a common language describing DDSD's programs, processes and functional capability needs
 - Complete a feasibility study and alternatives analysis, and thus ensure DDSD and its State and Federal partners make the most informed decision possible in selecting technologies to meet DDSD's business needs
 - Support the design, development and implementation efforts of CDMS technologies including, but not limited to: requirements validation; design; interface planning and mapping; end-to-end integration; configuration & development; testing; and deployment of CDMS technologies

1.2 Project Background

1.2.1 Organizational Overview

The New Mexico Department of Health (DOH), is a centralized system of health services focusing on health promotion and protection. DOH is the lead entity in New Mexico providing core public health functions and essential services.

The Developmental Disabilities Supports Division (DDSD) of DOH oversees the Medicaid Home and Community Based Services (HCBS) Waiver programs that serve individuals with intellectual and developmental disabilities (IDD), helping them live independently in their communities. Key characteristics of the DDSD organization are summarized below:

- HCBS waiver programs are administered through the NM Human Services Department (HSD) and authorized through the Centers for Medicare and Medicaid Services (CMS)

- DDSD administers a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with IDD and their families to exercise their right to make choices, grow and contribute to their community
- DDSD determines whether individuals meet the definition of IDD to be placed on the Waiting List (a subset of the Central Registry database). HSD's Income Supports Division (ISD) determines eligibility for HCBS after someone is determined an "IDD match"
- DDSD establishes and supports a network of providers who assess each individual's needs and who provide individual-specific supports that assist each person to achieve positive outcomes and live a full life in the community

In order to assure quality of services, DDSD establishes standards and assesses compliance with them.

1.2.2 Current State Environment

DDSD is currently supported by a wide range of production tools and applications, including both "in-house" and vendor developed, hosted and maintained systems. These include limited individual and provider management system capabilities. DDSD believes the implementation of an enhanced information system (i.e., CDMS) could strengthen these capabilities, to ensure DDSD:

- Reduces redundant data entry
- Integrates information between DDSD systems and external systems (both within other state departments and with external vendors)
- Increases automation/reduces number of manual functions
- Improves tracking and reporting in support of the litigation activities and other court rulings
- Improves the management and coordination of an individual's services in a centralized, comprehensive and meaningful way
- Improves decision making and policy development through access to accurate and comprehensive information
- Enhances performance and predictive analytics
- Decreases the risk of security breaches, and ensures the protection of individual's health information

Concurrent to the CDMS project, HSD has begun a MMIS Replacement project (MMIS-R). MMIS-R will establish a platform of technology components for other NM State departments to leverage, creating a foundation for migrating to a person/family-centric approach for the delivery of services across the state enterprise.

1.3 CDMS Imperatives

At the outset of this project, DDSD identified a set of business imperatives and associated business and technical implications for the CDMS. The CDMS imperatives are grouped into transformation and technology imperatives.

The following tables provide a detailed description of these business imperatives, including the corresponding business and technical implications and considerations.

Business Imperative	Business/Program Implication	IT Implication/Considerations
<p>Support for person-centric operations Develop a person / family-centered approach for key individual touch points throughout the life span – from intake and eligibility, to assessment, to person-centered plan development, through service delivery, implementation and monitoring for quality outcomes</p>	<ul style="list-style-type: none"> ■ Staff spend more time on support and services, and less on administrative paper work associated with the application processes and subsequent updates ■ Individuals, case managers, and providers, more active in their service responsibilities through self-service capabilities ■ Services based and tracked against person-centered plans, Level of Care, and Financial Eligibility expiration dates and results shared across the enterprise as needed ■ All services provided to an individual (including the individual’s family / caregiver) monitored, managed and reported on ■ Enhanced coordination of support and care for individuals ■ DDSD and its partners are able to track an individual moving between case management agencies, providers, programs, regions, and Medicaid waiver programs ■ DDSD to consider how to embrace new communication channels such as social media, chat, etc. ■ Enhanced resource management 	<ul style="list-style-type: none"> ■ Systems require an individual-centered model across programs to enable views into all services provided to a specific individual or family ■ Provide a single system / portal for the individual, caregivers, case managers and providers to access information ■ Single sign-on and integration of systems to provide a person-centric view and allow improved customer service ■ Systems to provide as close to “real time” view of information as possible ■ Requires access roles be reviewed and actively managed, to ensure appropriate access to information ■ Requires staff & resources with skills in system integration ■ Use of mobile devices, apps, etc.

Business Imperative	Business/Program Implication	IT Implication/Considerations
<p>Focus on outcomes Maintain the ability to monitor compliance, while focusing on improved outcomes, with goal of helping an individual experience independence and more fully participate in their community</p>	<ul style="list-style-type: none"> ■ Track and monitor compliance efficiently ■ Information collected throughout the life of span of an individual ■ Assessments and person-centered plans drive and define outcomes ■ Regular assessment of services delivered, to ensure their effectiveness ■ Regular assessment of quality of life effectiveness indicators ■ Requires development / identification of robust performance measures ■ Track and monitor outcomes ■ Ability to efficiently and effectively change service plans and budgets 	<ul style="list-style-type: none"> ■ Enhanced capabilities to analyze outcomes and effectiveness ■ Enterprise approach to collecting and managing data ■ Requires programs, processes and/or controls to support data governance (e.g., control source record for key individual demographic information) ■ Enterprise data repository to drive reporting on outcomes
<p>Enhance partnership model Increase the quality of services provided by strengthening partnerships with all users of system</p>	<ul style="list-style-type: none"> ■ Increased and enhanced communications between partners ■ Support and strengthen policies and procedures to ensure success of partnerships ■ Increased availability of information to support partners' operations ■ Increased provider sustainability and retention strategy (e.g., in rural areas) by enhancing provider governance (e.g., ensuring providers have sufficient demand for services and are not overburdened with requirements) ■ Potential for increased efficiencies and business process reengineering (BPR), based on improved sharing of information ■ Requires providers to have IT infrastructure (e.g., internet access, capable devices, etc.) 	<ul style="list-style-type: none"> ■ Increased integration between partner systems to better enable collaboration ■ Improved analytical capabilities to provide insight to DDSD and its partners ■ IT environment must support a variety of partners with a variety of technical competencies ■ Support remote access through use of mobile devices

Business Imperative	Business/Program Implication	IT Implication/Considerations
<p>Decision Support Migrate to a data-driven organization, and leverage data to make strategic-through-tactical decisions. Develop capabilities to move data to information to knowledge, in order to drive improved actions</p>	<ul style="list-style-type: none"> ■ Enhanced support for making day-to-day decisions and performing routine tasks ■ Improved decision support at all levels, by providing additional information to users ■ Improved and timely access to data ■ Improved ability to generate reports for data analysis 	<ul style="list-style-type: none"> ■ Migrate to an enterprise approach to managing and using individuals, providers and services data ■ Further integrate systems across DOH's divisions and bureaus ■ Further integrate systems across State agencies (e.g., HSD, CYFD, ALTSD), as appropriate ■ Enhanced access to and sharing of information for all users ■ Requires a more robust decision support, analytic and reporting environment
<p>Align with New Mexico's HHS 2020 vision Increase integration across and within HHS departments</p>	<ul style="list-style-type: none"> ■ Access to information from other State agencies (e.g., HSD) to enable person-centric service delivery ■ Increased coordination between departments and divisions, with the potential for process improvement ■ Realized benefits outlined in the IAPD to ensure funding ■ Improved continuity of services for individuals requiring DOH/HSD services outside of DDSD ■ Potentially limits DDSD's flexibility (must align with departmental processes and policies) 	<ul style="list-style-type: none"> ■ Increased coordination with DOH and HSD's IT departments ■ Requires technology and data governance across departments, divisions and bureaus ■ Requires leveraging MMIS-R technology, where applicable, and alignment with their standards ■ Potentially limits DDSD's flexibility (must align with departmental processes and policies)

Business Imperative	Business/Program Implication	IT Implication/Considerations
<p>Process improvement Improve process efficiency and effectiveness; improve reporting and routine operations for all users</p>	<ul style="list-style-type: none"> ■ Increased automation of tasks and report generation ■ Decreased rekeying of redundant information into multiple systems ■ Provides staff with enhanced information while performing tasks / making decisions, improving decision making ■ Improved self-service capabilities for individuals, their families direct support staff, case managers, providers and DDSD staff ■ Decreased frustration for individuals, their families / caregivers, and other stakeholders for providing information repeatedly to DDSD, case managers and providers ■ May require business process reengineering efforts to capture efficiencies and better align with information needs of stakeholders ■ Reduce or eliminate the use of paper ■ Eliminate and/or manage redundancy between electronic documents and paper documents ■ Improved accuracy in service authorization and utilization, billing and payment 	<ul style="list-style-type: none"> ■ Requires a robust reporting / analytics solution, essential for improved performance and predictive analytics ■ Requires an enterprise view of data, to ensure minimal manual intervention is required to develop reports / analytics ■ DOH/DDSD to consider how to expand systems to embrace new technology channels such as social media, chat, email, and geo-mapping capabilities

Business Imperative	Business/Program Implication	IT Implication/Considerations
<p>Data / information access Improve access to data for all participants – DDSD, partners and individuals</p>	<ul style="list-style-type: none"> ■ Provides individual / family / caregiver portal, and self-service capabilities ■ Increased use of enterprise data to perform tasks ■ Increased ability for DDSD staff to make informed decisions and / or decrease time required to collect information ■ Increased ability to answer individual or provider questions ■ Improved credibility with stakeholders as reporting becomes more timely, more consistent and reliable, and more defensible ■ Reduced staff frustration, as they are able to answer questions more confidently ■ Improved ability to monitor and identify compliance issues and correct proactively ■ Enhanced transparency and accountability at the individual, family / caregiver, contractor and DDSD levels ■ Provides appropriate access and visibility regarding service types, budget, claims and payments to all stakeholders, and cost drivers and utilization of services ■ Requires ongoing auditing and compliance against privacy rules ■ May require additional data sharing agreements, between divisions within DOH, between NM State departments (e.g., HSD) or with external partners ■ Ability for users to provide feedback about the quality of services and outcomes ■ Supports increased quality of service delivery 	<ul style="list-style-type: none"> ■ Requires controlled access to data, in conformance with IT security rules, regulations and best practices ■ Shared systems for internal and external users ■ Implementation of effective data management practices and controls ■ Systems and processes need to manage individual's consent (e.g., consent registry) to access and share individually identifiable data ■ Utilize techniques for data masking, to support analytics and meet data privacy requirements

Business Imperative	Business/Program Implication	IT Implication/Considerations
<p>Single-source and centralize data Provide the ability to track all activities related to an individual or provider across all waivers and programs</p>	<ul style="list-style-type: none"> ■ Decreased data entry / maintenance efforts, as demographic information is captured once and used and maintained as needed thereafter ■ Allows for analysis across the entire relationship with the individual and providers ■ Provides foundation for effective decision support ■ Reduced manual activities (e.g., requests for information on an individual or provider on short notice) by making the necessary information available ■ Decreased frustration as individuals and providers will no longer need to enter information that was captured earlier in the process 	<ul style="list-style-type: none"> ■ Establishment of capabilities to manage data access based on security requirements ■ Implement data standards and policies to ensure uniform usage and maintenance ■ Requires an integrated, standardized and quality controlled approach to data across systems
<p>Shared technology Leverage MMIS-R platform and align with DOH's standards</p>	<ul style="list-style-type: none"> ■ Increased uptime and performance by leveraging enterprise technology ■ Increased ability to make modifications to support changes in policies and procedures ■ Improved continuity of services for individuals requiring DOH/HSD services outside of DDSD ■ Improved support for the business solutions ■ May require establishment of program office to coordinate efforts 	<ul style="list-style-type: none"> ■ Implementation of a common user interface for all users ■ Implementation of enterprise class technologies leads to improved uptime and business continuity capabilities ■ Commitment to leverage MMIS-R components wherever reasonable ■ Decreased project flexibility and increased interdependency with other organizations ■ Increased coordination required to make strategic technology decisions ■ May require DOH to re-assess IT support model & approach

Business Imperative	Business/Program Implication	IT Implication/Considerations
<p>Data / information governance Establish data standards and stewardship to enable data sharing across the enterprise</p>	<ul style="list-style-type: none"> ■ Requires definition and adherence to established data standards ■ For data that will be shared, accountability must be defined by assigning “stewards” for each data element ■ Requires ongoing auditing and compliance against privacy rules ■ May require additional data sharing agreements with partners 	<ul style="list-style-type: none"> ■ Requires development and enforcement of data standards throughout DOH, in partnership with HSD, and in shared data / information services & capabilities ■ Requires systems and processes to manage individual / family / caregiver consent (to access and share individually identifiable data) ■ Requires encryption capabilities, access controls, audits, ongoing vulnerability scanning ■ May require use of tools to support data governance, data management and data quality
<p>Architecture / technology governance Governance must be established to ensure fidelity to the enterprise architecture</p>	<ul style="list-style-type: none"> ■ May require establishment of program office to coordinate IT project efforts 	<ul style="list-style-type: none"> ■ CDMS system must conform to enterprise architecture and technology standards established by the MMIS-R project ■ Requires additional coordination across the departments, divisions and bureaus

2.0 Functional Requirements Definition Methodology

2.1 Life of the Case Methodology for Functional Requirements Definition

When defining the functional requirements for the CDMS system, Gartner used its ‘Life of the Case’ methodology, which follows the “life” of an individual through programs administered by DDSD. Each business process is analyzed and documented from the perspective of the individual, providers interacting with the individual, and NM State department staff (DDSD, DOH and HSD) administering the programs.

This LOC methodology included the following business process analysis components:

- **User scenarios** – High-level descriptions of a set of typical processes DDSD follows in supporting a fictional individual through the major phases of interactions with DDSD.
- **Business process workflows** – Graphical depictions of DDSD business processes, documented for each key business process capability.
- **Business process narratives** – Narrative descriptions of key DDSD business processes, documented for each key business process capability.

Together, these user scenarios, business process workflows and business case narratives define DDSD’s “business architecture,” and inform the definition of functional requirements for tools, systems and applications that support the business, including CDMS technologies.

NOTE: These functional requirements define “what” DDSD expects from CDMS technologies, not necessarily “how” the technologies are implemented. The “how” will be defined by DDSD during the design of the CDMS system, with the assistance of DDSD’s vendor.

2.2 Business Process Analysis Components

2.2.1 User Scenarios

Gartner developed a set of five “user scenarios” to guide this business process analysis, including:

- Application process
- Eligibility determination
- Establishment of an individual’s case
- Service delivery management for the individual
- Updates to the individual’s person-centered plan

Each user scenario contains a high-level description of the steps or activities associated with the scenario, depicting in a typical, though fictional, setting.

User scenarios are depicted graphically, and at the center of the scenario is a depiction of the CDMS system, with key functional capabilities of the system depicted as concentric circles on the periphery of the system. For these user scenarios, Gartner depicted DDSD-specific capabilities in blue circles, and capabilities that will likely be interfaced via the NM HHS 2020 platform in orange. An example user scenario is provided below.

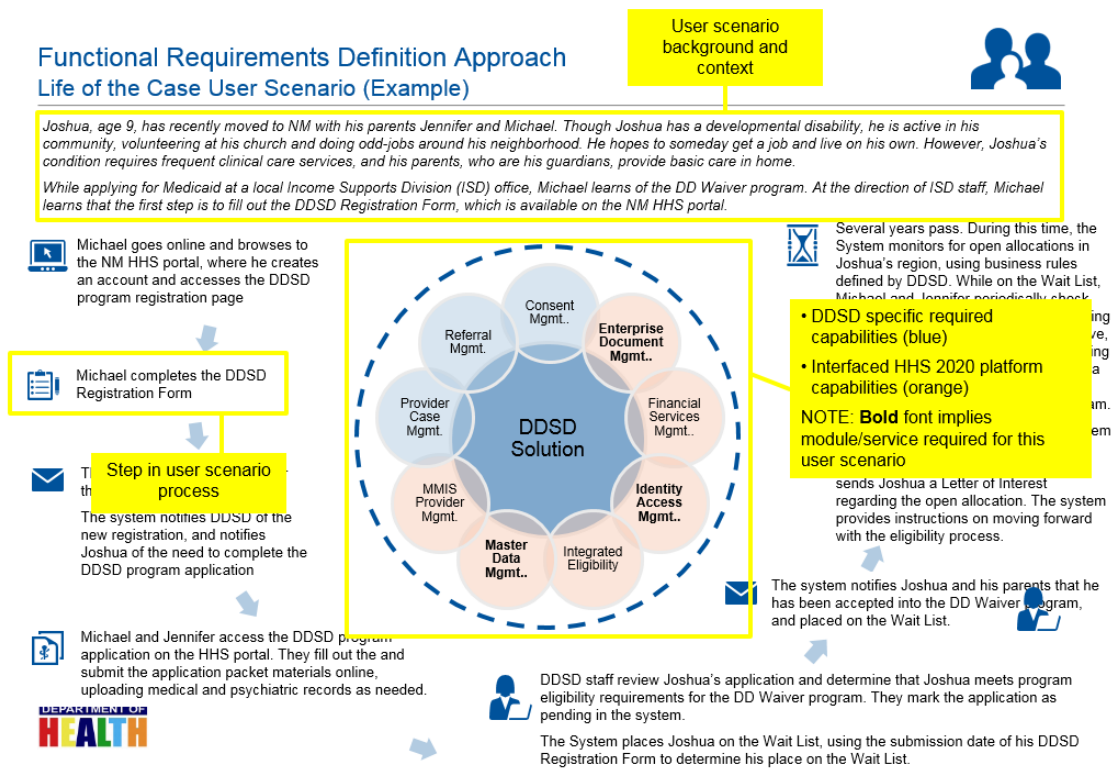


Figure 1: User Scenario Example

2.2.2 Business Process Workflows

For each key business capability, Gartner developed business process workflows to graphically represent the processes related to the capability. Each workflow contains process steps or

activities, performed by system users interacting with the system, or activities of the system to support the business process.

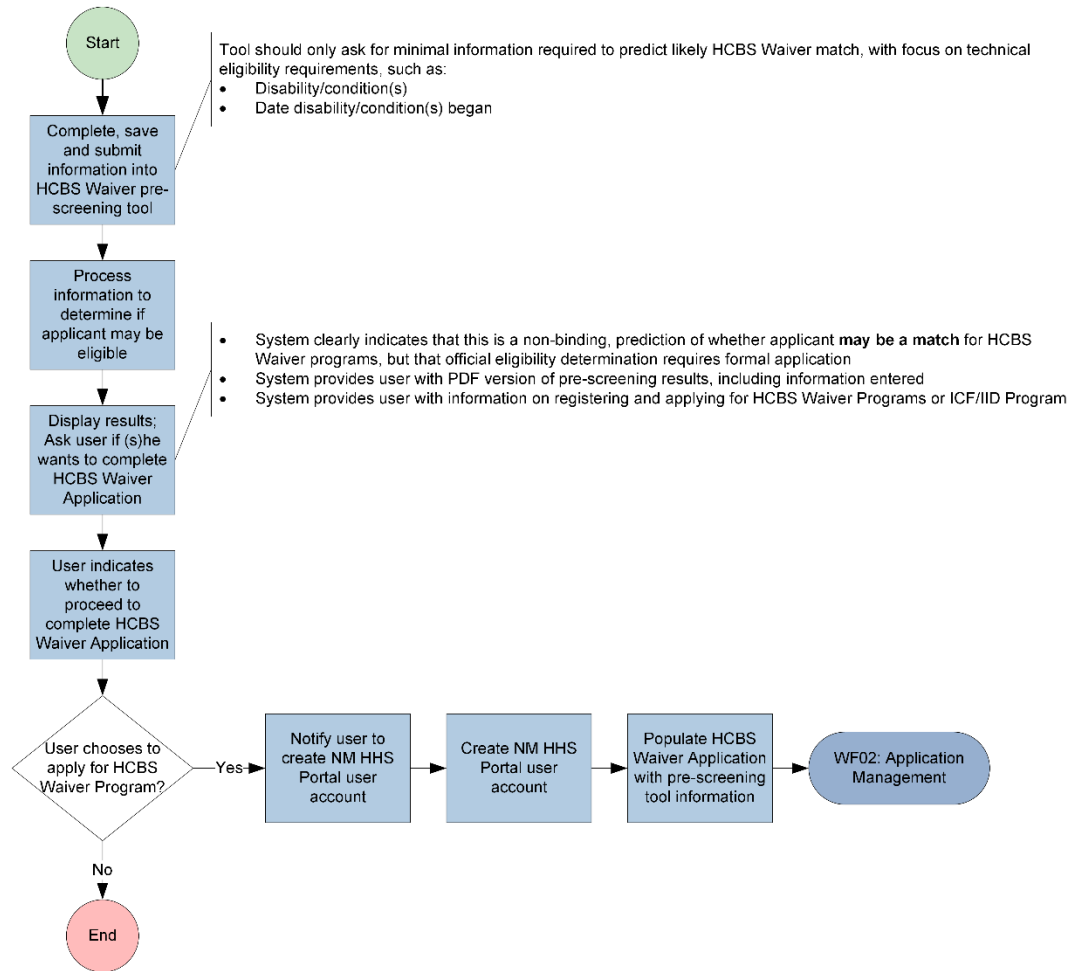


Figure 2: Example Business Process Workflow

2.2.2.1 Workflow Notations

Gartner used a set of standard notations to document each business process workflow. The figure below describes these notations.

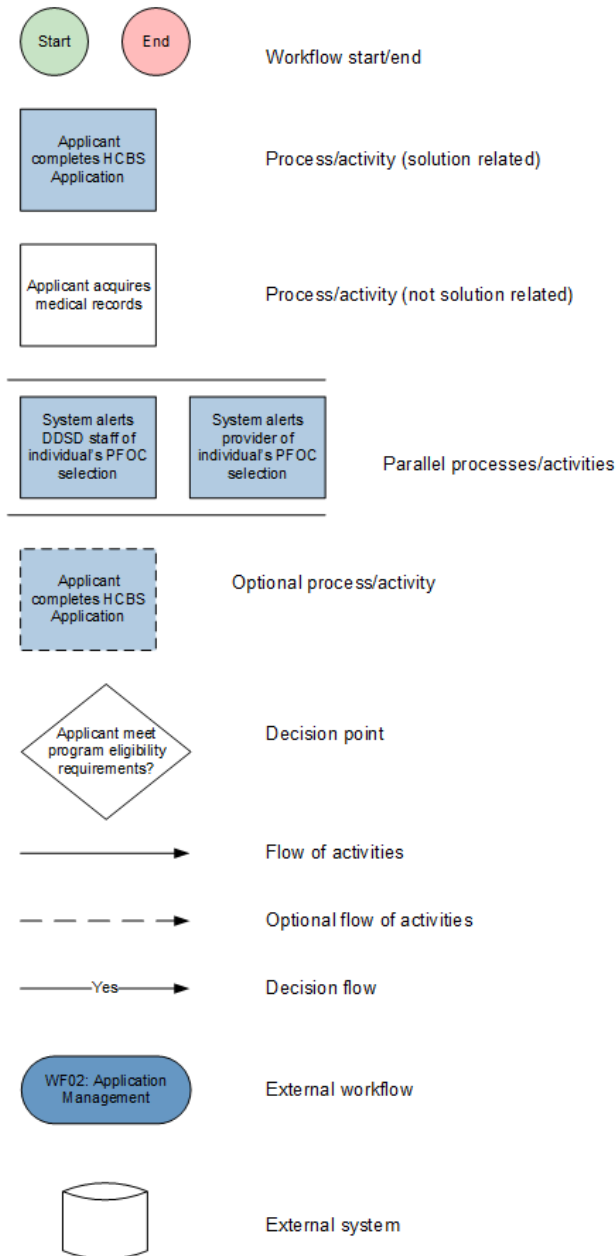


Figure 3: Workflow Notation Legend

2.2.3 Business Process Narratives

For each key business capability, Gartner developed business process narratives to describe various aspects of the process.

NOTE: There is a 1:1 relationship between business process narratives and business process workflows.

2.2.3.1 Narrative Sections

Each business case narrative contains the following information:

- **Actor(s)** – People who will interact with the system to perform tasks associated with the business process
- **Goal/Objective(s)** – Clearly defined goal for the business process
- **Inputs** – Information, or other resources, required for the business process
- **Outcomes** – High-level description of the result or output of the business process
- **Interfaces** – Systems that the CDMS system will interface with, related to the business process
- **Functional Requirements** – Functional requirements related to the business process

2.2.3.2 Actors

Actors are users of the system. An individual person may perform the actions of one or more actors in a given use case. For example, a person might perform the role of an applicant while submitting an application, yet play the role of an DDSD staff if that person is both a DDSD staff person and a family member of an individual in the FIT program.

Actor Name	Description
Applicant	Person applying for an HCBS Waiver, FIT, SGF or PASRR program. Unless otherwise specified, may include: <ul style="list-style-type: none"> ■ Applicant ■ Applicant’s legal guardian, or authorized representative
Individual	Individual participating in an HCBS, FIT, SGF or PASRR program. Unless otherwise specified, may include: <ul style="list-style-type: none"> ■ Individual ■ Individual’s legal guardian or authorized representative
Provider	Agency, or professional employed by agency, providing specific service(s) to individual participating in an HCBS Waiver, FIT, SGF or PASRR program. Unless otherwise specified, may include: <ul style="list-style-type: none"> ■ Case manager (DD Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Consultant (Mi Via Waiver) ■ Service providers (e.g., Therapy provider)
DDSD staff	NM State employee, working for DOH’s Developmental Disabilities Supports Division (DDSD). May include staff from: <ul style="list-style-type: none"> ■ Administrative Services Bureau ■ Bureau of Behavioral Support ■ Bureau of System Improvement ■ Clinical Services Bureau ■ Community Programs Bureau (CPB) ■ FIT/Child Family Supports ■ Intake & Eligibility Bureau (IEB) ■ Litigation Management Bureau ■ Regional Office Bureau ■ Data Management Unit

Actor Name	Description
HSD staff	NM State employee, working for the Human Services Department (HSD). Unless otherwise specified, may include staff from: <ul style="list-style-type: none"> ■ Income Supports Division ■ Medical Assistance Division
DOH staff	NM State employee, working for the Department of Health (DOH). Unless otherwise specified, may include staff from: <ul style="list-style-type: none"> ■ Incident Management Bureau ■ Quality Management Bureau
Vendor	HSD or DOH contracted vendor, providing specific services to HSD or DOH, in support of HCBS, FIT, SGF or PASRR programs. In this document, vendors include, but are not limited to: <ul style="list-style-type: none"> ■ Third Party Assessor (TPA) ■ Medically Fragile Waiver program screening vendor ■ PASRR evaluation vendor ■ FIT service providers ■ SGF service providers

2.3 Business Process Organization and Listing

In all, Gartner developed over 40 business process workflows/narratives. The table below lists these business processes, and includes a description of their actors and goals/objectives.

Business Process	Title	Actor	Goal/Objective
BP01	Pre-Screening Management	<ul style="list-style-type: none"> ■ Any member of the public (anonymous) 	<ul style="list-style-type: none"> ■ Provide interested parties with non-binding prediction of whether a potential applicant would be a match for HCBS Waiver programs
BP02	Application Management	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff 	<ul style="list-style-type: none"> ■ Applicant successfully applies for HCBS Waiver program ■ DDSD informs Applicant of program eligibility determination
BP02a	Medically Fragile Waiver Program Pre-Screening	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff ■ DDSD Medically Fragile Screening Vendor (currently UNM CDD) 	<ul style="list-style-type: none"> ■ Applicant successfully screened for Medically Fragile Waiver program ■ DDSD informs applicant of Medically Fragile Waiver program match determination
BP03	Wait List and Allocation Management	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff 	<ul style="list-style-type: none"> ■ Add applicant to Wait List ■ Identify allocation slots for applicants on Wait List ■ Identify applicant for open allocation ■ Determine HCBS Waiver program the applicant selects ■ Determine type of allocation, including: <ul style="list-style-type: none"> <input type="checkbox"/> Expedited <input type="checkbox"/> Elderly caregiver <input type="checkbox"/> Application date ■ Capture applicant response to Letter of Interest
BP03a	Expedited Allocation	<ul style="list-style-type: none"> ■ DDSD staff ■ Other State department staff (e.g., HSD, ALTSD, CYFD) ■ Providers 	<ul style="list-style-type: none"> ■ Manage referrals for expedited allocations

Business Process	Title	Actor	Goal/Objective
BP04	Eligibility Determination	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff ■ HSD staff ■ Vendor, including Third Party Assessor (TPA) staff ■ Provider (case manager, consultant, or nurse case manager) 	<ul style="list-style-type: none"> ■ HSD determines individual's medical and financial eligibility for Medicaid Home & Community-Based Services (HCBS) Waiver program ■ Enroll individual into HCBS Waiver program ■ DDSD documents and tracks identified delays for medical/financial, and confirmation of an approved plan
BP05	Person-Centered Plan Management	<ul style="list-style-type: none"> ■ Individual ■ DDSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Individual Circle of Support (ICOS) members 	<ul style="list-style-type: none"> ■ Individual completes Person-Centered Plan (PCP) process, with assistance from provider and ICOS ■ PCP ready for budget development process
BP06	Budget Management	<ul style="list-style-type: none"> ■ Individuals ■ DDSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Individual's Circle of Support (ICOS) members ■ Vendor responsible for Person-Centered Plan (PCP) and Budget approval, including the Third Party Assessor (TPA) 	<ul style="list-style-type: none"> ■ Draft individual's Budget, per PCP ■ Submit individual's PCP and Budget to providers and ICOS for review ■ Send PCP and Budget for review and approval to Third Party Assessor (TPA) ■ TPA reviews and: <ul style="list-style-type: none"> □ Approves/denies PCP and Budget □ Submits Request for Information (RFI) ■ Select provider (Secondary Freedom of Choice, SFOC)

Business Process	Title	Actor	Goal/Objective
BP07	Secondary Freedom of Choice (SFOC) Management	<ul style="list-style-type: none"> ■ Individuals ■ Case manager (DD Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ DDSD staff ■ Service provider 	<ul style="list-style-type: none"> ■ Individual selects a service provider
BP08	Screening, Assessment and Plan Management	<ul style="list-style-type: none"> ■ Individuals ■ Case manager ■ Nurse case manager ■ Consultant ■ DDSD staff ■ Service provider 	<ul style="list-style-type: none"> ■ Individual completes appropriate screenings, assessments or plan
BP09	Service Delivery Management	<ul style="list-style-type: none"> ■ Individuals ■ DDSD staff ■ HSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Service providers 	<ul style="list-style-type: none"> ■ Service providers document information regarding delivery of services to individuals ■ Case managers, nurse case managers, consultants, individuals and or DDSD/HSD staff monitor service delivery ■ Case managers, nurse case managers, consultants document meetings with individual ■ Case managers, nurse case managers, consultants, providers, vendors or individuals report incidents, events
BP10	Utilization Management	<ul style="list-style-type: none"> ■ Individuals ■ DDSD staff ■ HSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Service providers 	<ul style="list-style-type: none"> ■ Monitor utilization of budget, per PCP

Business Process	Title	Actor	Goal/Objective
BP11	Individual Information Management	<ul style="list-style-type: none"> ■ Individuals ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ DDSD staff 	<ul style="list-style-type: none"> ■ Update information in individual's record ■ Trigger appropriate follow-up actions, per updates to individual's record
BP12	Waiver Transfer Management	<ul style="list-style-type: none"> ■ Individuals ■ Case manager ■ Consultant ■ Nurse case manager ■ DDSD staff ■ Service providers 	<ul style="list-style-type: none"> ■ Individual changes HCBS Waiver programs or transfers to Centennial Care
BP13	Provider Transfer Management	<ul style="list-style-type: none"> ■ Individuals ■ Case manager ■ Consultant ■ Nurse case manager ■ DDSD staff ■ Service providers 	<ul style="list-style-type: none"> ■ Individual selects new case manager, consultant or service provider
BP14	Provider Enrollment Management	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> <input type="checkbox"/> Case managers <input type="checkbox"/> Nurse case managers <input type="checkbox"/> Consultants <input type="checkbox"/> Service providers ■ DDSD staff ■ HSD staff 	<ul style="list-style-type: none"> ■ Provider applies to be a HCBS Waiver program provider
BP14a	Provider Renewal Management	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> <input type="checkbox"/> Case managers <input type="checkbox"/> Nurse case managers <input type="checkbox"/> Consultants <input type="checkbox"/> Service providers ■ DDSD staff ■ HSD staff 	<ul style="list-style-type: none"> ■ Notify provider and DDSD staff of need to renew Provider Agreement
BP15	Provider Change Management	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> <input type="checkbox"/> Case managers <input type="checkbox"/> Nurse case managers <input type="checkbox"/> Consultants <input type="checkbox"/> Service providers ■ DDSD staff ■ HSD staff 	<ul style="list-style-type: none"> ■ Update information in provider's record ■ Trigger appropriate follow-up actions, per updates to provider's record

Business Process	Title	Actor	Goal/Objective
BP16	Provider Amendment Management	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers □ Nurse case managers □ Consultants □ Service providers ■ DDSD staff 	<ul style="list-style-type: none"> ■ Amend Provider Agreement
BP17	Provider Moratorium Management	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers □ Nurse case managers □ Consultants □ Service providers ■ DDSD staff ■ HSD staff 	<ul style="list-style-type: none"> ■ Provider placed on (state or self-imposed) moratorium ■ Provider moratorium lifted (optional)
BP18	Provider Closure Management	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers □ Consultants □ Service providers ■ DDSD staff ■ HSD staff 	<ul style="list-style-type: none"> ■ Provider is closed (by withdrawal from HCBS Waiver program(s), termination or expiration)
BP19	FIT Program – Intake/Eligibility/Enrollment Management	<ul style="list-style-type: none"> ■ Clinicians and other family providers ■ Family members of infants/toddlers ■ Family Services Coordinator ■ DDSD staff 	<ul style="list-style-type: none"> ■ Enroll child in FIT program
BP20	FIT Program – Person-Centered Planning (IFSP) Management	<ul style="list-style-type: none"> ■ Family Services Coordinator ■ FIT provider ■ Circle of Support (COS) members ■ Family members of infant/toddler ■ DDSD staff 	<ul style="list-style-type: none"> ■ Family members of infant/toddler completes Person-Centered Plan (Individualized Family Services Plan, IFSP) process, with assistance from COS
BP21	FIT Program – Service Delivery Management	<ul style="list-style-type: none"> ■ FIT provider ■ DDSD staff 	<ul style="list-style-type: none"> ■ Document service delivery ■ Determine private insurance, Medicaid or SGF coverage of services ■ Submit service billing information for Medicaid or SGF services

Business Process	Title	Actor	Goal/Objective
BP22	FIT Program – Transition Management	<ul style="list-style-type: none"> ■ Family member of infant/toddler ■ FIT provider ■ Family Services Coordinator ■ Circle of Support (COS) members ■ DDSD Staff 	<ul style="list-style-type: none"> ■ Define and document FIT Transition Plan for infant/toddler
BP23	FIT/SGF Provider Enrollment & Management	<ul style="list-style-type: none"> ■ DDSD Staff ■ FIT/SGF provider 	<ul style="list-style-type: none"> ■ DDSD enrolls FIT/SGF provider
BP24	SGF Provider – Eligibility & Services Management	<ul style="list-style-type: none"> ■ Individuals ■ SGF provider ■ DDSD staff 	<ul style="list-style-type: none"> ■ Document service delivery ■ Submit service billing information for SGF services
BP25	PASRR Management - Level I Screening	<ul style="list-style-type: none"> ■ PASRR referral sources, including: <ul style="list-style-type: none"> □ Hospital discharge planners □ Nursing facility admissions coordinators □ RNs □ Social services staff □ Hospice staff ■ DDSD staff 	<ul style="list-style-type: none"> ■ Refer individual for PASRR Program ■ Complete PASRR Level I Screening
BP26	PASRR Management - Level II Evaluation	<ul style="list-style-type: none"> ■ DDSD staff ■ Vendor for Level II Evaluation services (e.g., UNM for MI evaluation) 	<ul style="list-style-type: none"> ■ Complete PASRR Level II Evaluation of individual
BP27	Training Management	<ul style="list-style-type: none"> ■ DDSD staff ■ DHI staff ■ DOH staff ■ Providers 	<ul style="list-style-type: none"> ■ Document training
BP28	Incident Management	<ul style="list-style-type: none"> ■ HCBS provider ■ DHI staff ■ DDSD staff ■ HSD staff 	<ul style="list-style-type: none"> ■ Identify, investigate and document incidents involving individuals in HCBS Waiver program ■ Define and document corrective action plans to address root cause of incident

Business Process	Title	Actor	Goal/Objective
BP29	Quality Management	<ul style="list-style-type: none"> ■ HCBS Waiver provider ■ DHI staff ■ DDSD staff 	<ul style="list-style-type: none"> ■ Conduct Quality Management Bureau (QMB) compliance survey of DDSD providers ■ Identify, document and track completion of Plan of Correction (POC), per QMB compliance survey
BP30	Contract Management	<ul style="list-style-type: none"> ■ DDSD Staff ■ Provider 	<ul style="list-style-type: none"> ■ DDSD provides technical assistance or takes administrative actions to address issue/concern with a provider
BP31	Institutional Review Committee (IRC) Management	<ul style="list-style-type: none"> ■ DDSD staff ■ DHI staff ■ HSD staff 	<ul style="list-style-type: none"> ■ DOH imposes sanctions against provider
BP32	Civil Monetary Penalty (CMP) Management	<ul style="list-style-type: none"> ■ DDSD staff 	<ul style="list-style-type: none"> ■ DDSD imposes Civil Monetary Penalty (CMP)
BP33	Request for Regional Assistance (RORA) Management	<ul style="list-style-type: none"> ■ Individual ■ Provider ■ DDSD Staff 	<ul style="list-style-type: none"> ■ Individual or provider submits a Request for Regional Assistance (RORA) ■ DDSD Regional Office provides technical assistance per RORA referral
BP34	Mortality Review Management	<ul style="list-style-type: none"> ■ DDSD Staff ■ DHI Staff 	<ul style="list-style-type: none"> ■ Complete a timely and comprehensive review of the deaths of individuals in HCBS Waiver programs

Business Process	Title	Actor	Goal/Objective
BP35	General Events Reporting (GER) Management	<ul style="list-style-type: none"> ■ Individuals ■ Providers ■ DDSD staff ■ DHI staff 	<ul style="list-style-type: none"> ■ Document General Event Report (GER) involving an individual in an HCBS Waiver program, including but not limited to: <ul style="list-style-type: none"> □ Emergency Room/Urgent Care/Emergency Medical Services □ Falls Without Injury □ Injury (including Falls, Choking, Skin Breakdown and Infection) □ Law Enforcement Use □ Medication Errors □ Medication Documentation Errors □ Missing Person/Elopement □ Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission □ PRN Psychotropic Medication □ Restraint Related to Behavior □ Suicide Attempt or Threat
BP36	Fair Hearings Management	<ul style="list-style-type: none"> ■ DDSD staff ■ HSD staff 	<ul style="list-style-type: none"> ■ Track appeals involving DDSD
BP37	Secure Communications Management	<ul style="list-style-type: none"> ■ Any system user, including, but not limited to: <ul style="list-style-type: none"> □ Individuals □ Providers □ DDSD staff □ DHI staff □ HSD staff 	<ul style="list-style-type: none"> ■ Securely communicate with other users in the system

Business Process	Title	Actor	Goal/Objective
BP38	Alerts & Notifications Management	<ul style="list-style-type: none"> ■ Any system user, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Individuals <input type="checkbox"/> Providers <input type="checkbox"/> DDS staff <input type="checkbox"/> DHI staff <input type="checkbox"/> HSD staff 	<ul style="list-style-type: none"> ■ Alert or notification provided to system user, per: <ul style="list-style-type: none"> <input type="checkbox"/> Automated action (e.g., Person-Centered Plan expiration date generates alert to case manager to review) <input type="checkbox"/> Manual action (e.g., DDS Incident Form has been submitted and requires DHI staff review)
BP39	Standard and Parameter-Based Reports Management	<ul style="list-style-type: none"> ■ System users with appropriate access to view reports, including but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Individuals <input type="checkbox"/> Providers <input type="checkbox"/> DDS staff <input type="checkbox"/> DHI staff <input type="checkbox"/> HSD staff 	<ul style="list-style-type: none"> ■ Run a standard or parameter-based report
BP40	Ad Hoc Queries and Reports Management	<ul style="list-style-type: none"> ■ System users with appropriate access to create, save and publish queries or reports (e.g., DDS Data Management Unit (DMU) staff) 	<ul style="list-style-type: none"> ■ Run an ad hoc query or report on system information ■ Save and publish report

3.0 User Scenarios

3.1 Application

Joshua, age 9, has recently moved to NM with his parents Jennifer and Michael. Joshua is active in his community, volunteering at his church and doing odd-jobs around his neighborhood. Joshua plans on getting a job and living on his own when he grows up. However, Joshua has a developmental disability, and his condition requires frequent support services. His parents, who are his guardians, currently provide basic care in home.

While applying for Medicaid at a local Income Supports Division (ISD) office, Michael learns of the DD Waiver program and of the DDSD Pre-Screening tool available on the NM HHS portal.

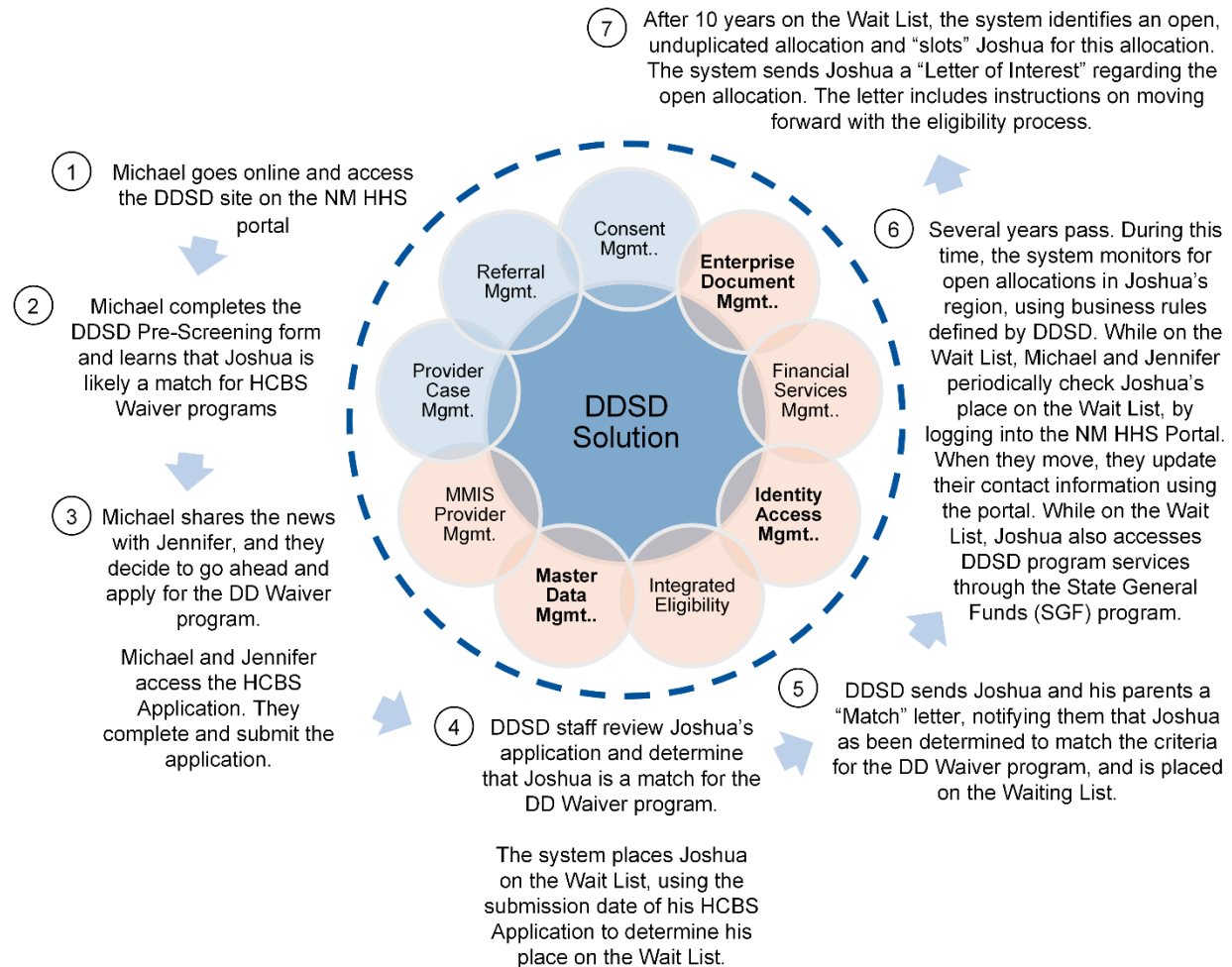


Figure 4: Application User Scenario

3.2 Eligibility

Joshua is now age 19. Ten years ago, when he first moved to NM with his family, he was determined a match for eligibility in DDSD’s HCBS Developmental Disability (DD) Waiver program. Recently, an allocation in the DD Waiver program has opened up for Joshua in his region, and his parents, Michael and Jennifer, his legal guardians, are ready to start the Medicaid eligibility determination process.

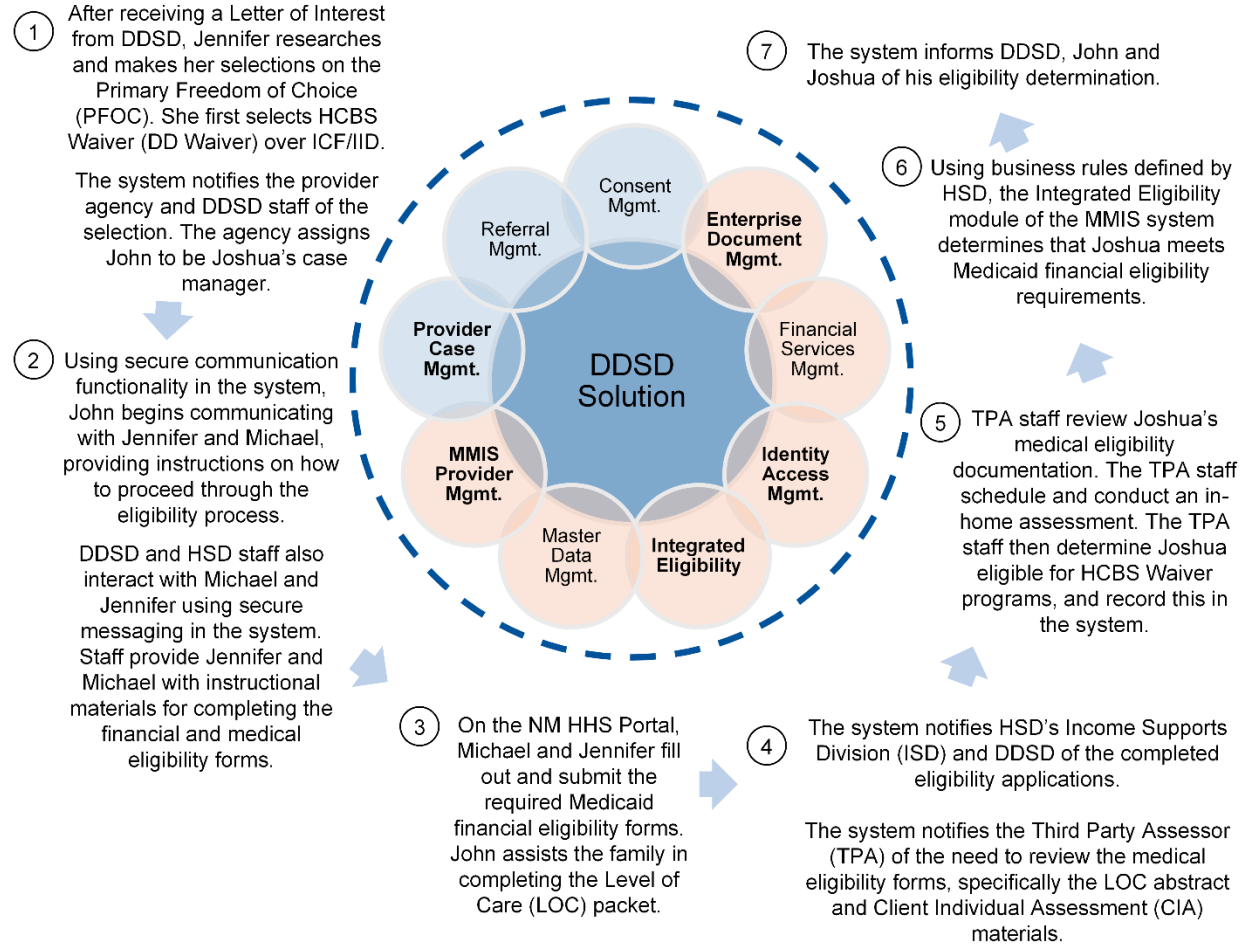


Figure 5: Eligibility User Scenario

3.3 Case Establishment

Joshua has recently received an allocation for the DD Waiver program. With his parents assistance, Joshua selected a case management agency to assist with enrolling Joshua into the DD Waiver program. John, Joshua's case manager, helped facilitate Joshua's completion of the Medicaid eligibility determination process.

Having been determined eligible, John is now working with Joshua's "Individual Circle of Support" (ICOS) team to establish Joshua's case. The first step involves the creation of Joshua's Person-Centered Plan (PCP).

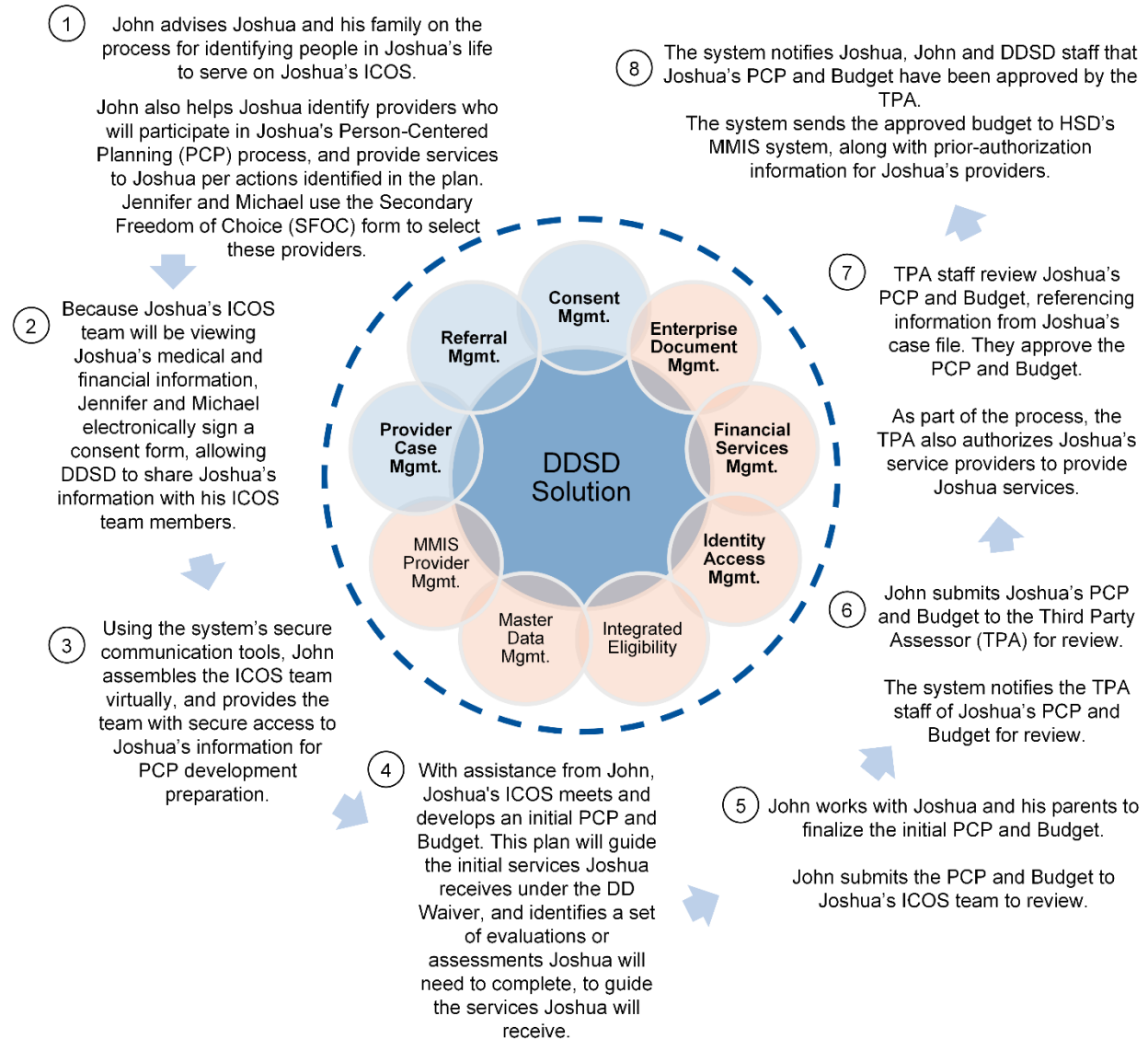


Figure 6: Case Establishment User Scenario

3.4 Service Delivery

Joshua has recently been allocated a spot in the DD Waiver program. With the assistance of his case manager, John, as well as other members of his Individual Circle of Support (ICOS) team, he completed his PCP and Budget. DDSD's Third Party Assessor (TPA) then reviewed and approved the PCP and Budget. Joshua is now ready to start receiving services in the program, and his parents, Jennifer and Michael, are anxious to start working with a speech therapist and engage with employment services providers to help Joshua meet his goals.

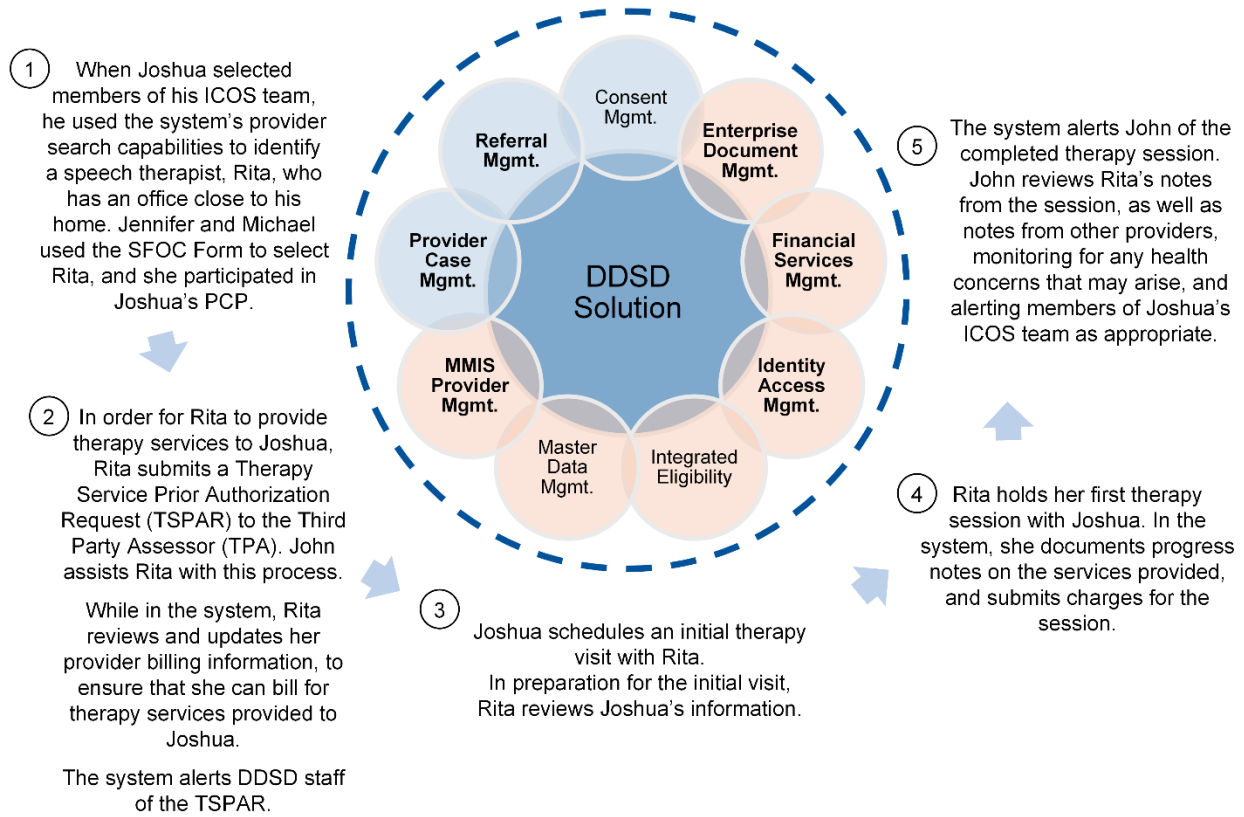


Figure 7: Service Delivery User Scenario

3.5 Person-Centered Plan Update

Joshua recently entered DDSD's DD Waiver program. With assistance from John (Joshua's case manager) and Joshua's ICOS team, Joshua developed and approved an initial Person-Centered Plan (PCP) and Budget.

Since then, Joshua has been receiving speech therapy services from Rita, per his PCP. Joshua has also completed a series of screenings, assessments and plans, to further develop his PCP. John is now in the process of leading Joshua, Joshua's family, and his ICOS through the PCP update process.

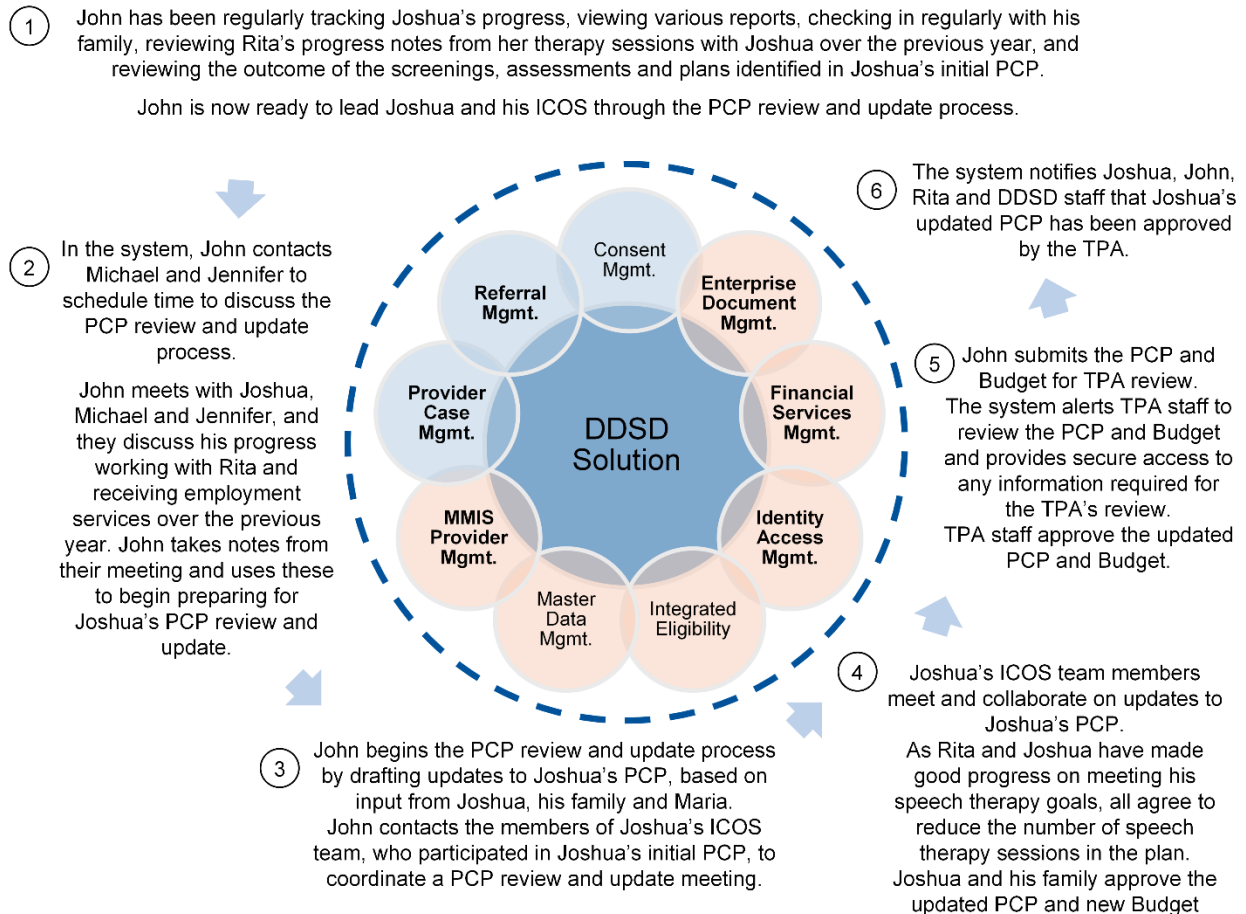


Figure 8: Person-Centered Plan (PCP) Update User Scenario

4.0 Business Processes

The business process workflows and business process narratives in this section are aligned with DDSD’s key business capabilities, and grouped by major business “domain,” as follows:

- Intake/Eligibility/Enrollment
- Case Establishment
- Service Delivery Management
- Provider Enrollment & Management
- Family Infant Toddlers (FIT), State General Funds (SGF) and Pre-Admission Screening and Residential Review (PASRR) Program Management
- Operations Management

4.1 Intake/Eligibility/Enrollment

4.1.1 BP01: Pre-Screening Management

4.1.1.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Any member of the public (anonymous)
Goal/Objectives	<ul style="list-style-type: none"> ■ Provide interested parties with non-binding prediction of whether a potential applicant would likely be a match for HCBS Waiver or ICF/IID programs
Inputs	<ul style="list-style-type: none"> ■ Information on potential applicant
Outcomes	<ul style="list-style-type: none"> ■ Provide interested parties with non-binding prediction of whether an individual would likely be a match for HCBS Waiver or ICF/IID programs ■ Provide interested parties with information on how to register and apply for HCBS Waiver programs or ICF/IID program
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide user with ability to enter information on the potential applicant, to be used to predict whether the applicant would likely be a match for HCBS Waiver programs ■ Provide DDSD with ability to define business rules for determining a “match” for Intellectual Disability/Developmental Disability (IDD) ■ Provide user with expected HCBS Waiver program match determination, based on information entered into Pre-Screening Tool, according to DDSD business rules ■ Provide user with information accompanying the HCBS Waiver program match prediction, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Clarification that pre-screening is non-binding <input type="checkbox"/> Information on how to register and apply for HCBS Waiver programs or HSD’s ICF/IID program <input type="checkbox"/> Provide user with link to HCBS Waiver Application

4.1.1.2 Business Process Workflow

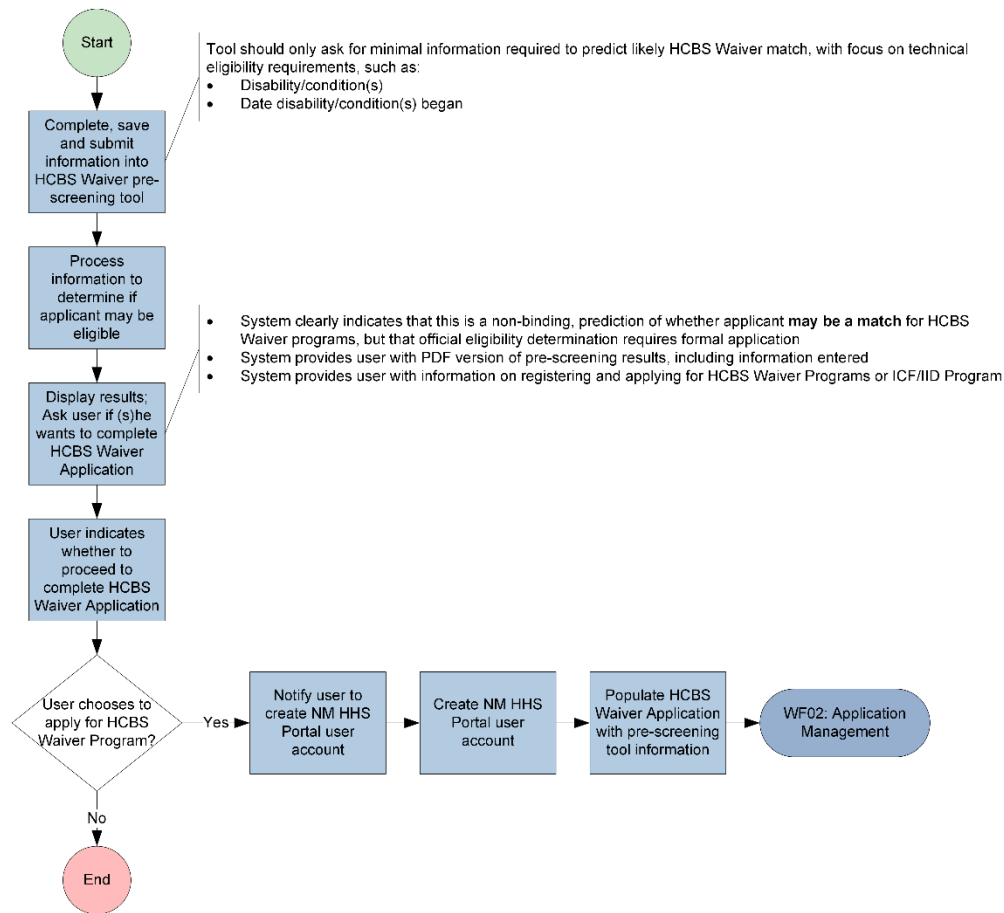


Figure 9: WF01: Pre-Screening Management

4.1.1.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit information into HCBS Waiver program pre-screening tool	<ul style="list-style-type: none"> ■ Date/time HCBS Waiver program pre-screening tool completed ■ Disability/condition(s) ■ Date disability/condition(s) began
Process information to determine if applicant is likely a match for HCBS Waiver programs	<ul style="list-style-type: none"> ■ N/A
Display results; Ask user if (s)he wants to complete HCBS Waiver Application	<ul style="list-style-type: none"> ■ N/A

Workflow Activity	Information Captured
User indicates whether to proceed to complete HCBS Waiver Application	<ul style="list-style-type: none">■ User indication on whether to complete HCBS Waiver Application
Notify user to create NM HHS Portal user account	<ul style="list-style-type: none">■ Date/time of notification■ Contact information of notification recipient
Create NM HHS Portal user account	<ul style="list-style-type: none">■ User information required for account creation
Populate HCBS Waiver Application with pre-screening tool information	<ul style="list-style-type: none">■ N/A

4.1.2 BP02: Application Management

4.1.2.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Applicant successfully applies for HCBS Waiver program ■ DDSD informs applicant of program eligibility determination
Inputs	<ul style="list-style-type: none"> ■ Applicant information, including: <ul style="list-style-type: none"> □ Contact information (for applicant, and: family member, legal guardian/caregiver or authorized representative) □ Demographic information □ Applicant information required for IDD match determination
Outcomes	<ul style="list-style-type: none"> ■ Applicant (and family member, guardian/caregiver or authorized representative) added to master person index ■ Applicant (and family member, guardian/caregiver or authorized representative) creates account in system ■ Applicant’s HCBS Waiver Application submitted, with status. Status fields to include: <ul style="list-style-type: none"> □ Start – Submitted, but no match determination □ Child Pending – Determined Severe Chronic Disability exists, pending SFL determination □ Complete – Submitted, match for IDD determination made □ Closed – Application not completed, no match, no response to allocation, other, returned mail ■ DDSD approves or denies application. If denied, applicant advised of Fair Hearing rights ■ DDSD notifies applicant of match for IDD
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide applicant with ability to complete, save and submit HCBS Waiver Application, including uploading required application materials ■ Determine whether the applicant needs to provide evidence of Power of Attorney, guardianship ■ Provide applicant with ability to attach evidence of Power of Attorney or guardianship paperwork ■ Provide applicant with ability to complete one or more Authorization for Release of Information Forms ■ Check submitted HCBS Waiver Application for inaccurate/incomplete information, per business rules defined by DDSD ■ Alert applicant if submitted HCBS Waiver Application contains inaccurate/incomplete information, per business rules defined by DDSD ■ Mark applicant’s HCBS Applicant status as “Start” when successfully submitted ■ Notify DDSD staff of submitted HCBS Waiver Application ■ Provide DDSD staff with ability to review submitted HCBS Waiver Applications ■ Provide DDSD staff with ability to capture whether submitted HCBS Waiver Application has sufficient information for IDD match determination

	<ul style="list-style-type: none">■ Provide DDSD staff with ability to identify materials needed for IDD match determination■ Notify applicant of need for additional application materials required for IDD match determination■ Provide ability for applicant to provide requested materials required for IDD match determination■ For applications marked as requiring additional documentation, monitor whether applicant has provided requested materials, within a timeframe defined by DDSD business rules■ For applications not received within allowed timeframe, per DDSD business rules, mark submitted application as “Closed - Did not complete”■ Notify Applicant of HCBS Waiver Application closure if requested materials are not received within the timeframe defined by DDSD business rules■ Provide ability for DDSD staff to mark whether submitted application is an IDD match for HCBS Waiver programs, including ability to mark submitted application status as:<ul style="list-style-type: none">□ Child Pend - Determined Severe Chronic Disability exists, pending SFL determination□ Complete – Submitted, match for IDD determination□ Closed – Submitted, determined not a match for IDD■ Notify Applicant of the IDD determination with “Match” or “No Match” letter, as appropriate■ Provide ability for DDSD to customize “Match” or “No Match” letter, including information as appropriate, per DDSD business rules
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4.1.2.2 Business Process Workflow

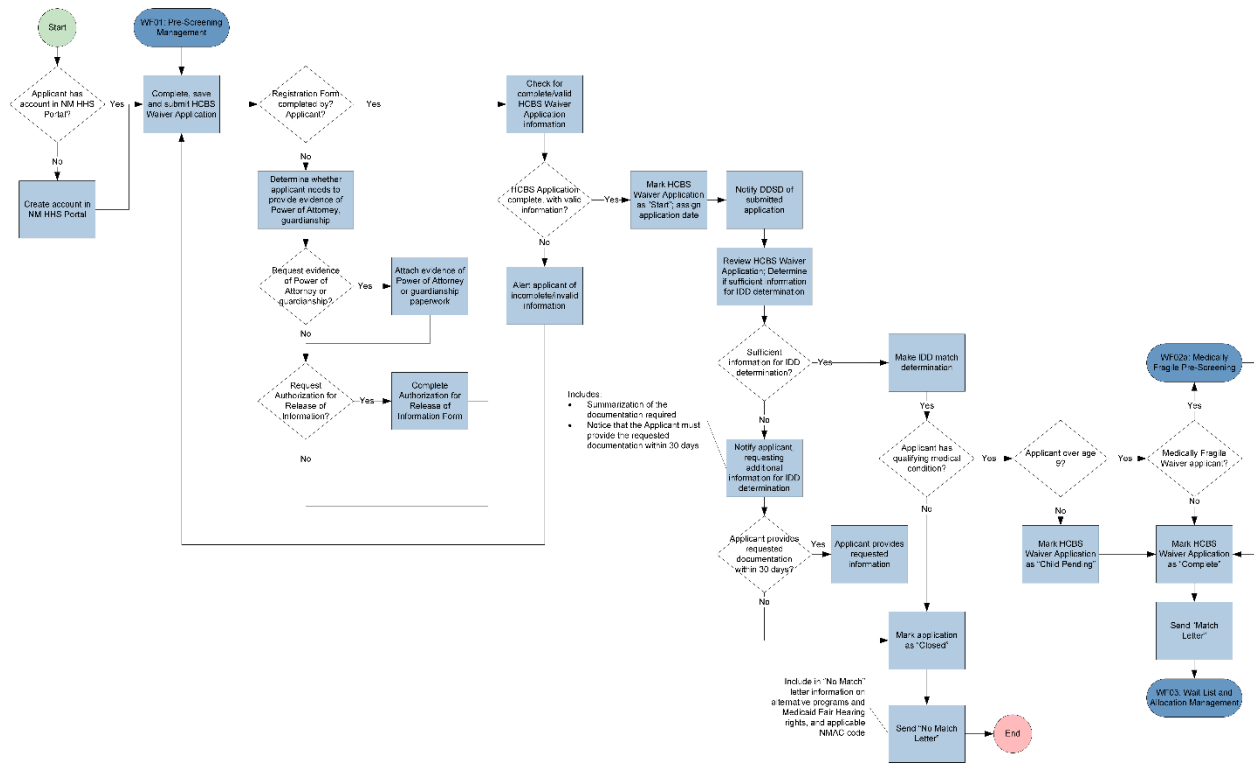


Figure 10: WF02: Application Management

4.1.2.3 Business Process Narrative

Workflow Activity	Information Captured
Create account in NM HHS Portal	<ul style="list-style-type: none"> User information required for account information
Complete, save and submit HCBS Waiver Application	<ul style="list-style-type: none"> See <i>HCBS Waiver Application in the Procurement Library</i> Date/time HCBS Waiver Application submitted Contact information of authenticated system user who submitted HCBS Waiver Application
Determine whether applicant needs to provide evidence of Power of Attorney, guardianship	<ul style="list-style-type: none"> Date/time of determination Determination outcome
Determine whether applicant needs to provide evidence of submit ROI	<ul style="list-style-type: none"> Date/time of determination Determination outcome
Attach evidence of Power of Attorney or guardianship paperwork	<ul style="list-style-type: none"> Date/time uploaded Contact information of authenticated, authorized system user who uploaded file Uploaded/attached file information (e.g., type, name, size, format)

Workflow Activity	Information Captured
Complete Authorization for Release of Information Form	<ul style="list-style-type: none"> ■ See the <i>Authorization for Release of Information Form</i> in the <i>Procurement Library</i> ■ Date/time Authorization for Release of Information Form submitted ■ Contact information of authenticated, authorized system user who signed Authorization for Release of Information
Check for complete/valid HCBS Waiver Application information	<ul style="list-style-type: none"> ■ N/A
Alert Applicant of incomplete/invalid information	<ul style="list-style-type: none"> ■ Date/time of alert ■ Contact information of alert recipient
Mark HCBS Waiver Application as “Start”; assign application date	<ul style="list-style-type: none"> ■ Date/time of HCBS Waiver Application status update ■ Application status updated (“Start”) ■ Contact information of authenticated, authorized system user who updated application status
Notify DDSD of submitted application	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Review HCBS Waiver Application; Determine if sufficient information for IDD match determination	<ul style="list-style-type: none"> ■ Date/time of HCBS Waiver Application review ■ Contact information of authenticated, authorized system user (e.g., DDSD staff) who completed review ■ Description of missing information required for IDD determination
Notify applicant, requesting additional information for IDD match determination	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Applicant provides requested information	<ul style="list-style-type: none"> ■ Date/time information added to application ■ Contact information of authenticated, authorized system user who added information to application
Make IDD match determination	<ul style="list-style-type: none"> ■ Date/time of IDD match determination ■ HCBS Waiver Application status updated (e.g., “Complete,” “Child Pending,” “Closed”) ■ Contact information of authenticated, authorized system user who made IDD match determination
Send “Match Letter”	<ul style="list-style-type: none"> ■ Date/time “Match Letter” sent ■ Communication method (e.g., U.S. Mail, email, etc.) used for notification ■ Contact information of notification recipient
Send “No Match Letter”	<ul style="list-style-type: none"> ■ Date/time “No Match Letter” sent ■ Communication method (e.g., U.S. Mail, email, etc.) used for notification ■ Contact information of notification recipient

4.1.3 BP02a: Medically Fragile Waiver Program Pre-Screening

4.1.3.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff ■ DDSD Medically Fragile Screening Vendor (currently UNM CDD)
Goal/Objectives	<ul style="list-style-type: none"> ■ Applicant successfully screened for Medically Fragile Waiver program ■ DDSD informs applicant of Medically Fragile Waiver program match determination
Inputs	<ul style="list-style-type: none"> ■ Applicant information, including: <ul style="list-style-type: none"> □ Contact information (for applicant, and: family member, legal guardian/caretaker or authorized representative) □ Demographic information □ Applicant information required for Medically Fragile Waiver Program Pre-Screening (e.g., clinical, demographic information, etc.)
Outcomes	<ul style="list-style-type: none"> ■ Applicant screened for Medically Fragile Waiver program ■ Applicant notified of Medically Fragile Waiver program match determination ■ Applicant added to Wait List
Interfaces	<ul style="list-style-type: none"> ■ Medically Fragile Waiver Program Pre-Screening System (currently, the University of New Mexico Center for Developmental Disability system)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide DDSD with ability to send Medically Fragile Waiver Program applicants instructions on completing Medically Fragile Waiver Pre-Screening ■ Notify Medically Fragile Waiver Program Pre-Screening vendor of new application ■ Provide Medically Fragile Waiver Program Pre-Screening vendor staff with appropriate access to Applicant information ■ Provide Medically Fragile Waiver Program Pre-Screening vendor with ability to document Medically Fragile Waiver Pre-Screening Assessment ■ Notify DDSD of completed Medically Fragile Waiver Program Pre-Screening Assessment ■ Provide DDSD staff with ability to view Medically Fragile Waiver Program Pre-Screening Assessment ■ Provide DDSD staff with ability to add Medically Fragile Waiver applicant to Wait List ■ Provide DDSD staff with ability to update denied applicant's HCBS Waiver Application status to "Closed" ■ Notify applicant of Medically Fragile Waiver program determination, including: <ul style="list-style-type: none"> □ Approved – "Match" letter □ Denied – "No Match" letter

4.1.3.2 Business Process Workflow

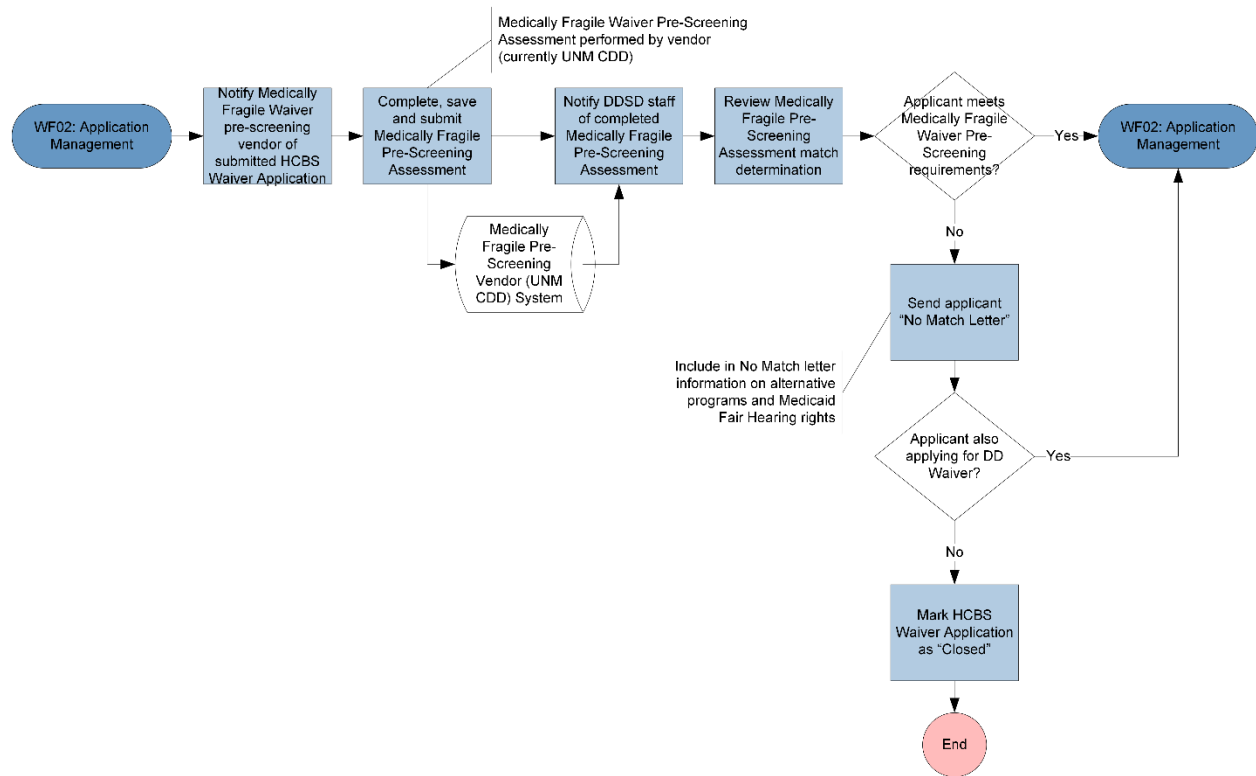


Figure 11: WF02a: Medically Fragile Waiver Pre-Screening

4.1.3.3 Business Process Narrative

Workflow Activity	Information Captured
Send applicant instructions for Medically Fragile Waiver Program Pre-Screening Assessment process	<ul style="list-style-type: none"> ■ Date/time Medically Fragile Pre-Screening Assessment instructions sent to applicant ■ Contact information of authenticated, authorized system user who sent applicant instructions
Notify Medically Fragile Waiver Program Pre-Screening vendor of submitted HCBS Waiver Application	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Complete, save and submit Medically Fragile Pre-Screening Assessment	<ul style="list-style-type: none"> ■ See <i>Medically Fragile Pre-Screening Assessment Form in the Procurement Library</i> ■ Date/time Medically Fragile Pre-Screening Assessment Form submitted ■ Contact information of authenticated, authorized system user who submitted form
Notify DDSD staff of completed Med Frag Pre-Screening Assessment materials	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

Workflow Activity	Information Captured
Review Medically Fragile Pre- Screening Assessment, program match determination	<ul style="list-style-type: none"> ■ Date/time of Medically Fragile Pre-Screening Assessment review ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who reviewed completed Medically Fragile Pre-Screening Assessment materials ■ Medically Fragile Waiver program match determination status
Add applicant to Wait List	<ul style="list-style-type: none"> ■ Date/time applicant added to Wait List ■ Contact information of authenticated, authorized system user who added applicant to Wait List
Send applicant “Match Letter”	<ul style="list-style-type: none"> ■ Date/time “Match” letter sent ■ Communication method (e.g., U.S. Mail, email, etc.) used for notification ■ Contact information of notification recipient
Send applicant “No Match Letter”	<ul style="list-style-type: none"> ■ Date/time “No Match” letter sent ■ Communication method (e.g., U.S. Mail, email, etc.) used for notification ■ Contact information of notification recipient
Mark HCBS Waiver Application as “Closed”	<ul style="list-style-type: none"> ■ Date/time applicant’s HCBS Waiver Application status updated (“Closed”) ■ Applicant’s HCBS Waiver Application status updated ■ Contact information of authenticated, authorized system user who updated applicant’s HCBS Application status

4.1.4 BP03: Wait List and Allocation Management

4.1.4.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Add applicant to Wait List ■ Identify allocation slots for applicants on Wait List ■ Identify applicant for open allocation ■ Determine HCBS Waiver program the applicant selects ■ Determine type of allocation, including: <ul style="list-style-type: none"> <input type="checkbox"/> Expedited <input type="checkbox"/> Elderly caregiver <input type="checkbox"/> Application date ■ Capture applicant response to “Letter of Interest”
Inputs	<ul style="list-style-type: none"> ■ Applicant information ■ Funding information for determining open allocations
Outcomes	<ul style="list-style-type: none"> ■ Applicant returns Letter of Interest (LOI); Applicant assigned to open allocation; Applicant selects HCBS Waiver or ICF/IID; Applicant selects HCBS Waiver program (DD Waiver, Mi Via Waiver, Medically Fragile Waiver); Applicant selects provider (case management agency for DD Wavier, nurse case management agency for Medically Fragile Waiver or consultant agency for Mi Via Waiver); DDSD sends Allocation Letter to accepted applicant and case manager, nurse case manager or consultant (as appropriate) OR ■ Applicant returns Refusal Form (Letter of Interest Attachment B), requesting to have unduplicated allocation slot placed on hold; Applicant provides reason for placing the unduplicated allocation slot on hold; Applicant remains on Wait List OR ■ Applicant did not respond; applicant's case closed and applicant removed from Wait List; Applicant notified of case closure OR ■ Applicant refuses current unduplicated allocation slot. Applicant's case closed and applicant removed from Wait List OR ■ Applicant requests allocation on hold status be removed ■ Case manager, nurse case manager or consultant submits Allocation Reports, per DDSD policy
Interfaces	<ul style="list-style-type: none"> ■ MMIS
Functional Requirements	<ul style="list-style-type: none"> ■ Provide DDSD staff with ability to add applicant to Wait List ■ Provide DDSD staff with ability to define business rules for determining applicants’ prioritization/ranking on Wait List ■ Determine applicants’ prioritization/ranking on Wait List ■ Provide DDSD staff with ability to define business rules for determining open allocations ■ Review funding availability for open allocations ■ Alert DDSD staff of funding availability (for allocation determination)

	<ul style="list-style-type: none">■ Determine number of open allocations■ Identify (“slot”) applicants for open allocations■ Provide DDSD staff with ability to review and approve/deny an applicant for an open allocation■ Review funding and allocation status, as defined by the DDSD, to determine number of unduplicated slots available (e.g., no response, refused, death, and others), as defined by DDSD business rules■ Send Letter of Interest, Attachment A, and Attachment B to applicants approved for an unduplicated allocation slot■ Provide applicants with ability to accept, place on hold or decline unduplicated allocation slot■ Provide DDSD with ability to define list of approved providers for applicant’s PFOC selection■ Provide applicants who accept allocation with ability to choose a case manager, nurse case manager or consultant agency (Primary Freedom of Choice, PFOC)■ Provide DDSD staff with ability to assign an applicant to an allocation■ Send Allocation Letter to applicant and notify additional parties involved, as defined by the DDSD, of the applicant’s allocation status■ Provide DDSD with ability to remove an applicant’s on hold status■ Provide DDSD with the ability to track why and when an applicant requests on hold status be removed■ Provide DDSD with ability to document attempts to contact an applicant that has refused an allocation■ Provide DDSD with ability to mark the status of an applicant as “Refused” on Wait List, if applicant refuses an allocation■ Notify DDSD staff if an applicant does not respond to open allocation (Letter of Interest) within a specified period of time, as defined by DDSD business rules (e.g., 15 days)■ Provide DDSD staff with ability to document attempts to contact applicants who have not responded to Letter of Interest■ Provide DDSD staff with ability to mark applicant’s record on the Wait List as “Non-Responsive,” for applicant’s that have not responded to Letter of Interest within a specified period of time, as defined by DDSD business rules (e.g., 30 days)■ Send “Closure Warning” letter to applicant, if applicant does not respond to Letter of Interest within a specific period of time, as defined by DDSD business rules■ Provide ability for DDSD to customize “Letter of Interest,” Allocation Letter or “Closure Warning” letter, including information as appropriate, per DDSD business rules■ Provide ability to complete, save and submit Allocation Reporting Form on a regular basis, per HCBS Waiver program requirements
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4.1.4.2 Business Process Workflow

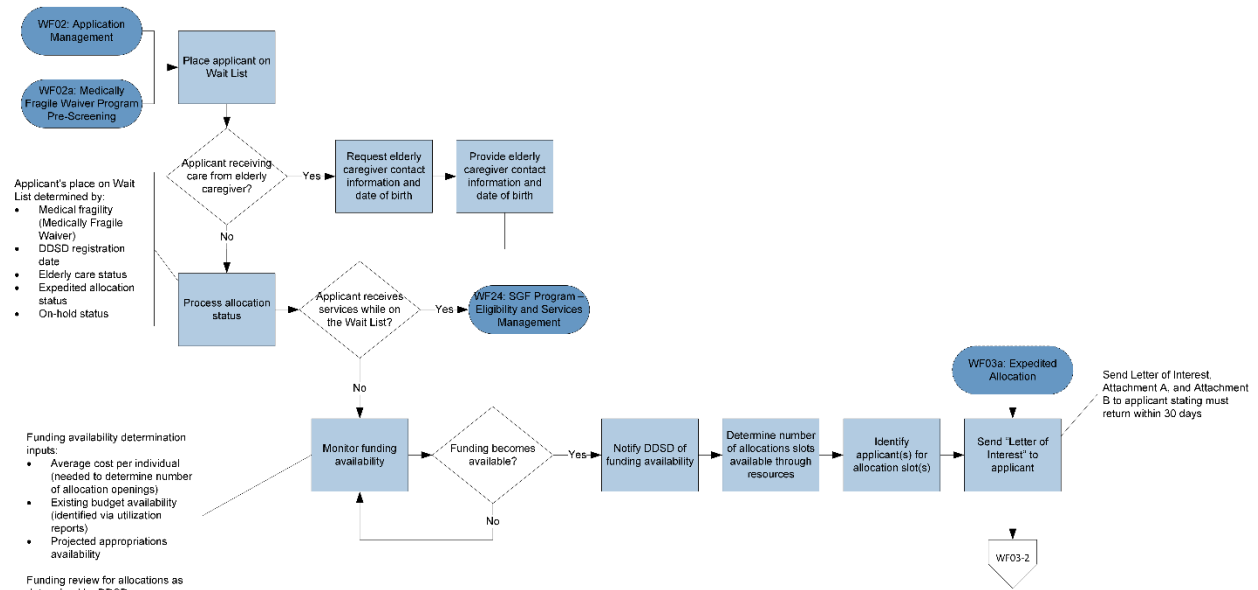


Figure 12: WF03-1: Wait List and Allocation Management

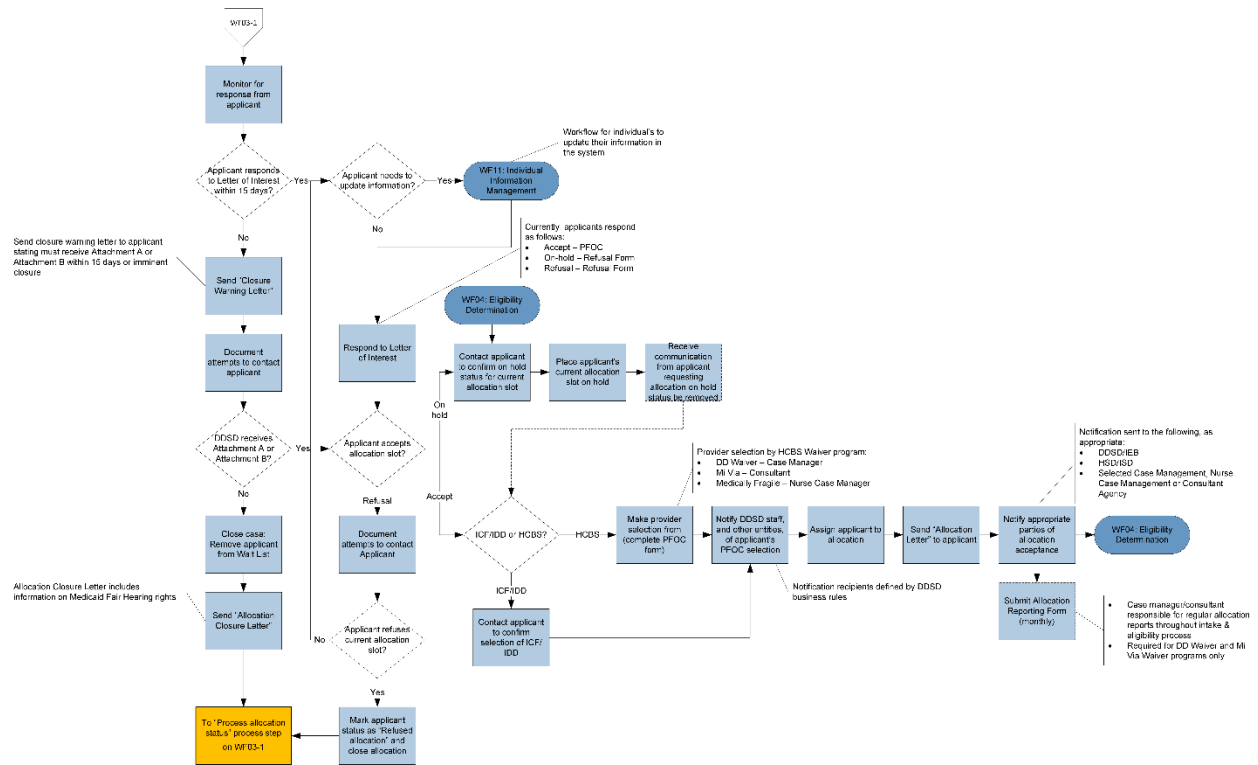


Figure 13: WF03-2: Wait List and Allocation Management (Part 2)

4.1.4.3 Business Process Narrative

Workflow Activity	Information Captured
Place applicant on Wait List	<ul style="list-style-type: none"> ■ Date/time applicant added to Wait List ■ Contact information of authenticated, authorized system user who added applicant to Wait List
Request elderly caregiver contact information and date of birth	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient (e.g., individual requested to provide elderly caregiver contact information and date of birth)
Provide elderly caregiver contact information and date of birth	<ul style="list-style-type: none"> ■ Date/time contact information provided ■ Contact information of Individual who provided information ■ Contact information of authenticated system user (e.g., DDSD staff), who entered information into the system
Process allocation status	<ul style="list-style-type: none"> ■ Date/time applicant's place on Wait List determined ■ Applicant's place on Wait List
Monitor funding availability	<ul style="list-style-type: none"> ■ N/A
Notify DDSD of funding availability	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Determine number of allocations slots available through resources	<ul style="list-style-type: none"> ■ Number of unduplicated allocation slots by: <ul style="list-style-type: none"> <input type="checkbox"/> Region <input type="checkbox"/> Expedited status <input type="checkbox"/> Elderly caregiver status <input type="checkbox"/> Others factors, as defined by DDSD business rules <input type="checkbox"/> Application date
Identify applicant(s) for allocation slot(s)	<ul style="list-style-type: none"> ■ Date/time of identification ■ Contact information of applicant identified
Send "Letter of Interest" to applicant	<ul style="list-style-type: none"> ■ Date/time "Letter of Interest" sent ■ Contact information of notification recipient
Monitor for response from applicant	<ul style="list-style-type: none"> ■ N/A
Send "Closure Warning Letter"	<ul style="list-style-type: none"> ■ Date/time "Closure Warning Letter" sent ■ Contact information of notification recipient
Document attempts to contact Applicant	<ul style="list-style-type: none"> ■ Date/time of contact attempt ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who attempted to contact Applicant ■ Notes regarding contact attempt
Close case; Remove applicant from Wait List	<ul style="list-style-type: none"> ■ Date/time of case closure ■ Date/time applicant removed from Wait List ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who closes case/removes Applicant from Wait List
Send "Allocation Closure Letter"	<ul style="list-style-type: none"> ■ Date/time "Allocation Closure" letter sent ■ Contact information of notification recipient

Workflow Activity	Information Captured
Respond to Letter of Interest	<ul style="list-style-type: none"> ■ Date/time of applicant response ■ Applicant response, including: <ul style="list-style-type: none"> <input type="checkbox"/> Accept, ICF <input type="checkbox"/> Accept, HCBS <input type="checkbox"/> On hold <input type="checkbox"/> No response
Contact applicant to confirm on hold status for current allocation slot	<ul style="list-style-type: none"> ■ Date/time of contact attempt ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who attempted to contact applicant ■ Notes regarding contact attempt
Place applicant's current allocation slot on hold	<ul style="list-style-type: none"> ■ Date/time allocation slot put on hold ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who placed allocation slot on hold ■ Notes regarding on hold status
Receive communication from Applicant requesting allocation on hold status be removed	<ul style="list-style-type: none"> ■ Date/time of communication ■ Contact information of applicant ■ Contact information of authenticated system user (i.e., DDSD staff) who documented the communication ■ Notes regarding the communication, including reason for Applicant removing on hold status
Make provider selection (complete PFOC form)	<ul style="list-style-type: none"> ■ <i>See Primary Freedom of Choice (PFOC) Form in the Procurement Library</i> ■ Date/time of PFOC Form submitted ■ Contact information of authenticated, authorized system user (i.e., applicant) who submitted PFOC form ■ Contact information of provider selected
Notify DDSD staff, and other entities, of applicant's PFOC selection	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Assign applicant to open allocation	<ul style="list-style-type: none"> ■ Date/time of allocation assignment ■ Contact information of authenticated system user (i.e., DDSD staff) who assigned applicant to open allocation ■ Applicant and open allocation information
Send "Allocation Letter" to applicant	<ul style="list-style-type: none"> ■ Date/time "Allocation Letter" sent ■ Contact information of letter recipient
Notify appropriate parties of allocation acceptance	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Mark applicant status as "Refused allocation" and close allocation	<ul style="list-style-type: none"> ■ Date/time of applicant status change ■ Contact information of authenticated system user (i.e., DDSD staff) who changed status ■ Applicant status on Wait List changed to closed

Workflow Activity	Information Captured
Complete, save and submit Allocation Reporting Form	<ul style="list-style-type: none">■ See the <i>Allocation Reporting Form</i> in the <i>Procurement Library</i>■ Date/time Allocation Reporting Form is submitted■ Contact information of authenticated, authorized system user (i.e., case manager or consultant) who submitted Allocation Reporting Form

4.1.5 BP03a: Expedited Allocation

4.1.5.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDS staff ■ Other State department staff (e.g., HSD, ALTSD, CYFD) ■ Providers
Goal/Objectives	<ul style="list-style-type: none"> ■ Manage referrals for expedited allocations
Inputs	<ul style="list-style-type: none"> ■ Referral information for expedited allocation, including: <ul style="list-style-type: none"> □ Information on individual (<i>See Registration Form & HCBS Waiver Application in the Procurement Library</i>) □ Referring organization contact information (e.g., ALTSD, CYFD, DDS Regional Office) □ Information related to reason of expedited allocation, such as: <ul style="list-style-type: none"> – Substantiated abuse, neglect or exploitation – Loss of care giver – Date of referral
Outcomes	<ul style="list-style-type: none"> ■ All expedited allocation referrals are reviewed by an expedited allocation review committee ■ Expedited allocation determination as follows: <ul style="list-style-type: none"> □ Applicant accepts unduplicated allocation slot and selects nurse case management, case management or consultant agency □ Applicant requests unduplicated allocation slot be placed on hold, at the discretion of the DDS □ Applicant is non-responsive and unduplicated allocation slot is closed (with applicant remaining on Wait List) □ Applicant refuses unduplicated allocation slot, status is marked as “Closed,” applicant is mailed Closure Letter, informed of Fair Hearing rights and removed from the Wait List
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide DDS, HSD, ALTSD, CYFD, other State departments’ staff or DDS providers with ability to refer an individual to DDS for an expedited allocation ■ Provide DDS staff (i.e., expedited allocation review committee) with ability to review expedited allocation referrals ■ Provide DDS Director (or designee) with ability to approve or deny an expedited allocation referral ■ Notify individual and expedited allocation referral source of approval/denial of expedited allocation referral

4.1.5.2 Business Process Workflow

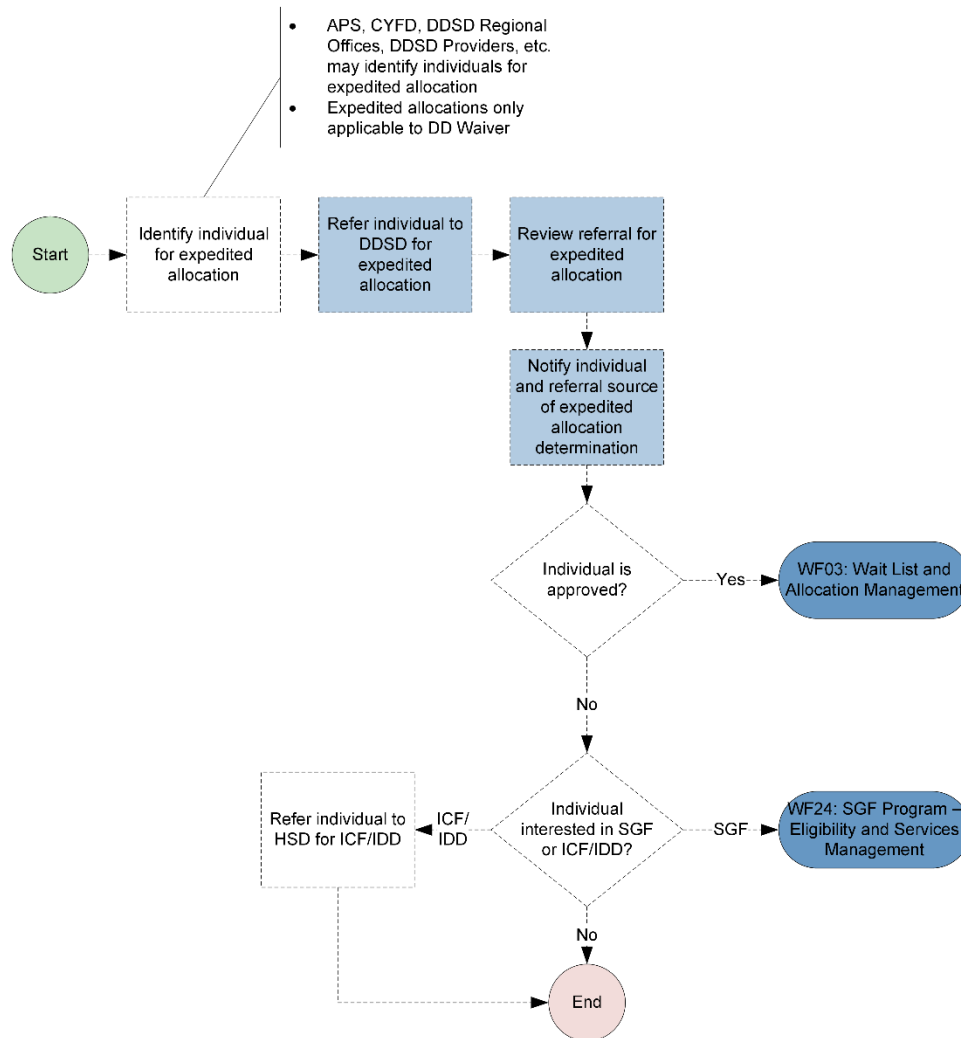


Figure 14: WF03a: Expedited Allocation

4.1.5.3 Business Process Narrative

Workflow Activity	Information Captured
Refer individual to DDSD for expedited allocation	<ul style="list-style-type: none"> ■ Date/time of referral ■ Contact information of referral source ■ Contact information of authenticated system user (i.e., DDSD staff) who documented referral
Review referral for expedited allocation	<ul style="list-style-type: none"> ■ Date/time of referral review ■ Contact information of reviewers
Notify individual and referral source of expedited allocation determination	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.1.6 BP04: Eligibility Determination

4.1.6.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Applicants ■ DDSD staff ■ HSD staff ■ Vendor, including Third Party Assessor (TPA) staff ■ Provider (case manager, consultant, or nurse case manager)
Goal/Objectives	<ul style="list-style-type: none"> ■ HSD determines individual’s medical and financial eligibility for Medicaid Home & Community-Based Services (HCBS) Waiver program ■ Enroll individual into HCBS Waiver program ■ DDSD documents and tracks identified delays for medical/financial, and confirmation of an approved plan
Inputs	<ul style="list-style-type: none"> ■ Applicant information collected during application and allocation assignment process ■ Applicant information, per Application for Assistance Form (HSD 100) ■ Applicant information, per Level of Care (LOC) packet ■ Applicant information, per in-home assessment ■ Criteria for determining Medicaid HCBS Waiver eligibility
Outcomes	<ul style="list-style-type: none"> ■ HSD (Income Supports Division) determines applicant’s financial eligibility for Medicaid HCBS Waiver program, including Category of Eligibility ■ Third Party Assessor (TPA) / University of New Mexico CDD determines applicant’s medical eligibility for Medicaid HCBS Waiver program, including Level of Care (LOC)
Interfaces	<ul style="list-style-type: none"> ■ MMIS Integrated Eligibility system (currently ASPEN) ■ TPA system (currently JIVA)
Functional Requirements	<ul style="list-style-type: none"> ■ Notify HSD, DDSD, applicant and provider (case manager, nurse case manager, or consultant) of Medicaid financial eligibility determination ■ Provide ability for applicant (and/or provider) to complete Level of Care (LOC) forms, including: <ul style="list-style-type: none"> □ Long Term Care Medical Assessment Abstract Form (MAD 378) □ History and Physical (H&P) Form □ Client Individual Assessment (CIA) Form ■ Provide ability for applicant (and/or provider) to save drafts of LOC forms ■ Provide ability for applicant to (and/or provider) electronically submit LOC forms ■ Provide ability for applicant (and/or provider) to upload documentation related to Level of Care forms, and associate uploaded documentation to LOC forms ■ Notify vendor (e.g., TPA) of submitted LOC forms for review ■ Provide DDSD and vendor, with appropriate access rights, with access to applicant’s LOC forms ■ Provide vendor with ability to communicate with applicant to schedule in-home assessment ■ Provide vendor with ability to document results of in-home assessment ■ Provide vendor with ability to document results of Medicaid eligibility determination, (i.e., LOC level I, II or III)

- Notify DDSD, HSD, applicant and applicant’s provider (case manager, nurse case manager, consultant) of Medicaid eligibility determination
- Provide DDSD/HSD with ability to customize Medicaid eligibility determination notice, including the following information:
 - Option to place unduplicated allocation slot on hold (default for Applicants determined Medicaid ineligible)
 - Alternative programs, including State General Funds (SGF) program
 - Medicaid Fair Hearing rights
- Notify DDSD staff of applicant's status as eligible (COE 096 Eligible)
- Provide ability for DDSD staff to mark the applicant's status as eligible (COE 096 Eligible)
- Provide ability for DDSD staff to place applicant's current unduplicated allocation slot on hold

4.1.6.2 Business Process Workflow

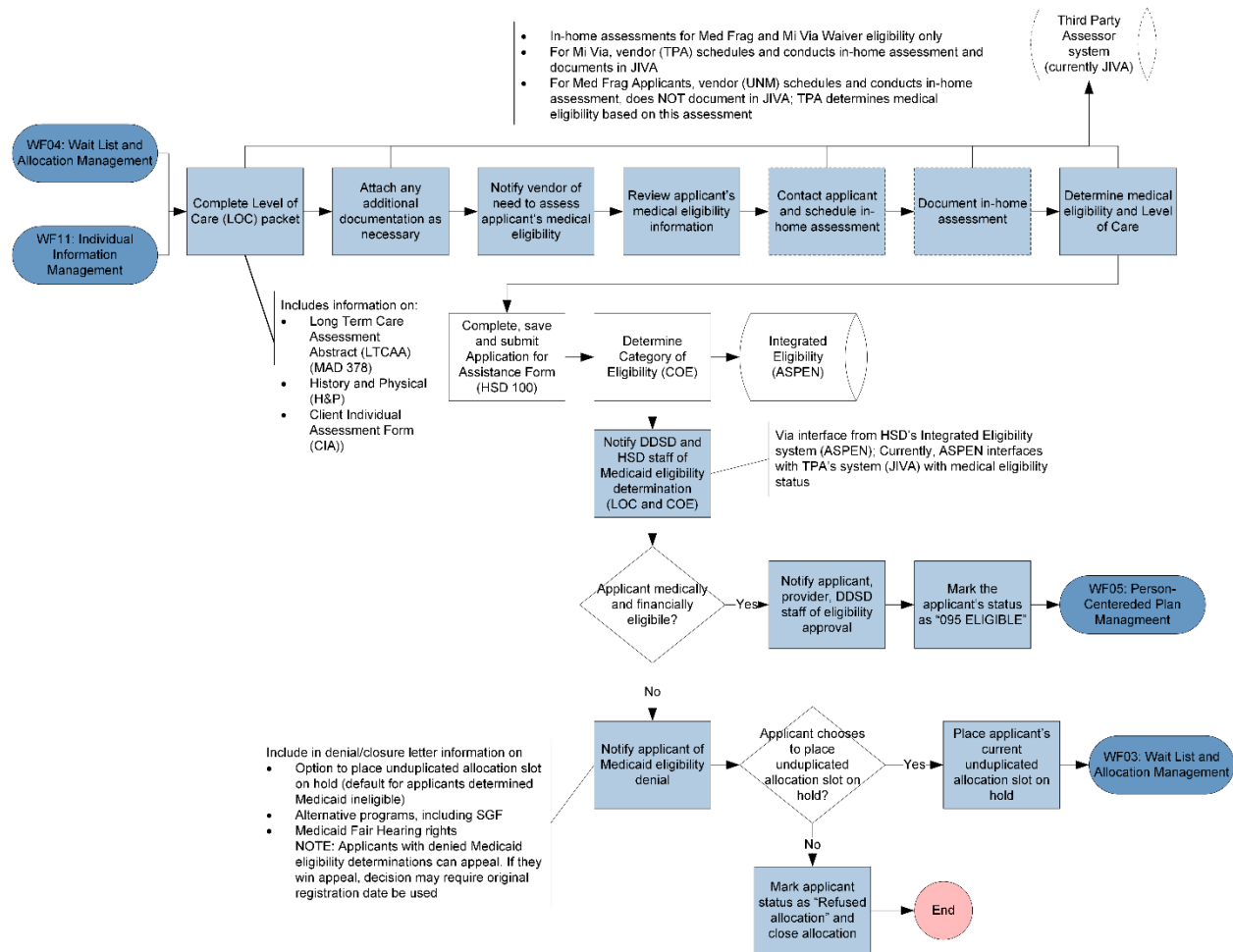


Figure 15: WF04: Eligibility Determination

4.1.6.3 Business Process Narrative

Workflow Activity	Information Captured
Complete Level of Care (LOC) packet	<ul style="list-style-type: none"> ■ See <i>ICF/IID and DEVELOPMENTAL DISABILITIES HOME & COMMUNITY BASED SERVICES WAIVER LONG TERM CARE MEDICAL ASSESSMENT ABSTRACT (MAD 378)</i> in the <i>Procurement Library</i> ■ See <i>Client Individual Assessment Form</i> in the <i>Procurement Library</i> ■ Date/time LOC packet materials completed ■ Contact information of authenticated, authorized system user (e.g., applicant) who completed forms
Attach any additional documentation as necessary	<ul style="list-style-type: none"> ■ Date/time file(s) uploaded ■ Contact information of authenticated, authorized system user (e.g., applicant) who uploaded file ■ File information (e.g., type, name, size, format)
Notify vendor of need to assess applicant's medical eligibility	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Review applicant's medical eligibility information	<ul style="list-style-type: none"> ■ Date/time of review ■ Contact information of authenticated, authorized system user (i.e., TPA, OR, UNM staff) who completed review
Contact applicant and schedule in-home assessment	<ul style="list-style-type: none"> ■ Date/time of contact with applicant ■ Contact information used for contact ■ Notes from contact with applicant
Document in-home assessment	<ul style="list-style-type: none"> ■ Date/time of in-home assessment ■ Contact information of vendor who completed in-home assessment ■ Contact information of authenticated, authorized system user (i.e., TPA, OR, UNM staff) who documented in-home assessment in system ■ Notes from in-home assessment
Determine medical eligibility and Level of Care	<ul style="list-style-type: none"> ■ LOC determination, including: <ul style="list-style-type: none"> <input type="checkbox"/> Level of Care determination (I/II/III) <input type="checkbox"/> LOC Authorization Date Span ■ Date/time of LOC determination ■ Contact information of authenticated, authorized system user (i.e., TPA, OR, UNM staff) who made LOC determination
Notify DDS and HSD staff of Medicaid eligibility determination (LOC and Category of Eligibility, COE)	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Notify applicant, provider, DDS staff of eligibility approval	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Mark the applicant's status as eligible ("095 ELIGIBLE")	<ul style="list-style-type: none"> ■ Date/time applicant's status updated ■ Contact information of authenticated, authorized system user who updated applicant status
Notify applicant of Medicaid eligibility denial	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

Workflow Activity	Information Captured
Place applicant's current unduplicated allocation slot on hold	<ul style="list-style-type: none">■ Date/time applicant's status updated■ Contact information of authenticated, authorized system user who updated applicant status
Mark applicant status as "Refused allocation" and close allocation	<ul style="list-style-type: none">■ Date/time of applicant status change■ Contact information of authenticated system user (i.e., DDSD staff) who changed status■ Applicant status on Wait List changed to closed

4.2 Case Establishment

4.2.1 BP05: Person-Centered Plan Management

4.2.1.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individual ■ DDSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Individual Circle of Support (ICOS) members
Goal/Objectives	<ul style="list-style-type: none"> ■ Individual completes Person-Centered Plan (PCP) process, with assistance from provider and ICOS ■ PCP ready for budget development process
Inputs	<ul style="list-style-type: none"> ■ Individual's information including: <ul style="list-style-type: none"> <input type="checkbox"/> Contact information <input type="checkbox"/> Demographic information <input type="checkbox"/> Clinical information gathered during eligibility determination (e.g., LOC, LTCAA), screenings and/or assessments
Outcomes	<ul style="list-style-type: none"> ■ Individual (or guardian) approves Person-Centered Plan
Interfaces	<ul style="list-style-type: none"> ■ Individual information system, currently: <ul style="list-style-type: none"> <input type="checkbox"/> Therap (DD Waiver) <input type="checkbox"/> FOCoS (Mi Via Waiver) <input type="checkbox"/> UNM CDD system (Medically Fragile Waiver) ■ TPA system (currently JIVA)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability to document Person-Centered Plan (PCP), including drafts of PCP ■ Provide ability for individual, and members of individual's ICOS to collaborate and contribute to PCP ■ Provide ability to identify desired outcomes per vision statement, and develop action plans to meet these outcomes in PCP ■ Provide ability to capture electronic signatures of reviewers of PCP ■ Provide ability to request screenings or assessments per PCP ■ Provide ability to view individual's information required for PCP, with appropriate authorization and access ■ Provide ability to notify ICOS members of PCP meeting ■ Provide ability to document PCP meeting

4.2.1.2 Business Process Workflow

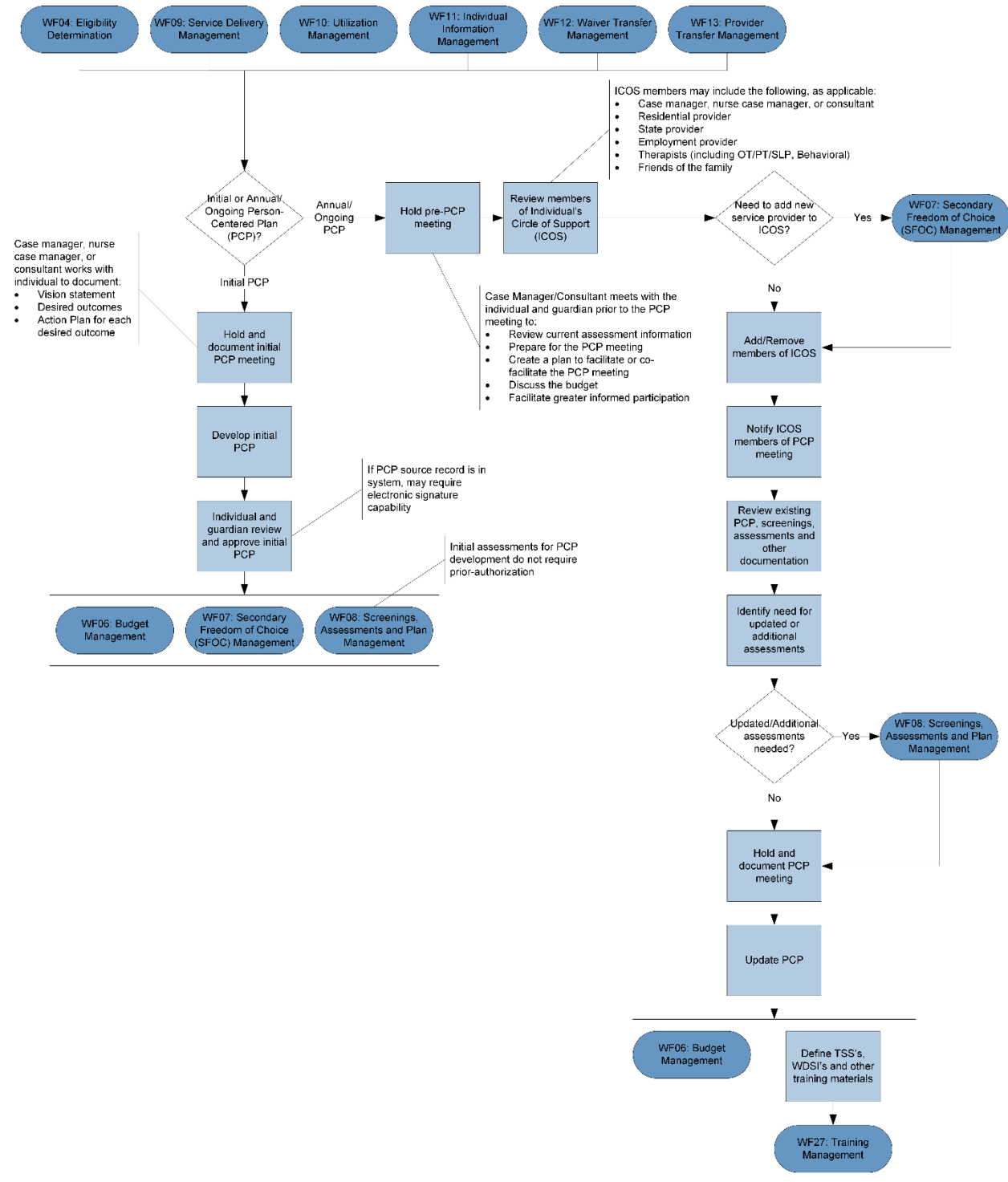


Figure 16: WF05: Person-Centered Plan Management

4.2.1.3 Business Process Narrative

Workflow Activity	Information Captured
Hold and document initial PCP meeting	<ul style="list-style-type: none"> ■ Date/time PCP meeting documented ■ Contact information of authenticated, authorized system user documenting PCP meeting ■ Documentation of initial PCP meeting, including: <ul style="list-style-type: none"> <input type="checkbox"/> ICOS members in attendance <input type="checkbox"/> Discussion notes <input type="checkbox"/> Vision statement(s) <input type="checkbox"/> Desired outcome(s) <input type="checkbox"/> Action plan(s)
Develop initial PCP	<ul style="list-style-type: none"> ■ <i>See Person-Centered Plan templates in the Procurement Library, including:</i> <ul style="list-style-type: none"> <input type="checkbox"/> <i>DD Waiver Individual Service Plan (ISP)</i> <input type="checkbox"/> <i>Medically Fragile Waiver Individual Service Plan (ISP)</i> <input type="checkbox"/> <i>Mi Via Waiver Service and Supports Plan (SSP)</i> ■ Date/time PCP saved ■ Contact information of authenticated, authorized system user (e.g., case manager, nurse case manager, or consultant) who saved PCP draft
Individual (and guardian) review and approve initial PCP	<ul style="list-style-type: none"> ■ Date/time of approval ■ Electronic signature from the following (as appropriate): <ul style="list-style-type: none"> <input type="checkbox"/> Individual (or guardian, caregiver, or authorized representative) <input type="checkbox"/> Case manager, nurse case manager, or consultant <input type="checkbox"/> ICOS member
Add/Remove members of ICOS	<ul style="list-style-type: none"> ■ Date/time of ICOS change ■ Contact information of ICOS member removed/added ■ Contact information of authenticated, authorized system user (e.g., individual, case manager, nurse case manager, consultant etc.) who made ICOS change
Notify ICOS members of PCP meeting	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Review existing PCP, screenings, assessments and other documentation	<ul style="list-style-type: none"> ■ Date/time information reviewed ■ Contact information of authenticated, authorized system user who reviewed information
Identify need for updated or additional screenings or assessments	<ul style="list-style-type: none"> ■ Date/time of request for updated/additional screenings/assessments ■ Requested screenings/assessments ■ Contact information of authenticated, authorized system user (e.g., case manager, nurse case manager, consultant) who made request
Update PCP	<ul style="list-style-type: none"> ■ <i>See Person-Centered Plan templates in the Procurement Library</i> ■ Date/time of PCP saved update ■ Contact information of authenticated, authorized system user (e.g., case manager, nurse case manager, consultant) who saved update to PCP

Workflow Activity	Information Captured
Define TSS's, WDSI's and other training materials	<ul style="list-style-type: none">■ See <i>Teaching and Support Strategies (TSS) template in the Procurement Library</i>■ See <i>Written Direct Support Instructions (WDSI) template in the Procurement Library</i>■ Date/time of saved TSS or WDSI■ Contact information of authenticated, authorized system user who saved TSS or WDSI

4.2.2 BP06: Budget Management

4.2.2.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ DDSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Individual's Circle of Support (ICOS) members ■ Vendor responsible for Person-Centered Plan (PCP) and Budget approval, including the Third Party Assessor (TPA)
Goal/Objectives	<ul style="list-style-type: none"> ■ Draft individual's Budget, per PCP ■ Submit individual's PCP and Budget to providers and ICOS for review ■ Send PCP and Budget for review and approval to Third Party Assessor (TPA) ■ TPA reviews and: <ul style="list-style-type: none"> □ Approves/denies PCP and Budget □ Submits Request for Information (RFI) ■ Select provider (Secondary Freedom of Choice, SFOC)
Inputs	<ul style="list-style-type: none"> ■ PCP ■ Budget allocation information ■ Individual information (supporting PCP and Budget)
Outcomes	<ul style="list-style-type: none"> ■ Individual's PCP and Budget are completed, reviewed and approved/denied ■ TPA submits RFI, if necessary
Interfaces	<ul style="list-style-type: none"> ■ Individual information system, currently: <ul style="list-style-type: none"> □ Therap (DD Waiver) □ UNM CDD information system (Medically Fragile Waiver) □ FOCoS (Mi Via Waiver) ■ TPA system (currently JIVA) ■ MMIS system (Omnicaid)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide a budget "worksheet" form to be used for defining budgets for individuals in all HCBS Waiver programs, directly related to the individual's Person-Centered Plan (PCP) ■ Provide ability for DDSD to customize the budget worksheet form to meet the needs of all HCBS Waiver programs ■ Provide ability for DDSD to edit and publish versions of the budget form ■ Provide ability for individuals (and other users with appropriate authorization) to access the budget form, save drafts of the form and submit for approval review ■ Provide ability to determine allowable budget amounts for the individual, per DDSD business rules ■ Provide ability for individuals, providers or other authorized users, as appropriate, to agree to the budget as written, including use of electronic signature ■ Provide ability for individuals (or case manager, nurse case manager, or consultant, or other authorized users, as appropriate) to submit the PCP, Budget and supporting documentation to the TPA for approval review

	<ul style="list-style-type: none">■ Provide notification to TPA of a submitted PCP and Budget for review■ Provide TPA with ability to review an individual's submitted PCP and Budget, including supporting documentation■ Provide TPA with the ability to submit a Request for Information (RFI) to individual in response to a submitted PCP and Budget■ Provide DDSD with ability to edit and publish versions of the RFI template■ Notify the individual, (or case manager, nurse case manager, or consultant, or other authorized users, as appropriate), of a submitted RFI per a submitted PCP and Budget■ Provide ability for individual, (or case manager, nurse case manager, or consultant, or other authorized users, as appropriate) to respond to RFI■ Provide TPA with the ability to automatically deny a PCP and Budget subject to an RFI, if the RFI is not responded to within a specific timeframe, to be determined by DDSD and HSD business rules■ Provide TPA with ability to approve, partially approve or deny a submitted PCP and Budget■ Notify individual, DDSD and case manager/consultant of PCP & Budget approval/denial■ Provide ability for DDSD to customize PCP and Budget approval and denial notifications■ For partial approvals, provide TPA with ability to identify specific components of budget (e.g., services) that are approved or denied■ Provide an individual, (or case manager, nurse case manager, or consultant, or other authorized users, as appropriate) with ability to revise PCP and Budget, per partial approval or denial of the submitted PCP and Budget■ Provide an individual, (or case manager, nurse case manager, or consultant, or other authorized users, as appropriate) with the ability to submit a revised PCP and Budget■ Provide an individual with the ability to submit a Continuation of Benefits (COB) request, in the event of PCP and Budget denial■ Notify DDSD and HSD of a submitted COB request
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4.2.2.2 Business Process Workflow

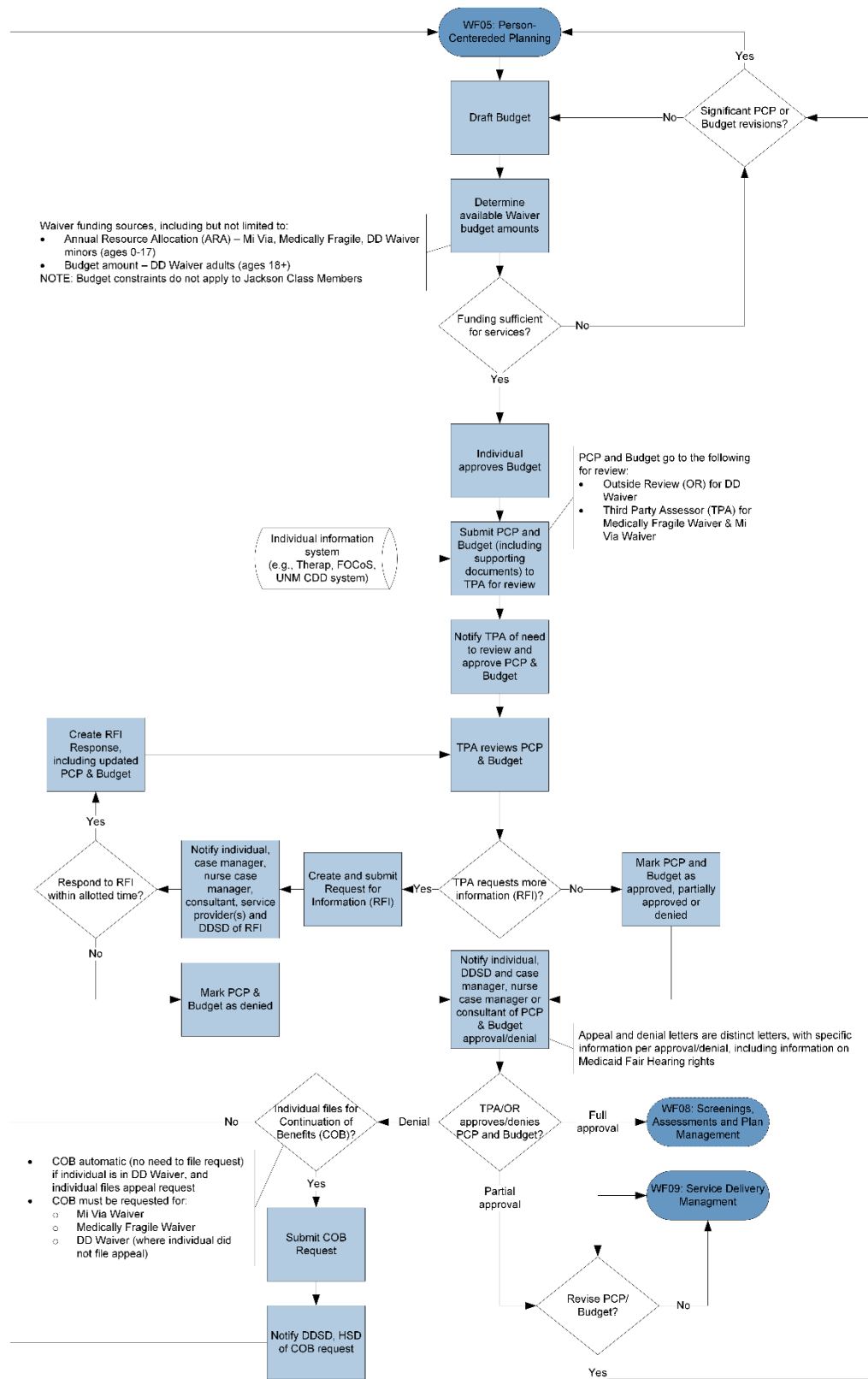


Figure 17: WF06: Budget Management

4.2.2.3 Business Process Narrative

Workflow Activity	Information Captured
Draft Budget	<ul style="list-style-type: none"> ■ See <i>Budget Worksheet template in the Procurement Library</i> ■ Date/time Budget saved ■ Contact information of authenticated, authorized system user who saved budget
Determine available Waiver budget amounts	<ul style="list-style-type: none"> ■ Initial allowable budget amount for individual, per PCP
Individual approves Budget	<ul style="list-style-type: none"> ■ Date/time of Budget approval ■ Electronic signature of individual (or guardian/authorized representative)
Submit PCP and Budget (including supporting documents) to TPA for review	<ul style="list-style-type: none"> ■ Date PCP and Budget submitted ■ Contact information of authenticated, authorized system user who submitted PCP and Budget
Notify TPA of need to review and approve PCP and Budget	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
TPA reviews PCP and Budget	<ul style="list-style-type: none"> ■ Date/time of review ■ Contact information of authenticated, authorized system user who reviewed PC and Budget
Mark a submitted PCP and Budget as approved, partially approved or denied	<ul style="list-style-type: none"> ■ PCP and Budget marked as approved, partially approved or denied
Notify individual, DDSD and provider of PCP and Budget approval, partial approval or denial	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Create and submit Request for Information (RFI)	<ul style="list-style-type: none"> ■ See <i>Request for Information template in the Procurement Library</i> ■ Date/time RFI saved and submitted ■ Contact information for authenticated, authorized user who created RFI
Notify individual, case manager, nurse case manager or consultant, service provider(s) and DDSD of RFI	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Create RFI Response, including updated PCP and Budget	<ul style="list-style-type: none"> ■ See <i>Request for Information response template in the Procurement Library</i> ■ Date/time of saved updates to PCP and/or Budget ■ Contact information of authenticated, authorized system user who saved updates to PCP and/or Budget ■ Updated PCP revisions ■ Updated Budget revisions

Workflow Activity	Information Captured
Mark PCP and Budget as approved, partially approved or denied	<ul style="list-style-type: none"> ■ Date/time of PCP and Budget approval, partial approval or denial ■ PCP and Budget status marked as approved partially approved or denied ■ Contact information of authenticated, authorized system user (e.g., TPA staff) who documented PCP and Budget approval outcome
Submit COB Request	<ul style="list-style-type: none"> ■ <i>See Continuation of Benefits request form in the Procurement Library</i> ■ Date/time of COB request ■ Contact information of authenticated, authorized system user (i.e., individual) who submitted COB request
Notify DDSD, HSD of COB request	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.2.3 BP07: Secondary Freedom of Choice (SFOC) Management

4.2.3.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ Case manager (DD Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ DDSD staff ■ Service provider
Goal/Objectives	<ul style="list-style-type: none"> ■ Individual selects a service provider
Inputs	<ul style="list-style-type: none"> ■ Information on service providers ■ Information on individual
Outcomes	<ul style="list-style-type: none"> ■ Service provider selected
Interfaces	<ul style="list-style-type: none"> ■ MMIS system (Master Provider Index)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide individuals with access to an interactive Secondary Freedom of Choice (SFOC) form ■ Provide ability for DDSD to customize the SFOC form to meet the needs of DD Waiver and Medically Fragile Waiver programs ■ Provide ability for DDSD to edit and publish versions of the SFOC form ■ Provide ability for individuals to input information (e.g., Waiver program, region/county, type of service) into the SFOC form, and be presented with a list of service providers ■ Provide ability for individuals to view information on service provider (e.g., # of individuals served by agency; Agency specific ANE, GER rates, etc.) ■ Provide DDSD with ability to define, revise and publish information on service providers ■ Provide ability for individuals to select a service provider ■ Notify individuals, case manager or nurse case manager, DDSD staff and selected service provider of individual’s SFOC selection ■ Provide ability for individuals to sign an Authorization for Release of Information for the selected service provider ■ Provide ability for selected service providers to view individual’s information ■ Provide ability for DDSD to design, edit and publish an (SFOC) Exception Request Form ■ Provide ability for service providers to complete and submit an (SFOC) Exception Request Form ■ Notify DDSD staff of a submitted (SFOC) Exception Request Form ■ Provide ability for DDSD staff to review a submitted (SFOC) Exception Request Form ■ Provide ability for DDSD staff to approve/deny a submitted (SFOC) Exception Request Form ■ Notify individual, case manager or nurse case manager, and selected SFOC provider of Exception Request approval ■ Notify selected SFOC provider of exception request denial

4.2.3.2 Business Process Workflow

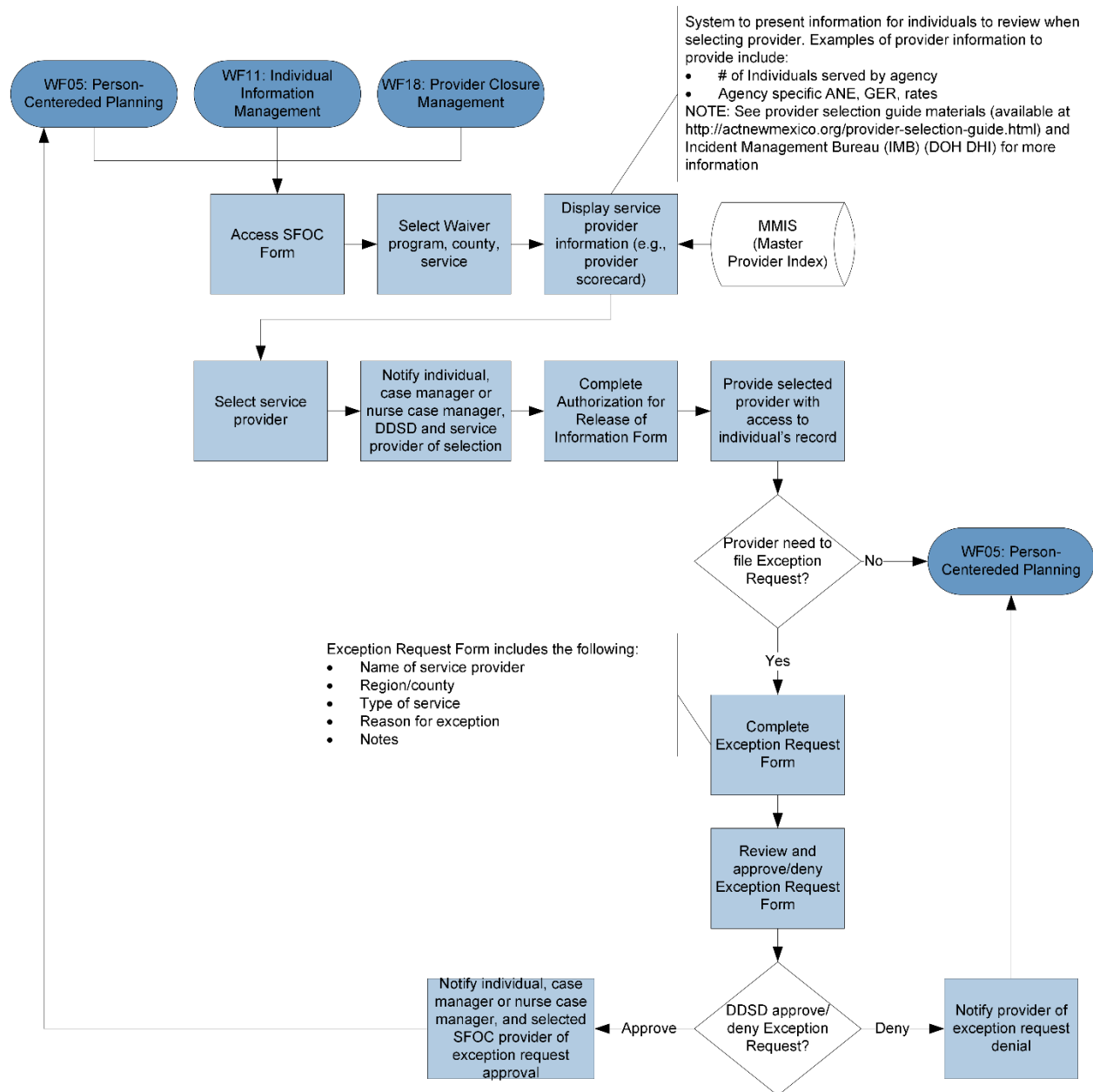


Figure 18: WF07: Secondary Freedom of Choice Management

4.2.3.3 Business Process Narrative

Workflow Activity	Information Captured
Access SFOC Form	<ul style="list-style-type: none"> ■ See DDSD's Secondary of Freedom of Choice form (http://sfoc.health.state.nm.us/) available in the Procurement Library
Select Waiver program, county, service	<ul style="list-style-type: none"> ■ Individual's selection of SFOC information, including: <ul style="list-style-type: none"> <input type="checkbox"/> Waiver Program <input type="checkbox"/> Region/County <input type="checkbox"/> Type of service

Workflow Activity	Information Captured
Display service provider information (e.g., provider scorecard)	<ul style="list-style-type: none"> ■ N/A
Select service provider	<ul style="list-style-type: none"> ■ Individual's selection of service provider
Notify individual, case manager, nurse case manager or consultant, DDS and service provider of selection	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Complete and submit Authorization for Release of Information Form	<ul style="list-style-type: none"> ■ <i>See Authorization for Release of Information Form in the Procurement Library</i> ■ Date/time Authorization for Release of Information completed ■ Contact information for authenticated, authorized user who submitted Authorization for Release of Information Form
Provide selected provider with access to individual's record	<ul style="list-style-type: none"> ■ Date/time provider given access to individual's record
Complete Exception Request Form	<ul style="list-style-type: none"> ■ Date/time Exception Request Form submitted ■ Contact information of authenticated, authorized system user who submitted form ■ Name of service provider ■ Region/county ■ Type of service ■ Reason for exception ■ Notes ■ Electronic signature
Review and approve/deny Exception Request Form	<ul style="list-style-type: none"> ■ Date/time Exception Request Form reviewed ■ Contact information of authenticated, authorized system user (i.e., DDS staff) who reviewed form ■ Exception Request Form approval/denial
Notify individual, case manager, nurse case manager or consultant, selected provider of exception request approval	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Notify provider of exception request denial	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.2.4 BP08: Screening, Assessment and Plan Management

4.2.4.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ Case manager (DD Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Consultant (Mi Via Waiver) ■ DDSD staff ■ Service provider
Goal/Objectives	<ul style="list-style-type: none"> ■ Individual completes appropriate screenings, assessments or plan
Inputs	<ul style="list-style-type: none"> ■ Approved PCP and Budget
Outcomes	<ul style="list-style-type: none"> ■ Appropriate screenings, assessments or plans are completed, documented and available to authorized users
Interfaces	<ul style="list-style-type: none"> ■ Individual information system, currently: <ul style="list-style-type: none"> <input type="checkbox"/> Therap (DD Waiver) <input type="checkbox"/> UNM CDD system (Medically Fragile Waiver) <input type="checkbox"/> FOCoS (Mi Via Waiver)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for ICOS members to view information on individual ■ Provide ability for case manager, nurse case manager or consultant to complete Client Individual Assessment (CIA) ■ Provide ability for individuals or other authorized users to upload/attach screenings, assessments and plan documentation ■ Provide ability for service provider to complete Comprehensive Needs Assessment with Companion Form ■ Provide ability for service provider to complete Positive Behavior Assessment (PBSA) Form ■ Provide ability for service provider to complete Preliminary Risk Screening and Consultation Form ■ Provide ability for service provider to complete Behavior Supports Consultation Prior Authorization Request (BSCPAR) Form ■ Provide ability for service provider to complete Risk Management Plan ■ Provide ability for service provider to complete Therapy Supports Consultation Prior Authorization Request (TSPAR) Form

4.2.4.2 Business Process Workflow

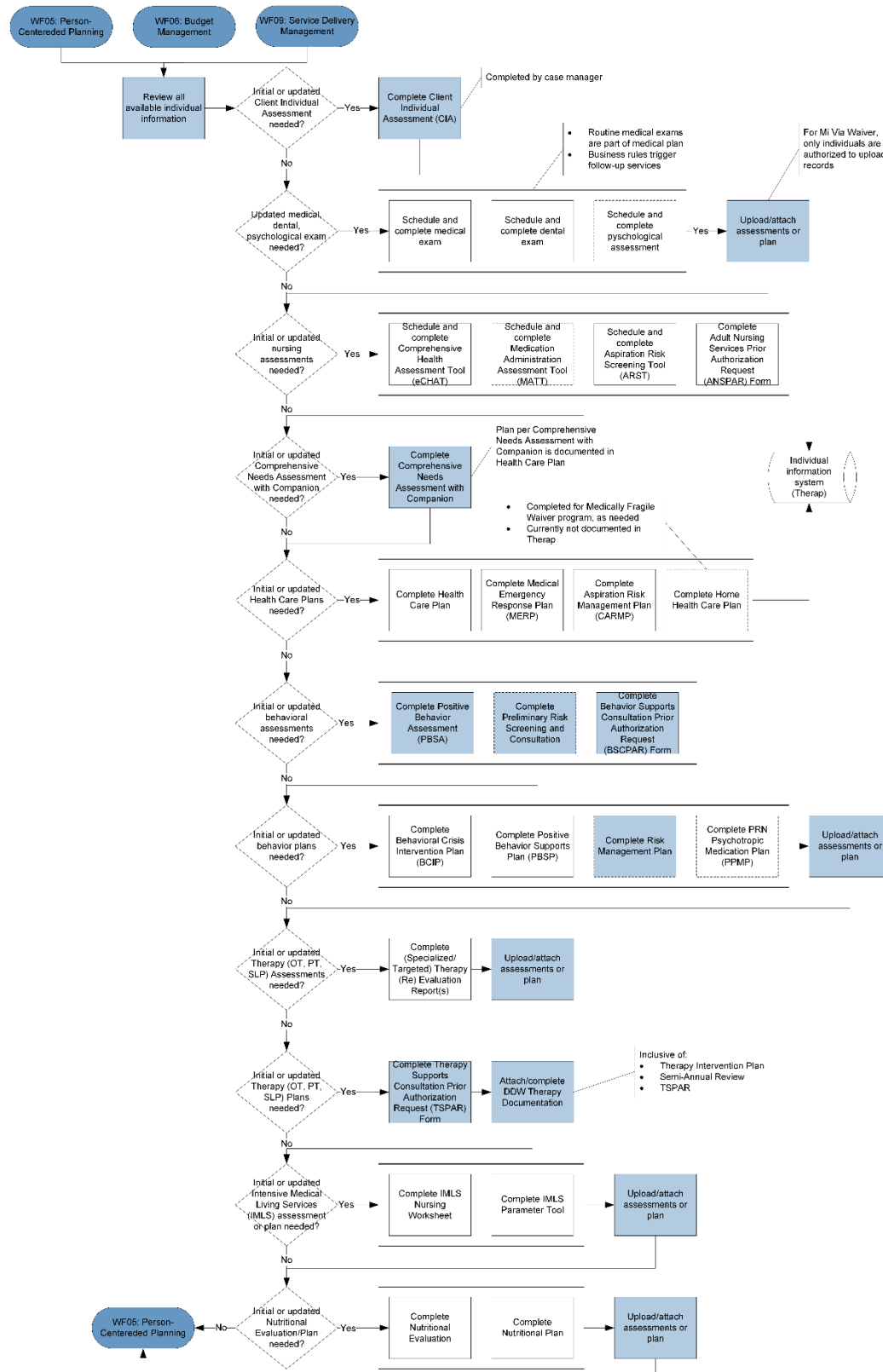


Figure 19: WF08: Screening, Assessment and Plan Management

4.2.4.3 Business Process Narrative

Workflow Activity	Information Captured
Review all available individual information	<ul style="list-style-type: none"> ■ Date/time of review ■ Contact information of authenticated, authorized system user who reviewed individual's information
Complete Client Individual Assessment (CIA)	<ul style="list-style-type: none"> ■ See <i>Client Individual Assessment (CIA) form in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form
Upload/attach assessments or plan	<ul style="list-style-type: none"> ■ Type of document ■ Size of document ■ Date uploaded/attached
Complete Comprehensive Needs Assessment with Companion	<ul style="list-style-type: none"> ■ See <i>Comprehensive Needs Assessment with Companion form in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form
Complete Positive Behavior Assessment (PBSA)	<ul style="list-style-type: none"> ■ See <i>Positive Behavior Assessment (PBSA) Form in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form
Complete Preliminary Risk Screening and Consultation	<ul style="list-style-type: none"> ■ See <i>the Preliminary Risk Screening and Consultation Form in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form
Complete Behavior Supports Consultation Prior Authorization Request (BSCPAR) Form	<ul style="list-style-type: none"> ■ See <i>the Behavior Supports Consultation Prior Authorization Request (BSCPAR) Form in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form
Complete Risk Management Plan	<ul style="list-style-type: none"> ■ See <i>the Risk Management Plan in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form
Complete Therapy Supports Consultation Prior Authorization Request (TSPAR) Form	<ul style="list-style-type: none"> ■ See <i>the Therapy Supports Consultation Prior Authorization Request (TSPAR) Form in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form
Attach/complete DDW Therapy Documentation	<ul style="list-style-type: none"> ■ See <i>the DDW Therapy Documentation Form in the Procurement Library</i> ■ Date/time form completed ■ Contact information of authenticated, authorized system user who completed form

4.3 Service Delivery Management

4.3.1 BP09: Service Delivery Management

4.3.1.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ DDSD staff ■ HSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Service providers
Goal/Objectives	<ul style="list-style-type: none"> ■ Service providers document information regarding delivery of services to individuals ■ Case managers, nurse case managers, consultants, individuals and or DDSD/HSD staff monitor service delivery ■ Case managers, nurse case managers, consultants document meetings with individual ■ Case managers, nurse case managers, consultants, providers, vendors or individuals report incidents, events
Inputs	<ul style="list-style-type: none"> ■ Individual's information including: <ul style="list-style-type: none"> <input type="checkbox"/> Person-Centered Plan <input type="checkbox"/> Budget <input type="checkbox"/> Screening, Assessment and Plan information <input type="checkbox"/> Outcomes
Outcomes	<ul style="list-style-type: none"> ■ Individual receives services ■ DDSD reports on outcomes of service delivery
Interfaces	<ul style="list-style-type: none"> ■ MMIS (Omnicaid) ■ Individual information system, currently: <ul style="list-style-type: none"> <input type="checkbox"/> Therap (DD Waiver) <input type="checkbox"/> FOCoS (Mi Via Waiver) <input type="checkbox"/> UNM CDD system (Medically Fragile Waiver)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for service providers to document the delivery of services, including documentation of the following service provision information: <ul style="list-style-type: none"> <input type="checkbox"/> Agency name <input type="checkbox"/> Name of provider <input type="checkbox"/> Name of recipient <input type="checkbox"/> Location of service <input type="checkbox"/> Date of service <input type="checkbox"/> Type of service <input type="checkbox"/> Service start time <input type="checkbox"/> Service end time <input type="checkbox"/> Progress notes <p style="margin-left: 40px;">NOTE: Ability to document progress notes against PCP</p> ■ Provide ability to view various reports on the delivery of services ■ Provide ability to document regular meetings with individuals, per HCBS Waiver programs requirements

■ Provide ability to view information regarding an individual's screenings, assessments and plans

4.3.1.2 Business Process Workflow

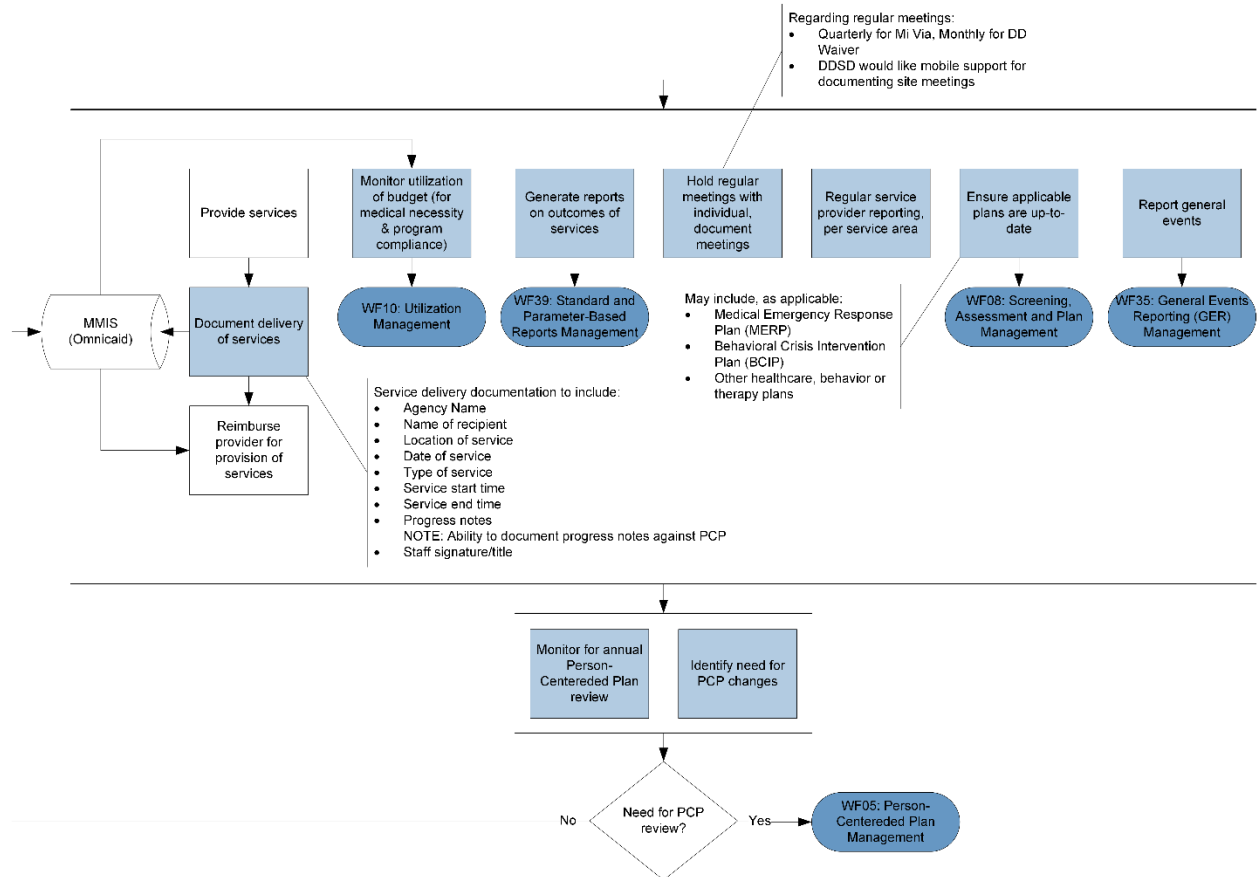


Figure 20: WF09: Service Delivery Management

4.3.1.3 Business Process Narrative

Workflow Activity	Information Captured
Document delivery of services	<ul style="list-style-type: none"> ■ Date/time service delivery documented ■ Contact information of authenticated, authorized system user (i.e., service provider) who documented service delivery ■ Documentation of service delivery, appropriate to service type, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Agency name <input type="checkbox"/> Name of recipient <input type="checkbox"/> Location of service <input type="checkbox"/> Date of service <input type="checkbox"/> Type of service <input type="checkbox"/> Service start time <input type="checkbox"/> Service end time <input type="checkbox"/> Progress notes NOTE: Including ability to document progress notes against PCP <input type="checkbox"/> Staff signature/title
Monitor utilization of budget (for medical necessity & program compliance)	<ul style="list-style-type: none"> ■ View budget utilization information, per DDSD and HSD requirements, including but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Overall budget amount authorized <input type="checkbox"/> Overall budget amount utilized <input type="checkbox"/> Service specific and provider-specific total amounts authorized <input type="checkbox"/> Service specific and provider-specific amounts utilized
Generate reports on outcomes of services	<ul style="list-style-type: none"> ■ <i>See Reporting examples in the Procurement Library</i> ■ Information needed to generate standard and parameter-driven reports on outcomes (e.g., performance measures, quality of life indicators, etc.), according to metrics defined by DDSD
Hold regular meetings with individual, document meetings	<ul style="list-style-type: none"> ■ Date/time of documentation of meeting ■ Contact information of authenticated, authorized system user who documented meeting ■ Meeting information, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Date of meeting <input type="checkbox"/> Meeting attendees <input type="checkbox"/> Meeting notes <input type="checkbox"/> Actions per meeting discussion
Regular service provider reporting, per service area	<ul style="list-style-type: none"> ■ Date/time of report ■ Contact information of authenticated, authorized system user who documented report ■ Information related to report
Ensure applicable plans are up-to-date	<ul style="list-style-type: none"> ■ N/A

4.3.2 BP10: Utilization Management

4.3.2.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ DDSD staff ■ HSD staff ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ Service providers
Goal/Objectives	<ul style="list-style-type: none"> ■ Monitor utilization of budget, per PCP
Inputs	<ul style="list-style-type: none"> ■ Individual's PCP and Budget ■ Service delivery information ■ Individual information (e.g., clinical information) required for utilization review processes
Outcomes	<ul style="list-style-type: none"> ■ Budget utilization reporting
Interfaces	<ul style="list-style-type: none"> ■ MMIS system (Omnicaid) ■ Individual information system, currently: <ul style="list-style-type: none"> □ Therap (DD Waiver) □ UNM CDD system (Medically Fragile Waiver) □ FOCoS (Mi Via Waiver)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability to run utilization reports on service delivery

4.3.2.2 Business Process Workflow

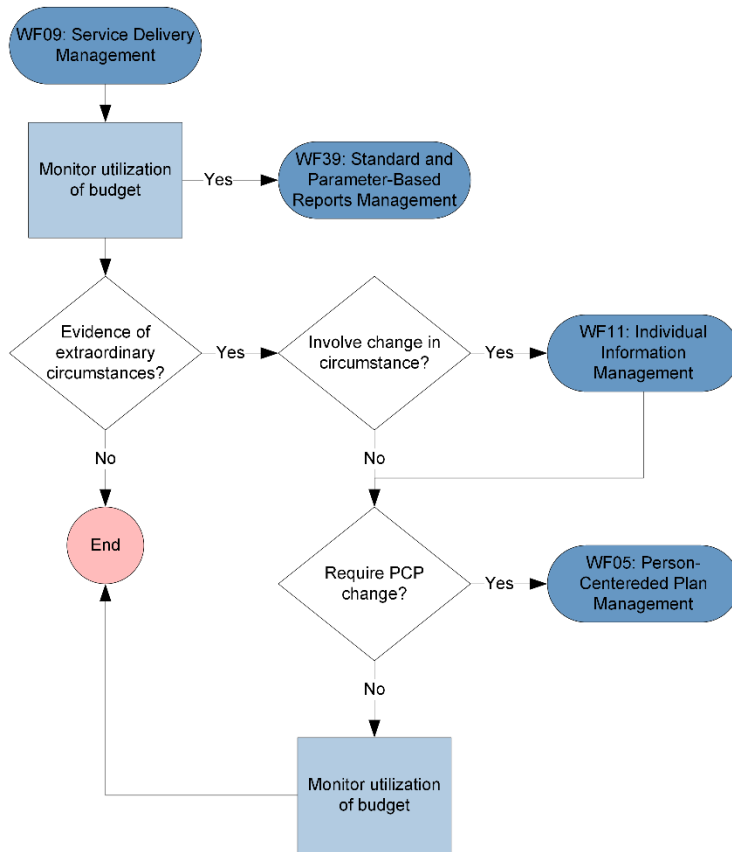


Figure 21: WF10: Utilization Management

4.3.2.3 Business Process Narrative

Workflow Activity	Information Captured
Monitor utilization of budget	■ N/A

4.3.3 BP11: Individual Information Management

4.3.3.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Update information in individual's record ■ Trigger appropriate follow-up actions, per updates to individual's record
Inputs	<ul style="list-style-type: none"> ■ Information on individual
Outcomes	<ul style="list-style-type: none"> ■ Individual's record is updated, appropriate follow-up actions per update(s) are triggered
Interfaces	<ul style="list-style-type: none"> ■ MMIS-R system (Master Client Index)
Functional Requirements	<ul style="list-style-type: none"> ■ Monitor various external data sources for updates or changes to individual's information, per DDSD business rules ■ Notify DDSD staff, case manager, nurse case manager or consultant and Individual of externally identified changes to Individual's information ■ Provide ability for individual, case manager, nurse case manager or consultant, DDSD staff, or other authorized user, with ability to review, edit and save externally identified changes to individual's information ■ Provide ability for individual, case manager, nurse case manager or consultant, DDSD staff, or other authorized user, with the ability to create, save and submit a Client Information Update (CIU) Form ■ Notify DDSD staff, case manager, nurse case manager or consultant and individual of submitted CIU Form ■ Provide ability to edit and save changes to individual's contact information ■ Provide ability to edit and save changes to individual's Emergency Backup Plan ■ Provide ability for individual, case manager, nurse case manager, consultant or other authorized user to update Level of Care (LOC) forms, including: <ul style="list-style-type: none"> <input type="checkbox"/> Long Term Care Medical Assessment Abstract Form (MAD 378) <input type="checkbox"/> History and Physical (H&P) Form <input type="checkbox"/> Client Individual Assessment Form ■ Provide ability for individual, case manager, nurse case manager, consultant, or other authorized user with ability to edit and save information related to employment services information ■ Provide ability for case manager, nurse case manager, consultant, or other authorized user with ability to document actions taken per changes to individual's information update(s)

4.3.3.2 Business Process Workflow

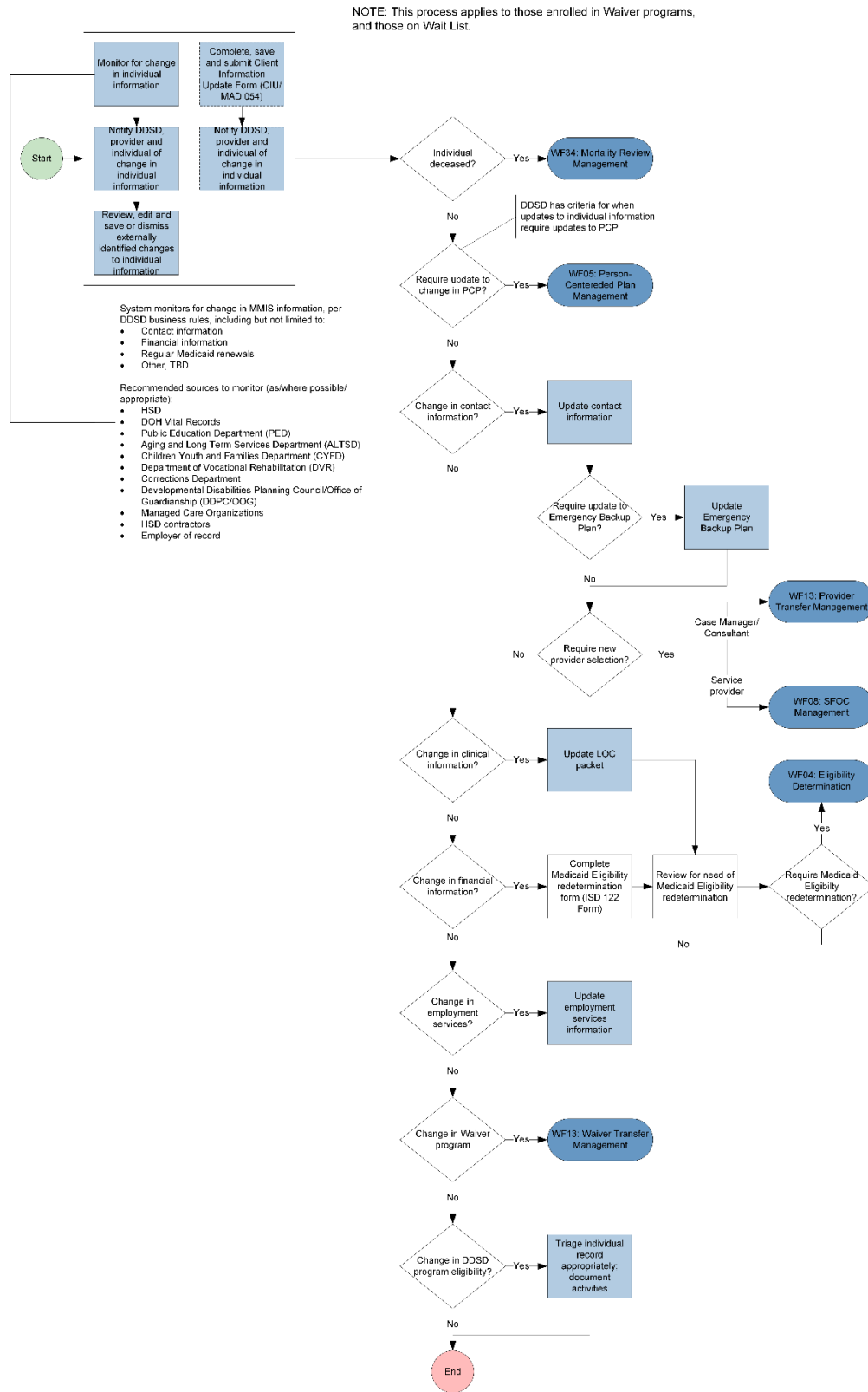


Figure 22: WF: Individual Information Management

4.3.3.3 Business Process Narrative

Workflow Activity	Information Captured
Monitor external sources for change to individual's information	<ul style="list-style-type: none"> ■ Date/time of externally identified change to individual's information ■ Source of externally identified change to individual's information ■ Summary of externally identified change to individual's information
Notify DDSD, provider and individual of externally identified change to individual's information	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient ■ Summary of externally identified changes to individual's information
Review, edit and save or dismiss externally identified changes to individual information	<ul style="list-style-type: none"> ■ Date of externally identified change review ■ Date of externally identified change dismissal ■ Date of change to individual's record ■ Contact information of authenticated, authorized system user who made change to individual's record ■ Previous data/information value ■ Updated individual data/information value
Complete, save and submit Client Information Update Form (CIU/MAD 054)	<ul style="list-style-type: none"> ■ <i>See Client Information Update Form (CIU/MAD 054) in the Procurement Library</i> ■ Date/time CIU Form submitted ■ Contact information of authenticated, authorized system user who submitted form
Notify DDSD, provider and individual of change in individual information	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Update contact information	<ul style="list-style-type: none"> ■ Date/time of change to individual's record ■ Contact information of authenticated, authorized system user who made change to Individual's record ■ Previous data/information value ■ Updated individual data/information value
Update Emergency Backup Plan	<ul style="list-style-type: none"> ■ <i>See Emergency Backup Plan in the Procurement Library</i> ■ Date/time Emergency Backup Plan updated ■ Contact information of authenticated, authorized system user who updated plan
Update Level of Care (LOC) packet	<ul style="list-style-type: none"> ■ <i>See Level of Care (LOC) packet in the Procurement Library</i> ■ Date/time LOC packet updated ■ Contact information of authenticated, authorized system user who updated LOC packet
Update employment services information	<ul style="list-style-type: none"> ■ Date/time of employment services information update ■ Contact information of authenticated, authorized system user who updated information

4.3.4 BP12: Waiver Transfer Management

4.3.4.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ DDSD staff ■ Service providers ■ Vendors
Goal/Objectives	<ul style="list-style-type: none"> ■ Individual changes HCBS Waiver programs or transfers to Centennial Care
Inputs	<ul style="list-style-type: none"> ■ Information on Waiver Change Form (WCF) ■ Individual's record in system
Outcomes	<ul style="list-style-type: none"> ■ Individual's record updated with end date of prior HCBS Waiver Program ■ Individual's record updated with enrollment date of new HCBS Waiver Program ■ Individual selects new case manager, nurse case manager or consultant (Primary Freedom of Choice, PFOC) <p>OR</p> <p>DDSD sends Letter of Transfer to Centennial Care to HSD</p> <p>NOTE: Transfer is to Community Benefits program under Centennial Care</p>
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for individual, case manager, nurse case manager or consultant, or other authorized user, with ability to draft, save and submit Waiver Change Form (WCF) ■ Notify DDSD, case manager, nurse case manager or consultant and individual of WCF submission ■ Provide DDSD staff with ability to verify submitted WCF information ■ Provide ability to document Waiver transition meeting ■ Provide ability for individual (or authorized representative), case manager, nurse case manager or consultant (prior and new) and DDSD staff with ability to generate and electronically sign "Letter of Transfer and Receipt" ■ Provide ability for DDSD staff to update individual's record with transfer date ■ Generate and send notice to HSD of individual's transfer from HCBS Waiver program (currently Medically Fragile only) to Centennial Care

4.3.4.2 Business Process Workflow

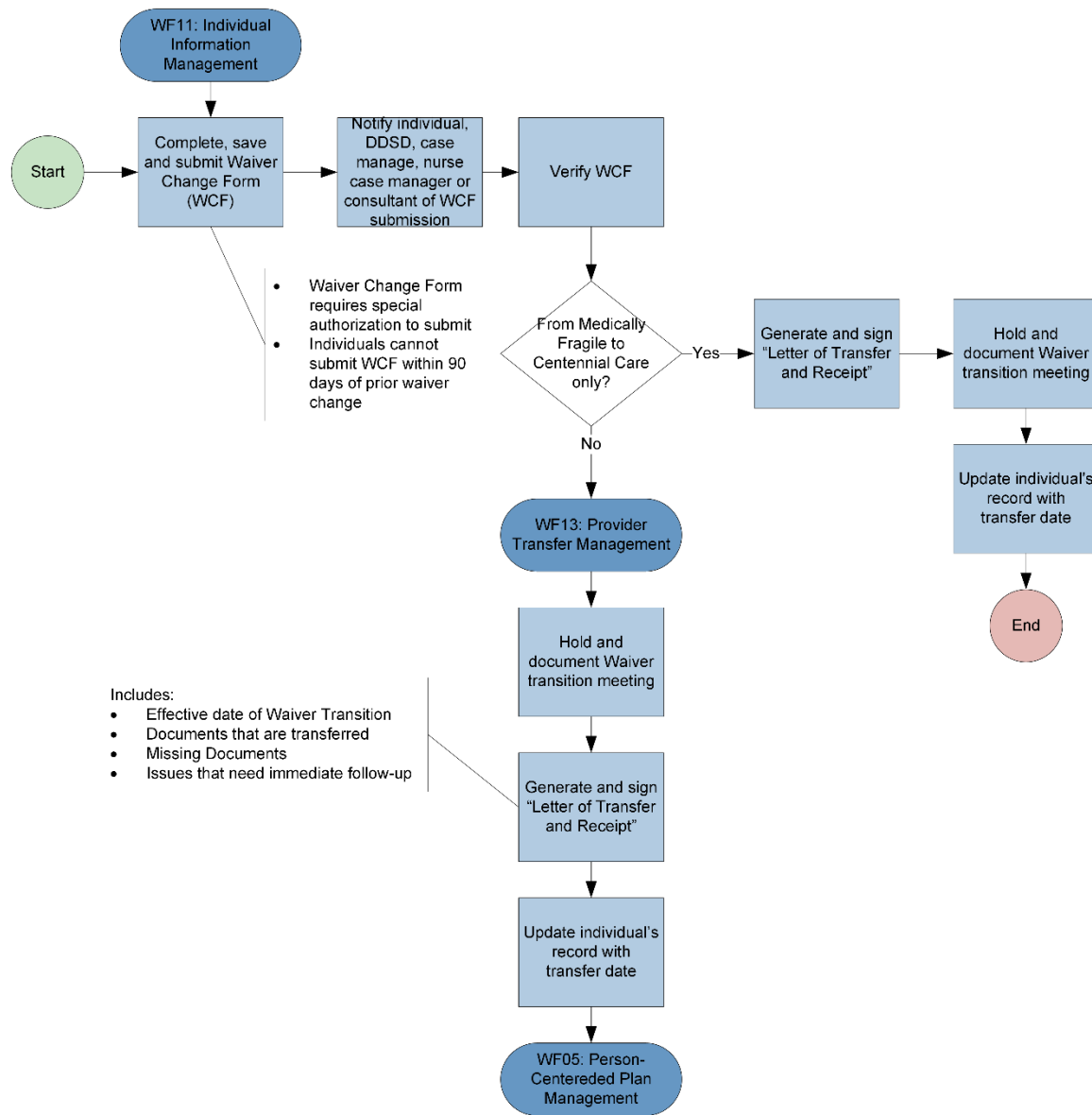


Figure 23: WF12: Waiver Transfer Management

4.3.4.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit Waiver Change Form (WCF)	<ul style="list-style-type: none"> ■ See Waiver Change Form (WCF) in the Procurement Library ■ Date/time WCF submitted ■ Contact information of authenticated, authorized system user who submitted WCF
Notify individual, DDSD, case manager, nurse case manager or consultant of WCF submission	<ul style="list-style-type: none"> ■ Date/time notification sent ■ Contact information of notification recipient

Workflow Activity	Information Captured
Verify WCF	<ul style="list-style-type: none"> ■ Date/time WCF verified ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who verified WCF
Hold and document Waiver transition meeting	<ul style="list-style-type: none"> ■ Date/time of Waiver transition meeting ■ Attendees of Waiver transition meeting ■ Notes from Waiver transition meeting
Generate and sign “Letter of Transfer and Receipt”	<ul style="list-style-type: none"> ■ Date/time “Letter of Transfer and Receipt” generated ■ Contact information of authenticated, authorized system user who generated letter ■ Effective date of Waiver transition ■ Documents that are transferred ■ Missing Documents ■ Issues that need immediate follow-up ■ Electronic signatures of all parties (e.g., individual, old and new case manager/consultant, DDSD staff member)
Update individual’s record with transfer date	<ul style="list-style-type: none"> ■ End date for previous HCBS Waiver program ■ Start date for new HCBS Waiver program
Generate and send Letter of Transfer to Centennial Care to HSD	<ul style="list-style-type: none"> ■ Date/time Letter of Transfer to Centennial Care generated ■ Contact information of authenticated, authorized system user who generated letter ■ Contact information of notification recipient ■ Effective date of program transition ■ Electronic signatures of all parties (e.g., individual, nurse case manager, DDSD staff member)

4.3.5 BP13: Provider Transfer Management

4.3.5.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ Case manager (DD Waiver) ■ Consultant (Mi Via Waiver) ■ Nurse case manager (Medically Fragile Waiver) ■ DDSD staff ■ Service provider
Goal/Objectives	<ul style="list-style-type: none"> ■ Individual selects new case manager, consultant or service provider
Inputs	<ul style="list-style-type: none"> ■ N/A
Outcomes	<ul style="list-style-type: none"> ■ Individual's record updated with new case manager or consultant ■ Provider transition/transfer meeting documented
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for individuals or DDSD staff to complete, save and submit Primary Freedom of Choice (PFOC) Form ■ Provide ability for individuals or DDSD staff to complete, save and submit Consultant Agency Change (CAC) Form ■ Notify individuals, case managers, consultants and DDSD staff with submitted PFOC or CAC forms ■ Provide ability for individuals to complete, save, electronically sign and submit Authorization for Release of Information (ROI) forms for providers ■ Provide selected providers (selected case managers or consultants) with access to individual's information ■ Provide ability for case managers or consultants to document provider transfer meeting ■ Provide ability for individuals, case managers or consultants or DDSD staff to update individual's record with provider transfer date

4.3.5.2 Business Process Workflow

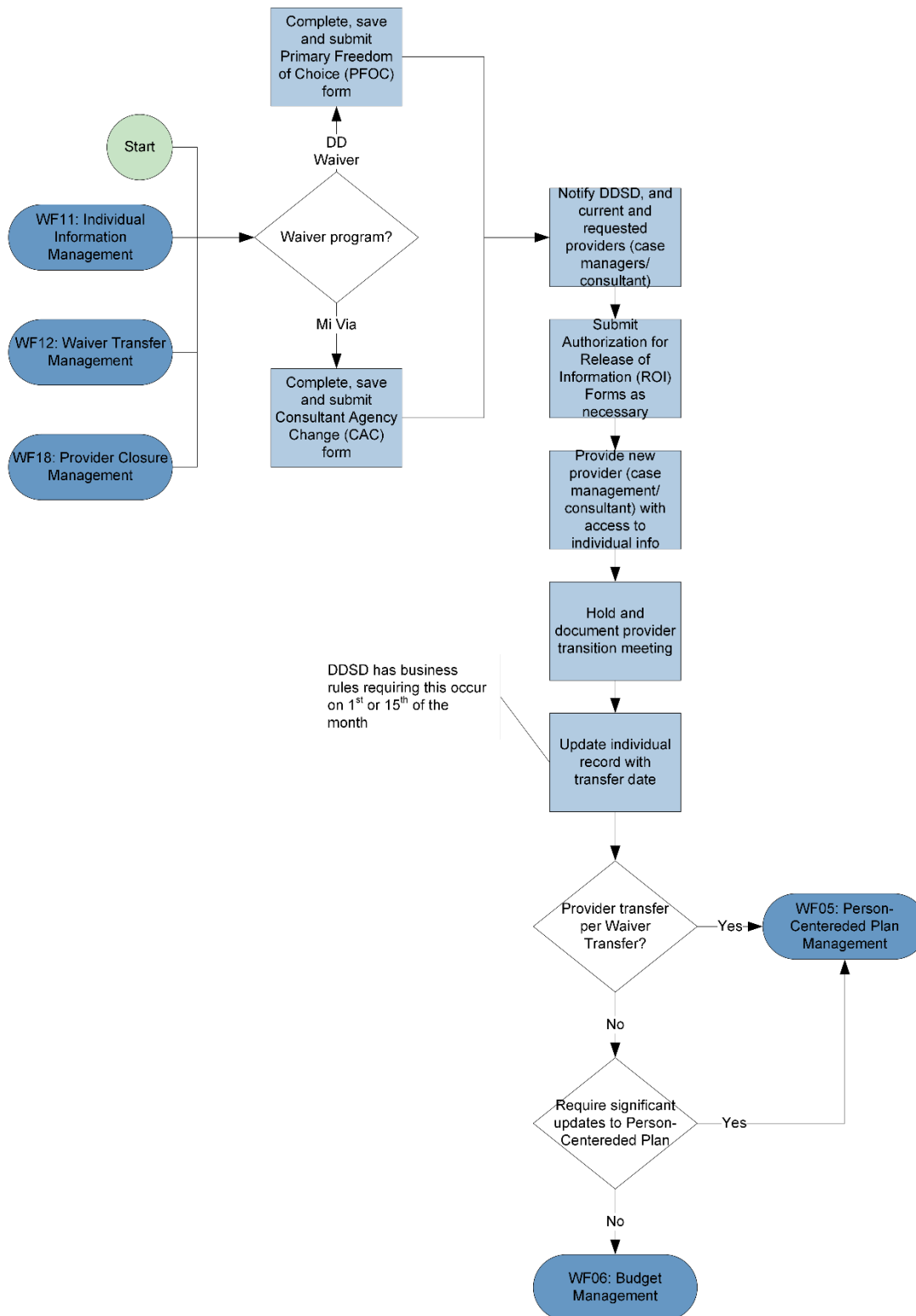


Figure 24: WF13: Provider Transfer Management

4.3.5.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit Primary Freedom of Choice (PFOC) form	<ul style="list-style-type: none"> ■ See <i>Primary Freedom of Choice (PFOC) Form in the Procurement Library</i> ■ Date/time PFOC Form submitted ■ Contact information of authenticated, authorized system user (i.e., individual) who submitted form
Complete, save and submit consultant Agency Change (CAC) form	<ul style="list-style-type: none"> ■ See <i>Consultant Agency Change (CAC) Form in the Procurement Library</i> ■ Date/time CAC Form submitted ■ Contact information of authenticated, authorized system user (i.e., individual) who submitted form
Notify DDSD, and current and requested providers (case managers/consultant) of provider change request	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Submit Authorization for Release of Information (ROI) Forms as necessary	<ul style="list-style-type: none"> ■ See <i>Authorization for Release of Information (ROI) Form in the Procurement Library</i> ■ Date/time Authorization for Release of Information (ROI) Form submitted ■ Contact information of authenticated, authorized system user (i.e., individual) who submitted form
Provide new provider (Nurse case manager/ Case Management/ consultant) with access to individual info	<ul style="list-style-type: none"> ■ Date/time access granted ■ Contact information of provider ■ Description of access granted
Hold and document provider transfer meeting	<ul style="list-style-type: none"> ■ Date/time of provider transfer meeting ■ Attendees of provider transfer meeting ■ Notes from provider transfer meeting ■ Contact information of authenticated, authorized system user who documented provider transfer meeting ■ Date/time provider transfer meeting documented
Update individual's record with transfer date	<ul style="list-style-type: none"> ■ Date/time transfer date documented ■ Contact information of authenticated, authorized system user who documented transfer date ■ Date of provider transfer

4.4 Provider Enrollment & Management

4.4.1 BP14: Provider Enrollment Management

4.4.1.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers (DD Waiver) □ Nurse case managers (Medically Fragile Waiver) □ Consultants (Mi Via Waiver) □ Service providers ■ DDSD staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Provider applies to be a HCBS Waiver program provider
Inputs	<ul style="list-style-type: none"> ■ Provider information
Outcomes	<ul style="list-style-type: none"> ■ Provider enrolled as HCBS provider ■ Provider notified of denial
Interfaces	<ul style="list-style-type: none"> ■ MMIS-R system (Master Provider Index)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for providers to complete, save and submit New/Renewal Provider Applications ■ Perform checks on submitted New/Renewal Provider Applications for incomplete/invalid information ■ Alert service providers of incomplete/invalid information on New/Renewal Provider Applications ■ Provide ability for DDSD staff to access, review and approve/deny submitted New/Renewal Provider Applications ■ Generate and send approval/denial letter for provider ■ Provide ability to update provider record with information from New/Renewal Provider Applications ■ Generate Provider Agreement according to business rules defined by DDSD and information from New/Renewal Provider Applications ■ Provide ability for provider to electronically sign Provider Agreement ■ Provide ability for NM Tax and Revenue Department to review and sign off on Provider Agreement. ■ Provide ability for DOH Legal to review and sign off on Provider Agreement ■ Provide ability for DDSD Director to review and sign off on Provider Agreement ■ If new application, notify HSD staff of DDSD's approved provider ■ Provide ability for HSD staff to notify DDSD and service provider of any issues with the application ■ Provide ability to notify provider & DDSD staff of approval or denial of new application ■ If application is approved by HSD, add the provider to list of SFOC providers ■ If application is denied by HSD, the application is closed

4.4.1.2 Business Process Workflow

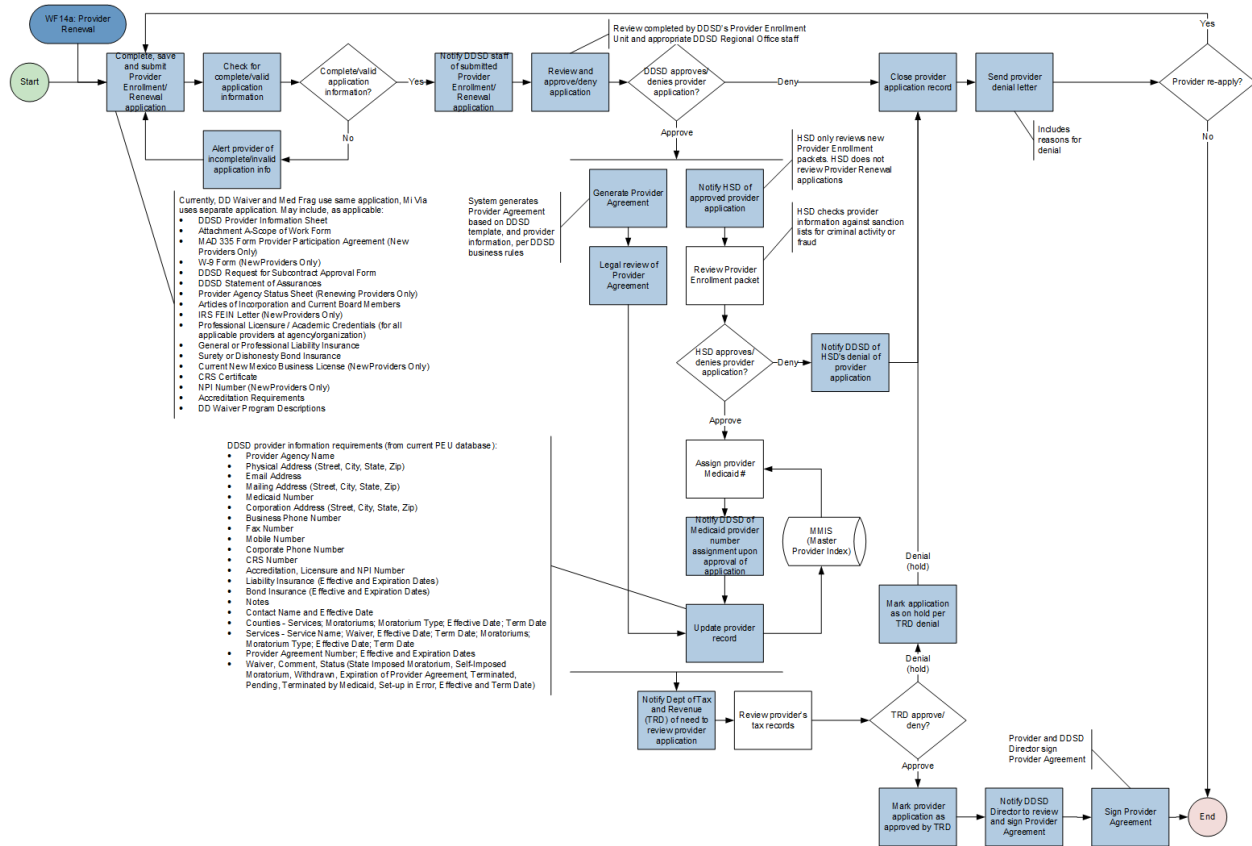


Figure 25: WF14: Provider Enrollment Management

4.4.1.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit New/Renewal Provider Application	<ul style="list-style-type: none"> See Provider Enrollment/Renewal Application Packet in the Procurement Library Date/time Provider Enrollment/Renewal Application Packet submitted Contact information of authenticated system user who submitted packet
Check for complete/valid application information	<ul style="list-style-type: none"> N/A
Alert provider of incomplete/inaccurate application info	<ul style="list-style-type: none"> Date/time of alert Incomplete/inaccurate application information
Notify DDSD staff of submitted New/Renewal Provider Application	<ul style="list-style-type: none"> Date/time of notification Contact information of notification recipient
Review and approve/deny provider application	<ul style="list-style-type: none"> Date/time provider application reviewed Contact information of authenticated, authorized system user (i.e., DDSD staff) who reviewed provider application Provider application approval/denial status

Workflow Activity	Information Captured
Generate Provider Agreement	<ul style="list-style-type: none"> ■ Date/time Provider Agreement generated ■ Provider Agreement contents ■ Contact information of authenticated, authorized system user (i.e., DDSD staff member) who generated Provider Agreement
Legal review of Provider Agreement	<ul style="list-style-type: none"> ■ Date/time of legal review of Provider Agreement ■ Contact information of authenticated, authorized system user (i.e., DOH Legal staff) who completed review
Notify HSD of approved provider application	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Notify DDSD of Medicaid provider number assignment upon approval of application	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient ■ Provider #
Update provider record	<ul style="list-style-type: none"> ■ Provider record information updated, which may include, but is not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Provider Agency Name <input type="checkbox"/> Physical Address (Street, City, State, Zip) <input type="checkbox"/> Email Address <input type="checkbox"/> Mailing Address (Street, City, State, Zip) <input type="checkbox"/> Medicaid Number <input type="checkbox"/> Corporation Address (Street, City, State, Zip) <input type="checkbox"/> Business Phone Number <input type="checkbox"/> Fax Number <input type="checkbox"/> Mobile Number <input type="checkbox"/> Corporate Phone Number <input type="checkbox"/> CRS Number <input type="checkbox"/> Accreditation, Licensure and NPI Number <input type="checkbox"/> Liability Insurance (Effective and Expiration Dates) <input type="checkbox"/> Bond Insurance (Effective and Expiration Dates) <input type="checkbox"/> Notes <input type="checkbox"/> Contact Name and Effective Date <input type="checkbox"/> Counties - Services; Moratoriums; Moratorium Type; Effective Date; Term Date <input type="checkbox"/> Waiver type <input type="checkbox"/> Services - Service Name; Waiver, Effective Date; Term Date; Moratoriums; Moratorium Type; Effective Date; Term Date <input type="checkbox"/> Provider Agreement Number; Effective and Expiration Dates <input type="checkbox"/> Waiver and Comment, Status (State Imposed Moratorium, Self-Imposed Moratorium, Withdrawn, Expiration of Provider Agreement, Terminated, Pending, Terminated by Medicaid, Set-up in Error, Effective and Term Date)
Notify DDSD of HSD's denial of provider application	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient ■ Provider application approval/denial status

Workflow Activity	Information Captured
Notify Dept of Taxation and Revenue (TRD) of need to review and sign provider application	<ul style="list-style-type: none"> ■ Date/time of submittal ■ Contact information of authenticated, authorized system user who submitted application to Dept. of Taxation and Revenue (TRD) for review
Mark provider application as approved/denial per TRD	<ul style="list-style-type: none"> ■ Dept. of Taxation and Revenue (TRD) approval/denial status ■ Date/time of status update ■ Contact information of authenticated, authorized (i.e., TRD staff) who documented TRD approval/denial
Notify DDSD Director to review and sign Provider Agreement	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Sign Provider Agreement	<ul style="list-style-type: none"> ■ Date/time Provider Agreement signed ■ Contact information of authenticated, authorized system user (i.e., DDSD staff, provider) who signed Provider Agreement ■ Electronic signatures
Close provider application record	<ul style="list-style-type: none"> ■ Date/time of Provider Application status update ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who updated provider application status ■ Provider application status update (e.g., Closed Temp or Closed Perm)
Send provider denial letter	<ul style="list-style-type: none"> ■ Date/time provider denial letter sent ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who sent denial letter ■ Contact information of provider used for notification

4.4.2 BP14a: Provider Renewal Management

4.4.2.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers (DD Waiver) □ Nurse case managers (Medically Fragile Waiver) □ Consultants (Mi Via Waiver) □ Service providers □ ■ DDSD staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Notify provider and DDSD staff of need to renew Provider Agreement
Inputs	<ul style="list-style-type: none"> ■ Provider Agreement information (e.g., Provider Agreement expiration date)
Outcomes	<ul style="list-style-type: none"> ■ Provider begins Provider Enrollment Renewal process ■ DDSD takes appropriate action, per DDSD policies, for providers who do not renew Provider Agreement by the Provider Agreement expiration date
Interfaces	<ul style="list-style-type: none"> ■ N/A
Functional Requirements	<ul style="list-style-type: none"> ■ Monitor Provider Agreement expiration dates ■ Notify provider and DDSD Staff of upcoming Provider Agreement expiration dates at specific time intervals (e.g., 120 days) before the Provider Agreement expiration date, per DDSD business rules ■ Monitor provider record to determine whether provider has started Provider Renewal process ■ Notify DDSD staff of providers who have not started the Provider Renewal process, at specific time intervals (e.g., 90 days) before Provider Agreement expiration date, per DDSD business rules ■ Provide ability for DDSD staff to document attempts to contact providers who have not started Provider Renewal process

4.4.2.2 Business Process Workflow

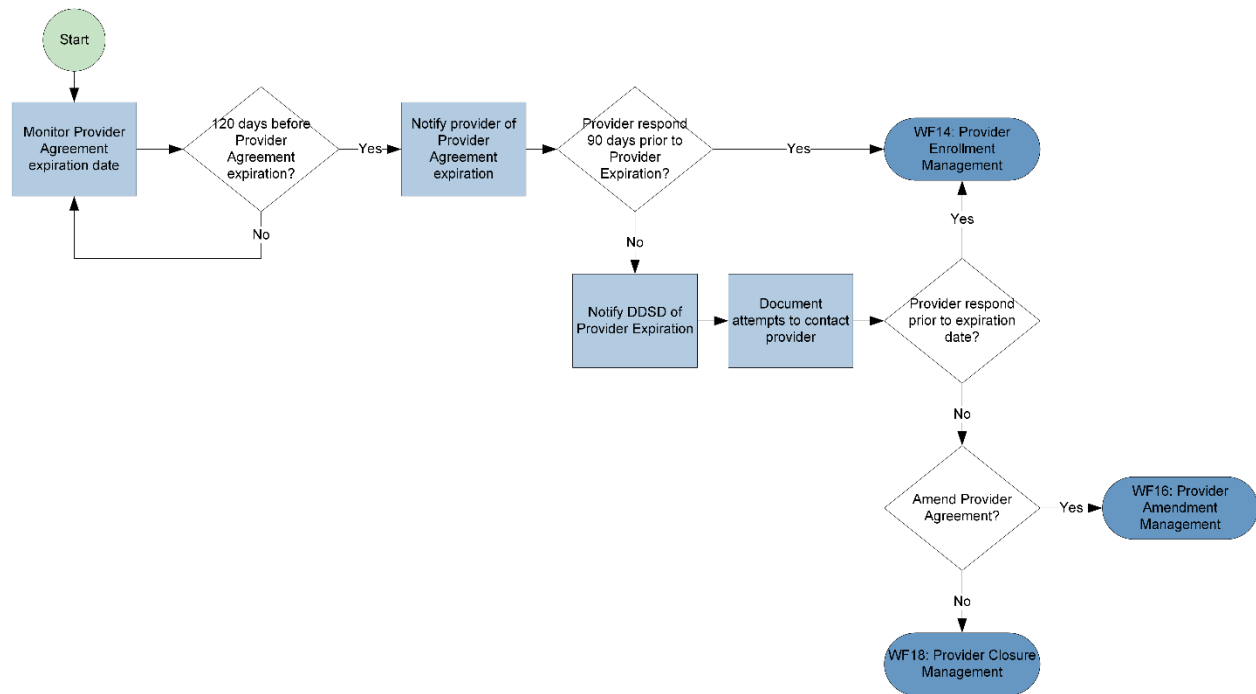


Figure 26: WF14a: Provider Renewal Management

4.4.2.3 Business Process Narrative

Workflow Activity	Information Captured
Monitor Provider Agreement expiration date	<ul style="list-style-type: none"> ■ N/A
Notify provider of Provider Agreement expiration	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Notify DDSD of Provider Expiration	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Document attempts to contact provider	<ul style="list-style-type: none"> ■ Date/time of DDSD staff attempts to contact provider ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who attempted to contact provider ■ Notes regarding contact attempt

4.4.3 BP15: Provider Change Management

4.4.3.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers (DD Waiver) □ Nurse case managers (Medically Fragile Waiver) □ Consultants (Mi Via Waiver) □ Service providers ■ DDSD staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Update information in provider’s record ■ Trigger appropriate follow-up actions, per updates to provider’s record
Inputs	<ul style="list-style-type: none"> ■ Information on service providers
Outcomes	<ul style="list-style-type: none"> ■ Provider’s record is updated ■ DDSD/HSD takes appropriate follow-up action, per provider record update
Interfaces	<ul style="list-style-type: none"> ■ MMIS-R system (Master Provider Index) ■ External systems, TBD
Functional Requirements	<ul style="list-style-type: none"> ■ Monitor external systems via interface for provider information updates, per DDSD business rules ■ Notify DDSD/HSD staff of externally discovered provider information updates, per DDSD business rules ■ Provide ability for DDSD providers to access, complete, save and submit Provider Change Form ■ Update provider’s record in system, per identified changes ■ Notify DDSD/HSD staff of provider information change, per DDSD business rules ■ Provide ability for DDSD/HSD staff to document follow-up actions per provider information changes

4.4.3.2 Business Process Workflow

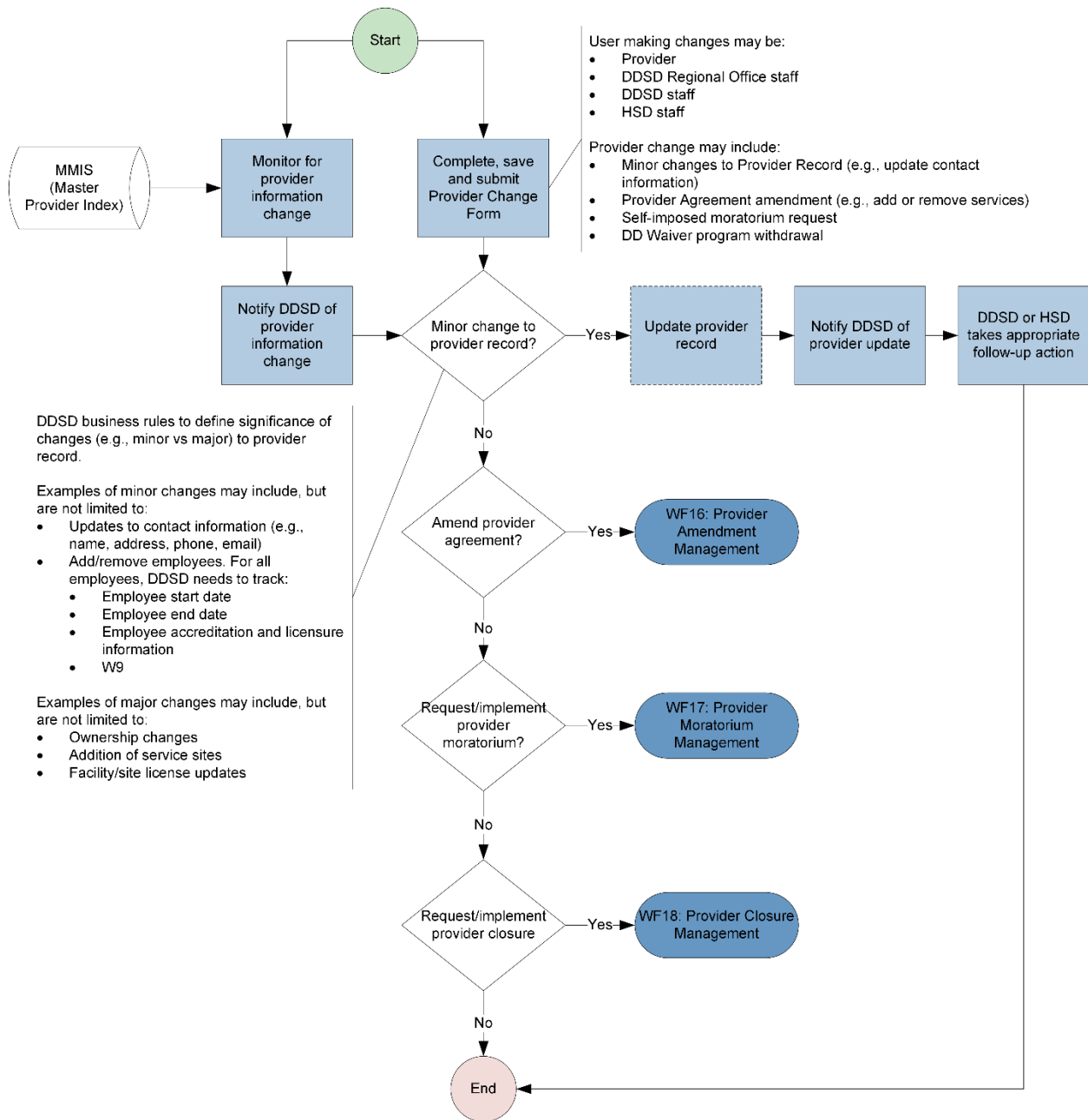


Figure 27: WF15: Provider Change Management

4.4.3.3 Business Process Narrative

Workflow Activity	Information Captured
Monitor for provider information change	<ul style="list-style-type: none"> ■ Provider information available in external system (e.g., Provider contact information, licensure information, etc.)
Notify DDSD of provider information change	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

Workflow Activity	Information Captured
Complete, save and submit Provider Change Form	<ul style="list-style-type: none"> ■ See <i>Provider Change Form in the Procurement Library</i> ■ Date/time Provider Change Form submitted ■ Contact information of authenticated, authorized system user who submitted form ■ Type of provider change, may include: <ul style="list-style-type: none"> <input type="checkbox"/> Minor changes to Provider Record (e.g., update contact information) <input type="checkbox"/> Provider Agreement amendment (e.g., add or remove services) <input type="checkbox"/> Self-imposed moratorium request <input type="checkbox"/> DD Waiver program withdrawal
Update provider record	<ul style="list-style-type: none"> ■ Date/time of provider information updates ■ Contact information of authenticated system user who updated provider information ■ Updated provider information
Notify DDSD of provider update	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
DDSD or HSD takes appropriate follow-up action	<ul style="list-style-type: none"> ■ Notes related to follow-up activities per provider information change ■ Contact information of authenticated, authorized system user (e.g., DDSD/HSD staff member) who takes action per provider change

4.4.4 BP16: Provider Amendment Management

4.4.4.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers (DD Waiver) □ Nurse case managers (Medically Fragile Waiver) □ Consultants (Mi Via Waiver) □ Service providers ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Amend Provider Agreement
Inputs	<ul style="list-style-type: none"> ■ Information related to the reason for Provider Agreement update
Outcomes	<ul style="list-style-type: none"> ■ Provider Agreement is amended, provider record updated ■ Provider Agreement amendment is denied
Interfaces	<ul style="list-style-type: none"> ■ MMIS-R (Master Provider Index)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for providers, or DDSD staff, to complete, save and submit a Provider Agreement Amendment Form ■ Notify DDSD staff of submitted Provider Agreement Amendment Form ■ Provide ability for DDSD staff to review submitted Provider Agreement Amendment Form ■ Provide ability for DDSD staff to approve/deny submitted Provider Agreement Amendment Form ■ Provide ability for DDSD staff to update the Provider Agreement, per submitted Provider Agreement Amendment Form information ■ Provide ability for DDSD staff and provider to electronically sign amended Provider Agreement ■ Provide ability for DDSD staff to send provider a Provider Agreement amendment approval or denial letter ■ Provide ability for DDSD staff to update provider’s record, per amended Provider Agreement

4.4.4.2 Business Process Workflow

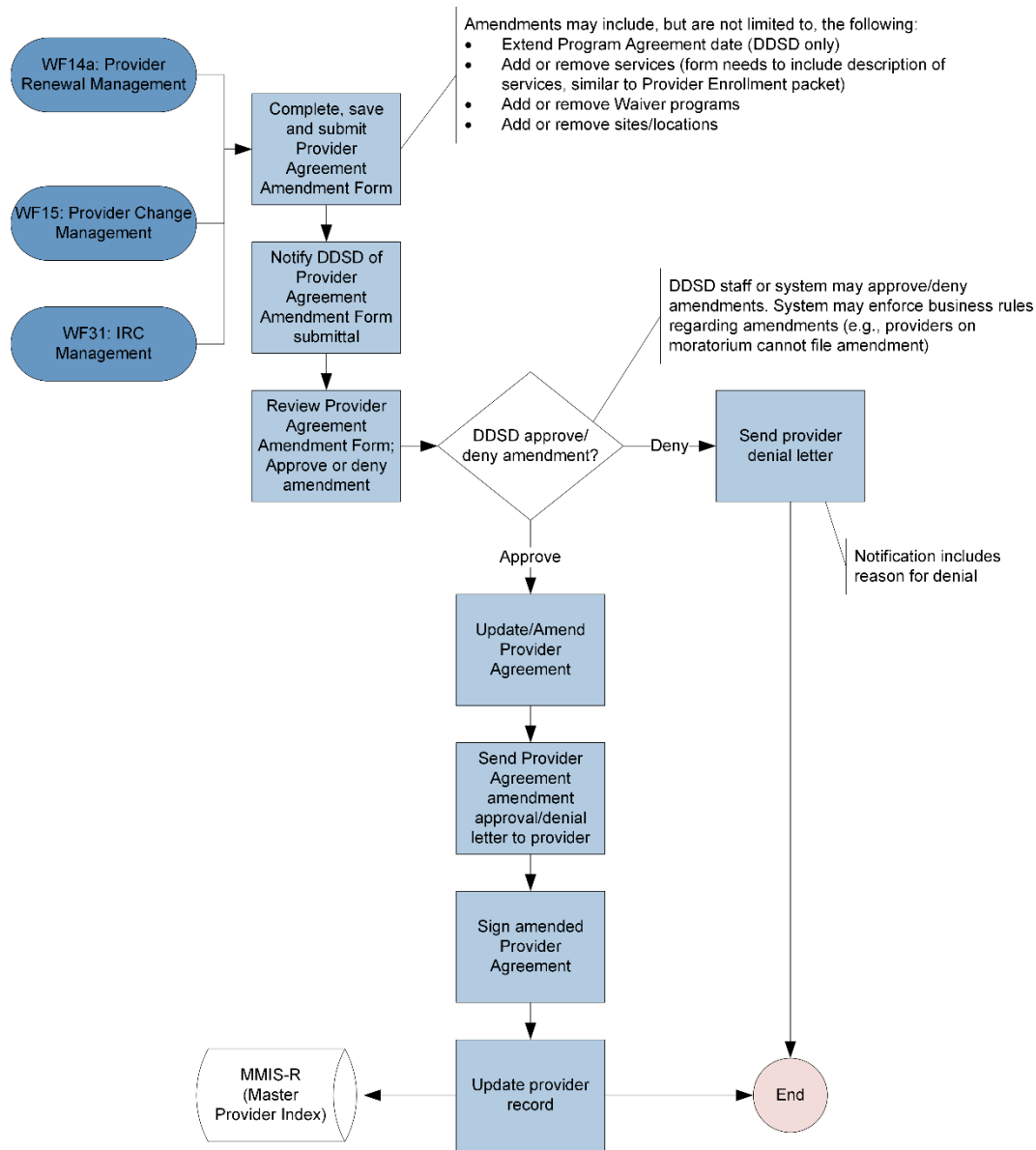


Figure 28: WF16: Provider Amendment Management

4.4.4.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit Provider Agreement Amendment Form	<ul style="list-style-type: none"> ■ See Provider Agreement Amendment Form in the Procurement Library ■ Date/time Provider Agreement Amendment Form submitted ■ Contact information of authenticated, authorized system user (e.g., provider) who submitted Provider Agreement Amendment Form
Notify DDSD of Provider Agreement Amendment Form submittal	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

Workflow Activity	Information Captured
Review Provider Agreement Amendment Form; approve or deny amendment	<ul style="list-style-type: none"> ■ Date Provider Agreement Amendment Form is reviewed ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who review Provider Agreement Amendment Form ■ Approval or denial status of Program Agreement Amendment request
Update/Amend Provider Agreement	<ul style="list-style-type: none"> ■ Date/time of Provider Agreement update ■ Contact information of authenticated, authorized system user who updated Provider Agreement ■ Updated Provider Agreement
Sign amended Provider Agreement	<ul style="list-style-type: none"> ■ Date/time of electronic signature ■ Contact information of authenticated, authorized system user who signed amended Provider Agreement ■ Electronic signatures of DDSD staff and provider
Send Provider Agreement amendment approval/denial letter to provider	<ul style="list-style-type: none"> ■ Date/time Provider Agreement amendment approval/denial letter sent ■ Contact information of authenticated, authorized system user who sent provider letter ■ Contact information for provider used for notification
Update provider record	<ul style="list-style-type: none"> ■ Date/time of provider record update ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who updated provider record ■ Updated provider record information

4.4.5 BP17: Provider Moratorium Management

4.4.5.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers (DD Waiver) □ Nurse case managers (Medically Fragile Waiver) □ Consultants (Mi Via Waiver) □ Service providers ■ DDSD staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Provider placed on (state or self-imposed) moratorium ■ Provider moratorium lifted (optional)
Inputs	<ul style="list-style-type: none"> ■ Information regarding reason for moratorium
Outcomes	<ul style="list-style-type: none"> ■ Provider record is updated with moratorium status, and effective dates (as applicable)
Interfaces	<ul style="list-style-type: none"> ■ MMIS-R (Master Provider Index)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD staff to generate a state-imposed moratorium letter and send to provider ■ Provide ability for provider to complete, save and submit a Self-Imposed Moratorium Form ■ Notify DDSD staff of submitted Self-Imposed Moratorium Form ■ Provide ability for DDSD staff to review submitted Self-Imposed Moratorium Form ■ Provide ability for DDSD staff to update the provider’s record, per moratorium ■ Notify provider and DDSD if moratorium was processed or lifted

4.4.5.2 Business Process Workflow

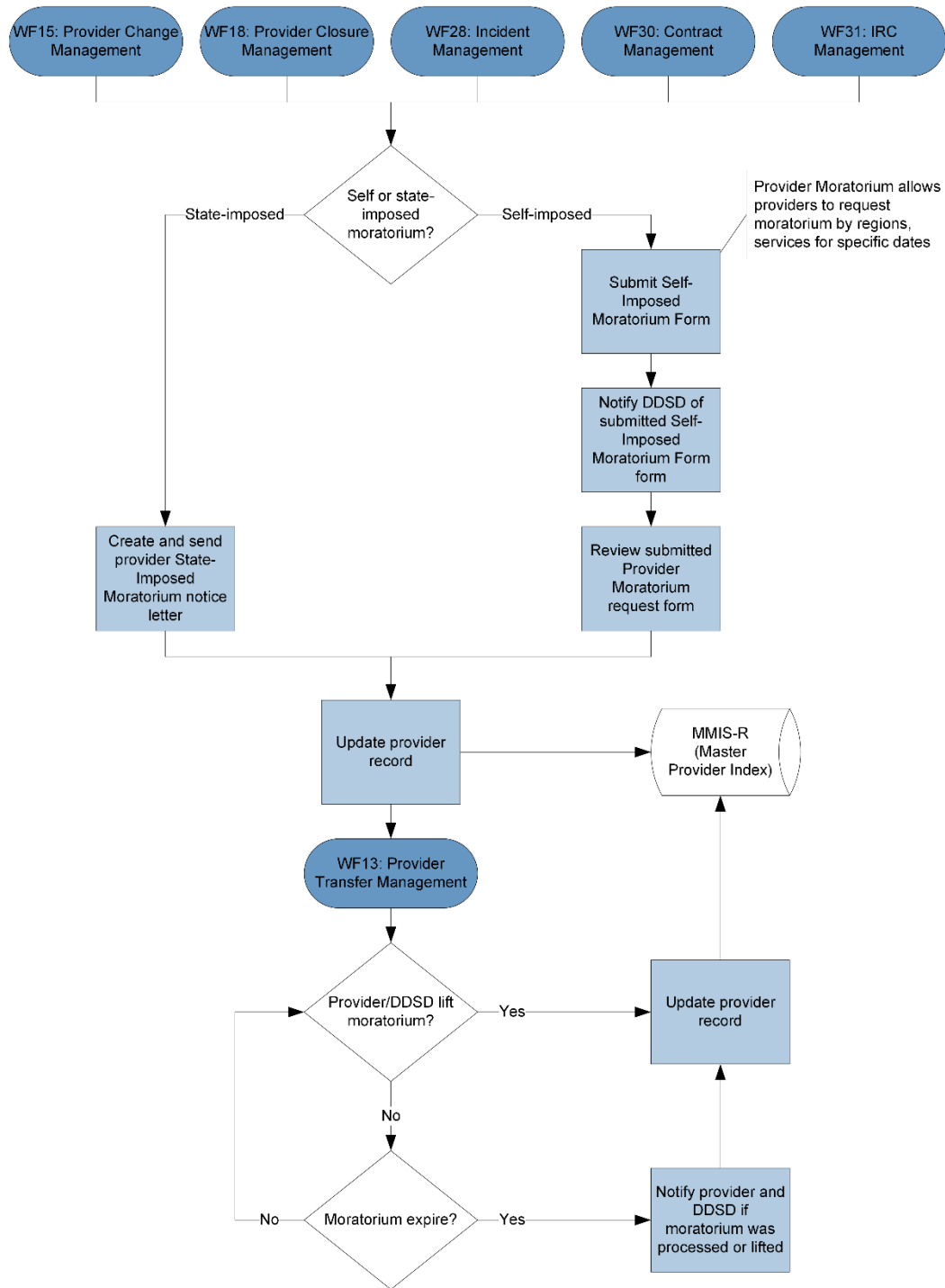


Figure 29: WF17: Provider Moratorium Management

4.4.5.3 Business Process Narrative

Workflow Activity	Information Captured
Create and send provider State-Imposed Moratorium notice letter	<ul style="list-style-type: none"> ■ Date/time of State-Imposed Moratorium letter ■ Contact information of provider used for letter recipient ■ Contact information of authenticated, authorized system user (i.e., DDSD staff member) who created and sent letter
Submit Provider Moratorium Request Form	<ul style="list-style-type: none"> ■ <i>See Self-Imposed Moratorium Form in the Procurement Library</i> ■ Date/time Self-Imposed Moratorium Form submitted ■ Contact information of authenticated, authorized system user (i.e., provider) who submitted form
Notify DDSD of submitted Provider Moratorium Request Form	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Review submitted Provider Moratorium Request Form	<ul style="list-style-type: none"> ■ Date/time of Self-Imposed Moratorium Form review ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who reviewed submitted form
Update provider record	<ul style="list-style-type: none"> ■ Date/time of provider record update ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who updated provider record ■ Updated provider record information (e.g., provider status as “State-Imposed Moratorium” or “Self-Imposed Moratorium,” and effective dates)
Notify provider and DDSD of a moratorium was processed or lifted	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.4.6 BP18: Provider Closure Management

4.4.6.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Providers, including: <ul style="list-style-type: none"> □ Case managers (DD Waiver) □ Consultants (Mi Via Waiver) □ Service providers ■ DDSD staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Provider is closed (by withdrawal from HCBS Waiver program(s), termination or expiration)
Inputs	<ul style="list-style-type: none"> ■ Information on provider, per Provider Withdrawal Form
Outcomes	<ul style="list-style-type: none"> ■ Provider's exit type is identified ■ Provider is placed on a moratorium ■ Provider provides DDSD with a copy of letter being sent to individuals, guardians and case manager/consultant about exit ■ Provider sends DDSD list of individuals currently receiving services containing legal names, address, phone, social security numbers ■ Provider notifies DDSD when transition of individuals occur and billing is complete ■ DDSD staff works with HSD to close HCBS Waiver service for provider
Interfaces	<ul style="list-style-type: none"> ■ MMIS-R (Master Provider Index)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for providers or DDSD staff to complete, save and submit a Provider Closure Form ■ Notify DDSD staff of submitted Provider Closure Form ■ Provide ability for DDSD staff to review submitted Provider Closure Form ■ Provide ability for DDSD staff to document contact with provider per submitted Provider Closure Form ■ Notify HSD staff of provider closure ■ Provide ability for DDSD staff to update provider record, per submitted Provider Closure Form ■ Provide ability for case manager or consultant to identify all individuals receiving services from provider, including information on prior authorization(s) for individual(s), including <ul style="list-style-type: none"> □ Dates of authorized service □ Types of authorized service □ Contact information for individuals ■ Provide ability for DDSD staff to identify and contact all individuals receiving services from provider

4.4.6.2 Business Process Workflow

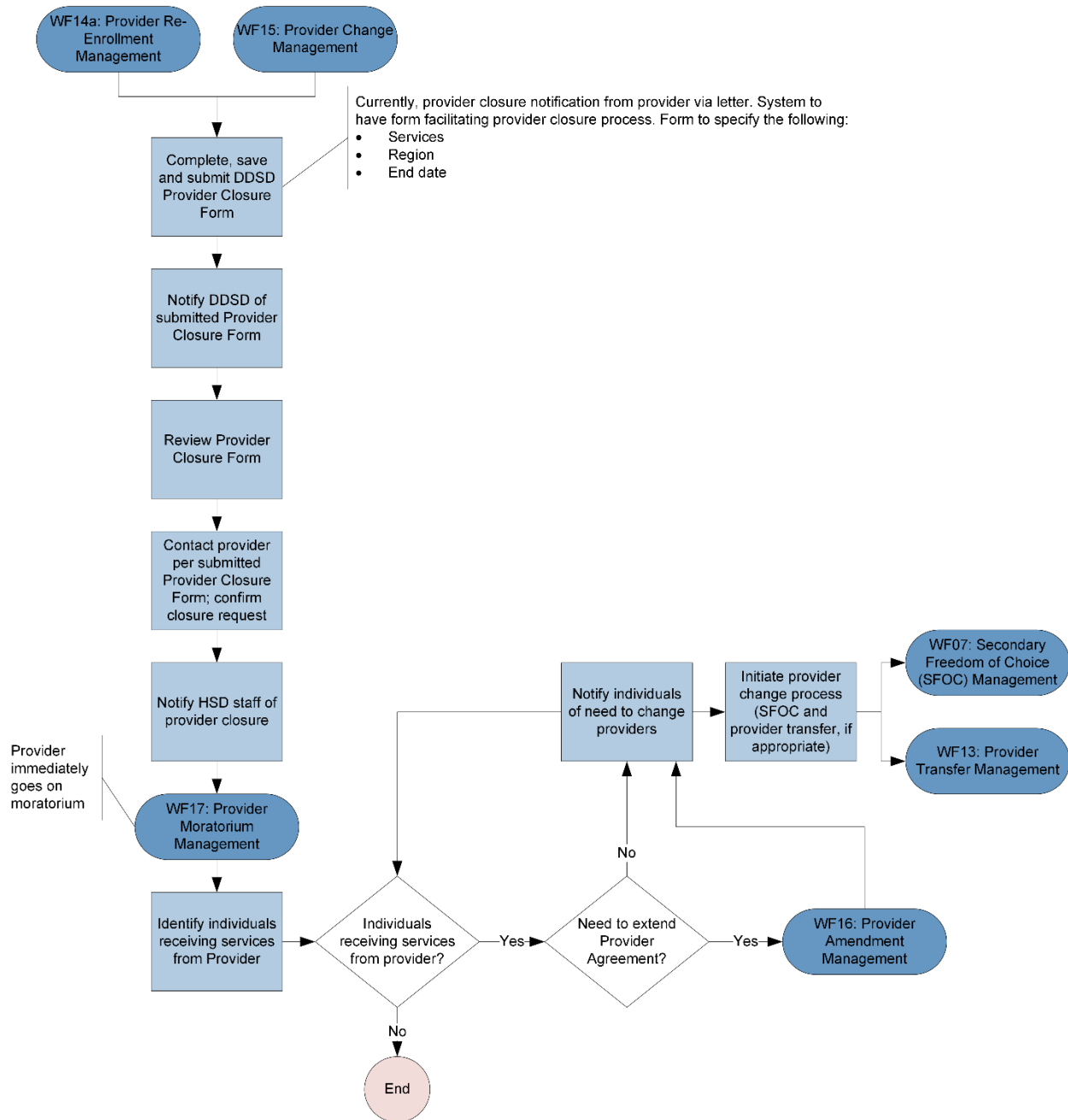


Figure 30: WF18: Provider Closure Management

4.4.6.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit DDSD Provider Closure Form	<ul style="list-style-type: none"> ■ See Provider Closure Form in the Procurement Library ■ Date/time Provider Closure Form submitted ■ Contact information of authenticated, authorized system user (e.g., provider, DDSD staff) who submitted form

Notify DDSD of submitted Provider Closure Form	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Review Provider Closure Form	<ul style="list-style-type: none"> ■ Date/time of review of submitted Provider Closure Form ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who reviewed form
Contact provider per submitted Provider Closure Form; confirm closure request	<ul style="list-style-type: none"> ■ Date/time of contact with provider ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who contacted provider ■ Notes from contact with provider
Notify HSD staff of provider withdrawal	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Identify individuals receiving services from provider	<ul style="list-style-type: none"> ■ Contact information of individuals receiving services from provider ■ Prior authorization information regarding services provided to individuals
Notify individuals of need to change providers	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.5 Family Infant Toddlers (FIT), State General Funds (SGF) and Pre-Admission Screening & Resident Review (PASRR) Program Management

4.5.1 BP19: FIT Program – Intake/Eligibility/Enrollment Management

4.5.1.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Clinicians and other family providers ■ Family members of infants/toddlers ■ Family Services Coordinator ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Enroll child in FIT program
Inputs	<ul style="list-style-type: none"> ■ Information on child and family of child
Outcomes	<ul style="list-style-type: none"> ■ Child enrolled in FIT program; family of child and referral source notified of enrollment OR Family of child and referral source notified of child's ineligibility for FIT program
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for family members of infant/toddler, clinicians or other family providers, DDSD staff or other appropriate individuals to complete, save and submit a FIT Referral Form ■ Provide ability for family member of infant/toddler to complete FIT Program consent forms ■ Provide ability for FIT provider to complete Comprehensive Multidisciplinary Evaluation (CME) information ■ Provide ability for FIT provider to document eligibility determination ■ Notify DDSD and family of infant/toddler of FIT program eligibility determination ■ Monitor for completion of CME and eligibility determination by FIT provider ■ Notify FIT provider of overdue CME (e.g., 45 days from date of referral), when applicable, based on business rules defined by DDSD

4.5.1.2 Business Process Workflow

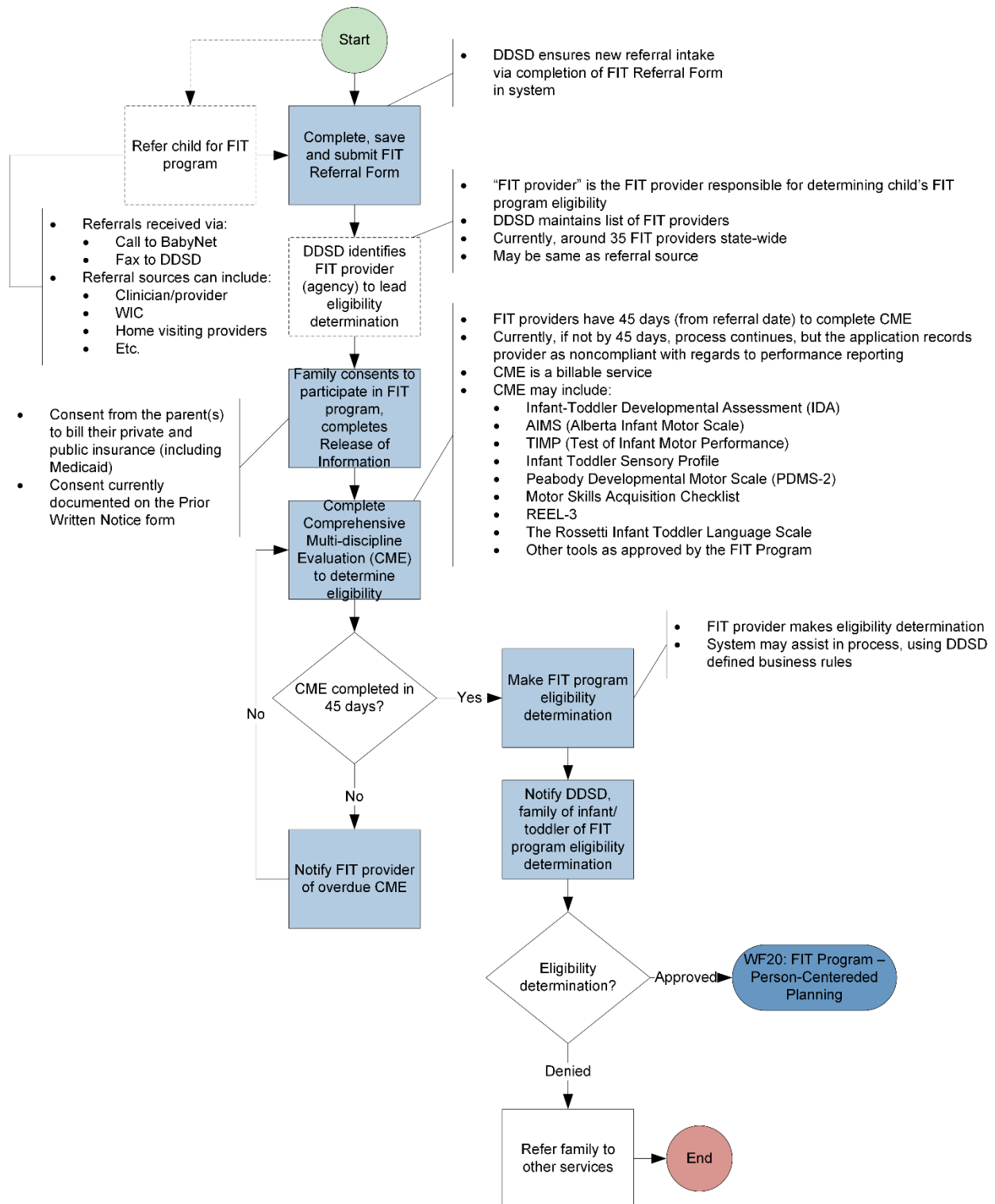


Figure 31: WF19 - FIT Program - Intake/Eligibility/Enrollment Management

4.5.1.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit FIT Referral Form	<ul style="list-style-type: none"> ■ See <i>FIT Referral Form in the Procurement Library</i> ■ Date/time FIT Referral Form completed ■ Contact information of authenticated system user who submitted FIT Referral Form
Family consents to participate in FIT program, completes Release of Information	<ul style="list-style-type: none"> ■ See <i>FIT Program Written Prior Notice in the Procurement Library</i> ■ Date/time of consent ■ Contact information of authenticated, authorized system user who completed consent form
Complete Comprehensive Multidisciplinary Evaluation (CME) information	<ul style="list-style-type: none"> ■ See <i>Comprehensive Multidisciplinary Evaluation (CME) in the Procurement Library</i> ■ Date/time CME information completed ■ Contact information of authenticated, authorized system user who completed CME documentation
Make FIT program eligibility determination	<ul style="list-style-type: none"> ■ Date/time of FIT program eligibility determination ■ Contact information of authenticated, authorized system user who made eligibility determination ■ Eligibility status determination (e.g., approved, denied)
Notify DDSD, family of infant/toddler of FIT program eligibility determination	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Notify FIT provider of overdue CME	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)

4.5.2 BP20: FIT Program – Person-Centered Planning (Individualized Family Service Plan, IFSP) Management

4.5.2.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Family Services Coordinator ■ FIT provider ■ Circle of Support (COS) team members ■ Family members of infant/toddler ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Family and their team meet to develop the Person-Centered Plan (aka, Individualized Family Services Plan, IFSP)
Inputs	<ul style="list-style-type: none"> ■ Family & infant/toddler’s information including: <ul style="list-style-type: none"> □ Contact information □ Demographic information □ Clinical information gathered during eligibility determination (Comprehensive Multidisciplinary Evaluation, CME)
Outcomes	<ul style="list-style-type: none"> ■ Family and COS team develop IFSP ■ FIT providers are authorized to provide services to infant/child (or family)
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for FIT Provider agency to identify Family Services Coordinator for infant/toddler and family ■ Provide ability for Family Service Coordinator (or FIT Provider agency) to identify COS team members ■ Notify COS members of identification for COS membership ■ Provide ability for COS team members to review information on infant/toddler ■ Provide ability for Family Services Coordinator (or other authorized system user) to document COS team meeting ■ Provide ability for Family Services Coordinator (or other authorized system user) to document infant/toddler’s Person Centered Plan (IFSP) ■ Provide ability for family member of infant/toddler (or other authorized system user) to approve Person Centered Plan ■ Provide DDSD staff with ability to authorize FIT providers to provide services to infant/toddler

4.5.2.2 Business Process Workflow

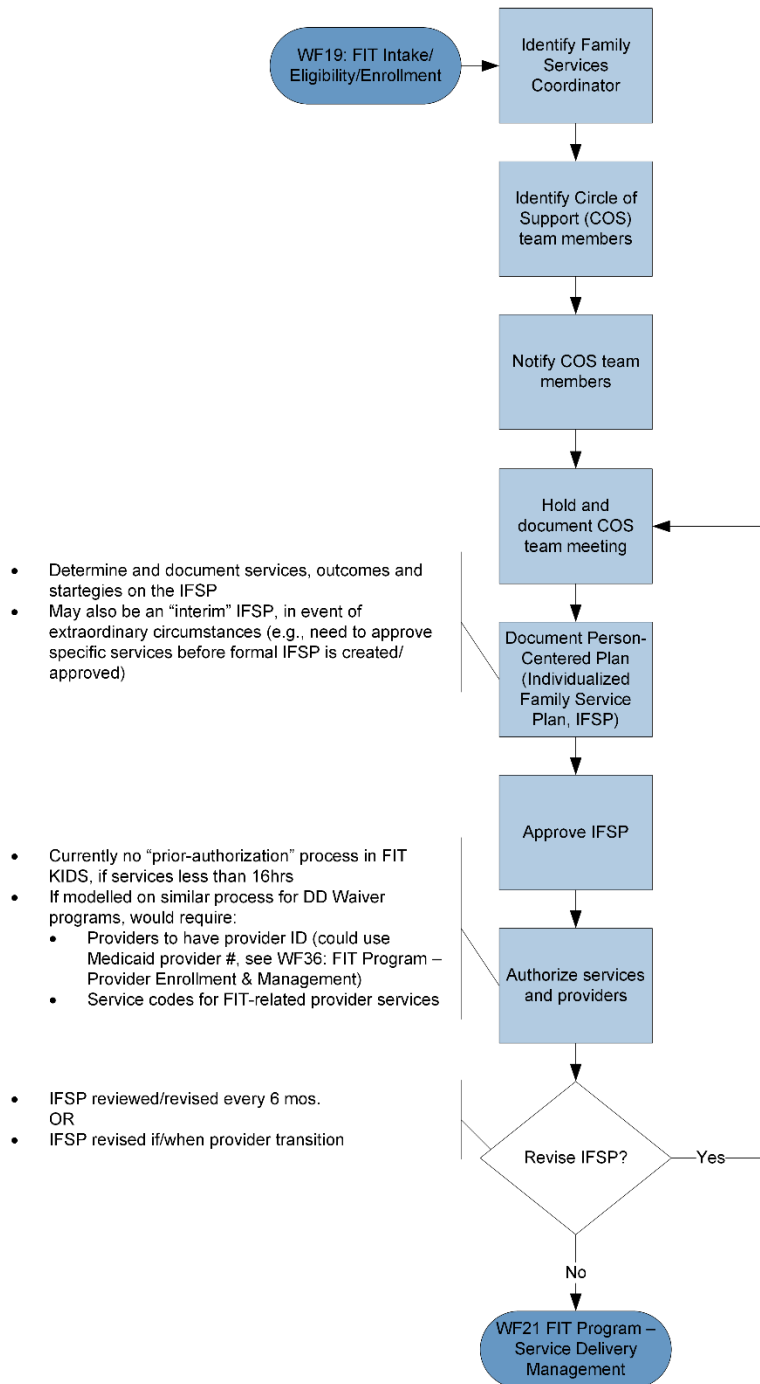


Figure 32: WF20: FIT Program - Person-Centered Plan Management

4.5.2.3 Business Process Narrative

Workflow Activity	Information Captured
Identify Family Services Coordinator	<ul style="list-style-type: none"> ■ Date/time of Family Services Coordinator identification ■ Contact information of authenticated, authorized system user who identified Family Services Coordinator ■ Contact information of Family Services Coordinator identified
Identify Circle of Support (COS) team members	<ul style="list-style-type: none"> ■ Date/time of COS team member(s) identification ■ Contact information of authenticated, authorized system user who identified COS team member(s) ■ Contact information of COS team member(s)
Notify COS team members	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Hold and document COS team meeting	<ul style="list-style-type: none"> ■ Date/time COS team meeting documented ■ Contact information for authenticated system user who documented COS team meeting ■ Date of COS team meeting ■ COS members who attended meeting ■ Notes from COS team meeting
Define Person-Centered Plan	<ul style="list-style-type: none"> ■ <i>See Individualized Family Services Plan (IFSP) in the Procurement Library</i> ■ Date/time Person Centered Plan documented ■ Contact information for authenticated, authorized system user who completed Person Centered Plan
Approve Person-Centered Plan	<ul style="list-style-type: none"> ■ Date/time of approval of Person Centered Plan ■ Contact information for authenticated, authorized system user who approved Person Centered Plan
Authorize services and providers	<ul style="list-style-type: none"> ■ Date/time of service authorization ■ Contact information of authenticated, authorized system user who documented service authorization ■ FIT providers authorized to provide services for infant/toddler ■ Services authorized ■ Date range for service authorization ■ DDSD staff who authorized services

4.5.3 BP21: FIT Program – Service Delivery Management

4.5.3.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ FIT provider ■ DDSD staff ■ FIT financial services vendor
Goal/Objectives	<ul style="list-style-type: none"> ■ Document service delivery ■ Determine private insurance, Medicaid or SGF coverage of services ■ Submit service billing information for Medicaid or SGF services
Inputs	<ul style="list-style-type: none"> ■ Person-Centered Plan (Individualized Family Service Plan, IFSP) information ■ FIT provider information
Outcomes	<ul style="list-style-type: none"> ■ Service is documented ■ Service billing information submitted to MMIS system (for Medicaid covered services) OR ■ Service billing information (invoice) submitted to NM State accounting system (SHARE, for SGF covered services)
Interfaces	<ul style="list-style-type: none"> ■ MMIS system (Omnicaid) ■ NM State accounting system (SHARE)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for FIT providers to enter service delivery information ■ Provide ability for financial services vendor to determine and document if/which children are covered by either Medicaid or SGF for a time period specified by DDSD business rules (e.g., a given month) ■ Provide ability for FIT providers (or other authorized users) to prepare SGF invoice for submission to DDSD ■ Submit service billing information to MMIS system, for Medicaid covered services

4.5.3.2 Business Process Workflow

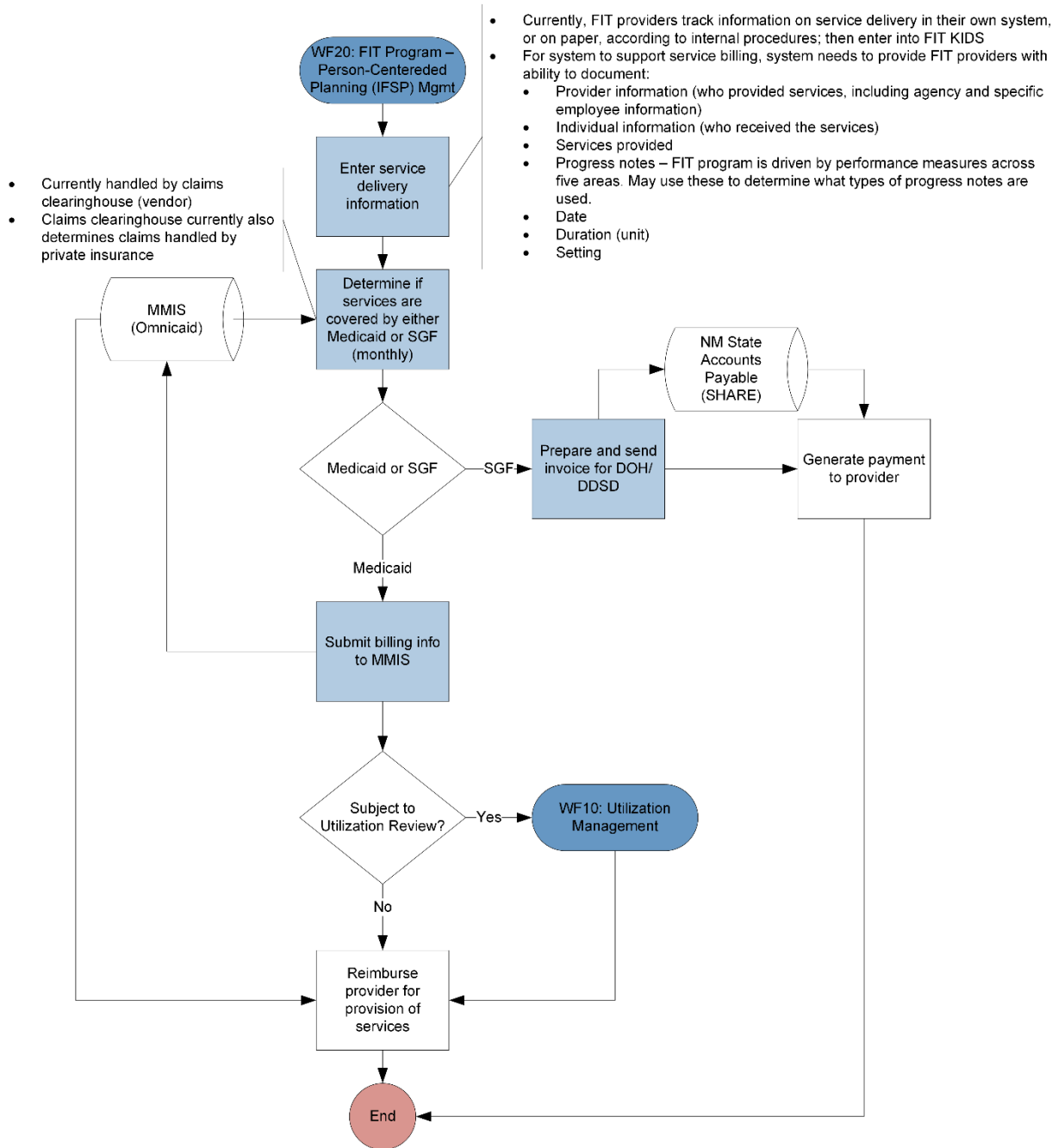


Figure 33: WF21: FIT Program - Service Delivery Management

4.5.3.3 Business Process Narrative

Workflow Activity	Information Captured
Enter service delivery information	<ul style="list-style-type: none"> ■ Date/time service delivery information documented ■ Contact information of authenticated, authorized system user who documented service delivery ■ FIT provider information (including agency and specific employee information) ■ Infant/toddler information ■ Services provided ■ Progress notes related to service ■ Date of service ■ Duration (unit) of service ■ Setting of service
Determine if services are covered by either Medicaid or SGF that month	<ul style="list-style-type: none"> ■ Date/time of determination ■ Contact information for authenticated, authorized system user who made determination ■ Service information ■ Service coverage (e.g., private insurance, Medicaid, SGF)
Prepare and send invoice for DOH/DDSD	<ul style="list-style-type: none"> ■ Service billing information, including: <ul style="list-style-type: none"> □ FIT provider information (including agency and specific employee information) □ Infant/toddler information □ Services provided □ Progress notes related to service □ Date of service □ Duration (unit) of service □ Setting of service
Submit billing info to MMIS	<ul style="list-style-type: none"> ■ Service billing information, including: <ul style="list-style-type: none"> □ FIT provider information (including agency and specific employee information) □ Infant/toddler information □ Services provided □ Progress notes related to service □ Date of service □ Duration (unit) of service □ Setting of service

4.5.4 BP22: FIT Program – Transition Management

4.5.4.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Family member of infant/toddler ■ FIT provider ■ Family Services Coordinator ■ Circle of Support (COS) members ■ DDSD Staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Define and document FIT Transition Plan for infant/toddler
Inputs	<ul style="list-style-type: none"> ■ Person-Centered Plan (Individualized Family Service Plan (IFSP) information ■ Service delivery information
Outcomes	<ul style="list-style-type: none"> ■ FIT Transition Plan documented ■ FIT Transition Conference meeting documented ■ FIT case closed (infant/toddler case)
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Monitor family/infant/toddler’s eligibility for FIT program ■ Notify Family Services Coordinator of age milestone ■ Provide ability for Family Services Coordinator (or other authorized user) to document FIT Transition Plan ■ Provide ability for FIT provider, Family Services Coordinator (or other authorized user) to document transition activities ■ Provide ability for Family Services Coordinator (or other authorized user) to document Transition Conference ■ Provide ability for Family Services Coordinator (or other authorized user) to document a referral to appropriate program (e.g., HCBS Waiver, Centennial Care, etc.) ■ Provide ability for Family Services Coordinator (or other authorized user) to close individual’s record (e.g., mark status as “closed”) ■ Notify family member of infant/toddler, Family Services Coordinator, DDSD staff of ineligibility

4.5.4.2 Business Process Workflow

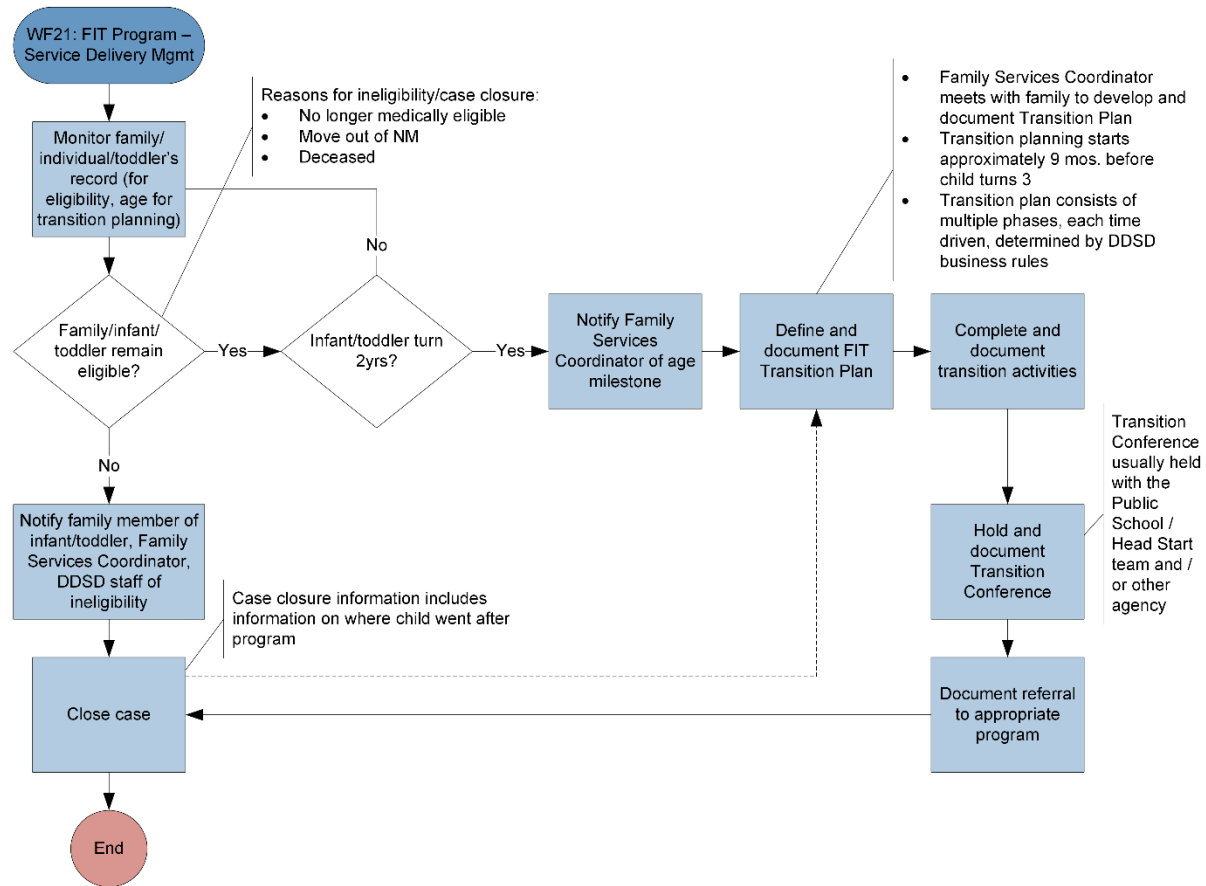


Figure 34: WF22: FIT Program - Transition Management

4.5.4.3 Business Process Narrative

Workflow Activity	Information Captured
Monitor family/individual/toddler's record (for eligibility, age for transition planning)	<ul style="list-style-type: none"> ■ N/A
Notify Family Services Coordinator of age milestone	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Define and document FIT Transition Plan	<ul style="list-style-type: none"> ■ See <i>Transition Plan</i> section in <i>Individualized Family Services Plan IFSP template in the Procurement Library</i> ■ Date/time FIT Transition Plan created and saved ■ Contact information of authenticated system user who entered FIT Transition Plan information
Complete and document transition activities	<ul style="list-style-type: none"> ■ Date/time transition activities information documented ■ Contact information of authenticated system user who documented transition activities ■ Transition activities summary

Workflow Activity	Information Captured
Hold and document Transition Conference	<ul style="list-style-type: none"> ■ Date of Transition Conference ■ COS team members who attended Transition Conference ■ Notes from Transition Conference ■ Contact information for authenticated system user who entered Transition Conference notes
Document referral to appropriate program (e.g., DDSD Waiver, Centennial Care, etc.)	<ul style="list-style-type: none"> ■ Date/time of referral ■ Contact information of authorized system user (e.g., Family Services Coordinator, DDSD staff) who documented referral ■ Contact information of referral recipient ■ Services requested
Notify family member of infant/toddler, Family Services Coordinator, DDSD staff of ineligibility	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Close case	<ul style="list-style-type: none"> ■ Date/time of individual record status update ■ Contact information of authorized system user who updated individual record ■ Individual record status update (e.g., “closed”)

4.5.5 BP23: FIT/SGF Provider Enrollment & Management

4.5.5.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDSD Staff ■ FIT/SGF provider
Goal/Objectives	<ul style="list-style-type: none"> ■ DDSD enrolls FIT/SGF provider
Inputs	<ul style="list-style-type: none"> ■ Provider information
Outcomes	<ul style="list-style-type: none"> ■ Provider is added to list of FIT/SGF providers ■ Provider Agreement created for FIT/SGF provider
Interfaces	<ul style="list-style-type: none"> ■ MMIS (Master Provider Index) ■ NM State accounting system (SHARE)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD staff to generate Provider Agreements for FIT or SGF providers ■ Provide ability for DDSD staff to complete legal review of the Provider Agreement ■ Provide ability for DDSD staff to save FIT or SGF provider information ■ Submit FIT or SGF provider information to NM State accounting system (SHARE)

4.5.5.2 Business Process Workflow

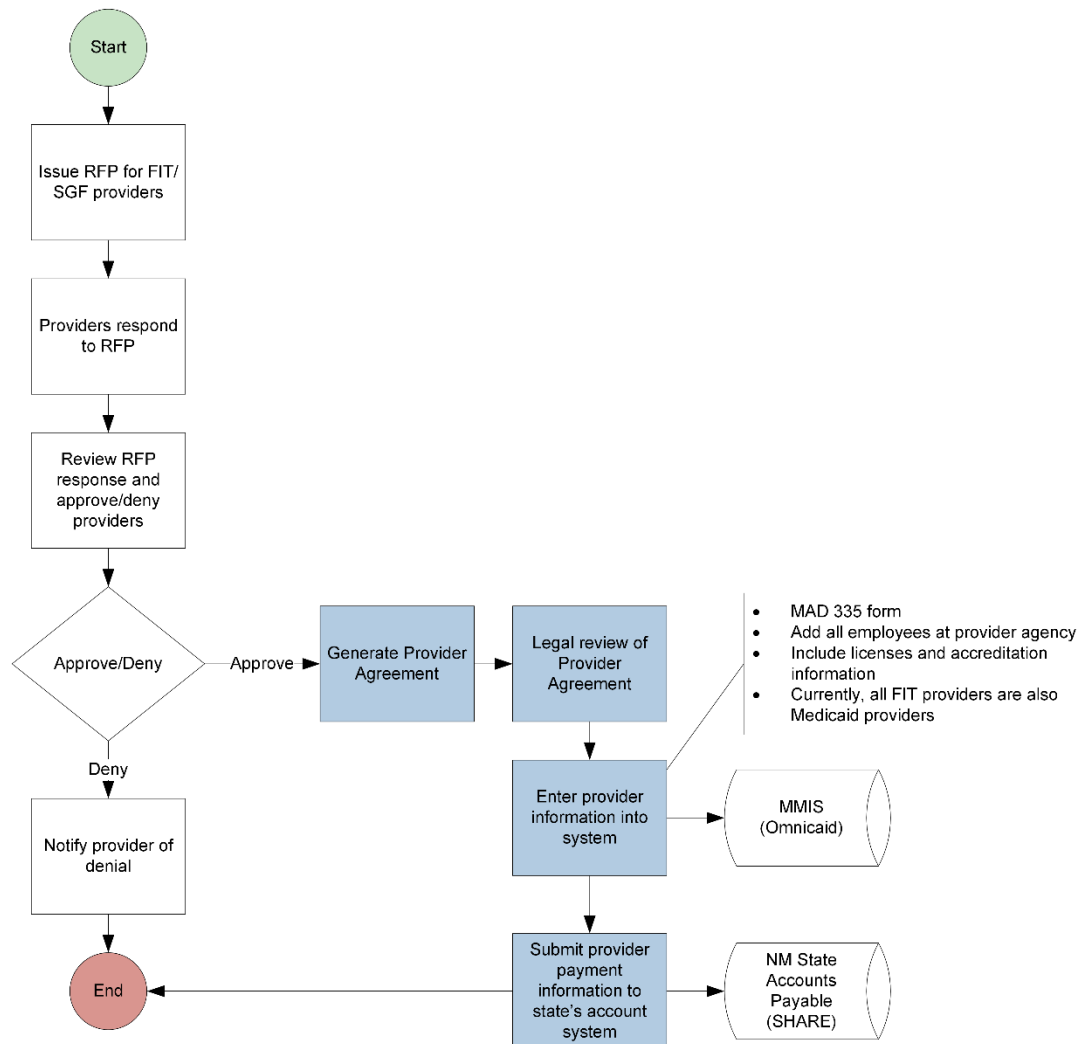


Figure 35: WF23: FIT/SGF Provider Enrollment & Management

4.5.5.3 Business Process Narrative

Workflow Activity	Information Captured
Generate Provider Agreement	<ul style="list-style-type: none"> ■ Date/time of Provider Agreement generation ■ Contact information of authorized system user (e.g., DDSD staff) who generated Provider Agreement ■ Electronic signature of DDSD staff and provider
Legal review of Provider Agreement	<ul style="list-style-type: none"> ■ Date/time of legal review ■ Contact information of legal reviewer of Provider Agreement
Enter provider information into system	<ul style="list-style-type: none"> ■ FIT/SGF provider information ■ Date/time provider information entered ■ Contact information of authorized system user (e.g., DDSD staff) who entered provider information

Workflow Activity	Information Captured
Submit provider payment information to state's account system	<ul style="list-style-type: none">■ Date/time provider information submitted■ Contact information of authorized system user (e.g., DDSD staff) who submitted provider information

4.5.6 BP24: SGF Program – Eligibility & Services Management

4.5.6.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ SGF provider ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Document service delivery ■ Submit service billing information for SGF services
Inputs	<ul style="list-style-type: none"> ■ SGF provider information
Outcomes	<ul style="list-style-type: none"> ■ Service is documented ■ Service billing information (invoice) submitted to NM State accounting system (SHARE)
Interfaces	<ul style="list-style-type: none"> ■ NM State accounting system (SHARE)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD Regional Office SGF Liaison (or other authorized user) to complete, save and submit SGF Referral Form ■ Provide ability for DDSD Regional Office SGF Liaison (or other authorized user) to make SGF eligibility determination ■ Notify individual, referral source of SGF program eligibility determination ■ Provide ability for individual, or individual's authorized representative, to complete SGF program consent forms ■ Provide ability for SGF provider (or other authorized user) to document services information ■ Generate invoice for services delivered ■ Submit services invoice to NM State accounting system (SHARE) for billing

4.5.6.2 Business Process Workflow

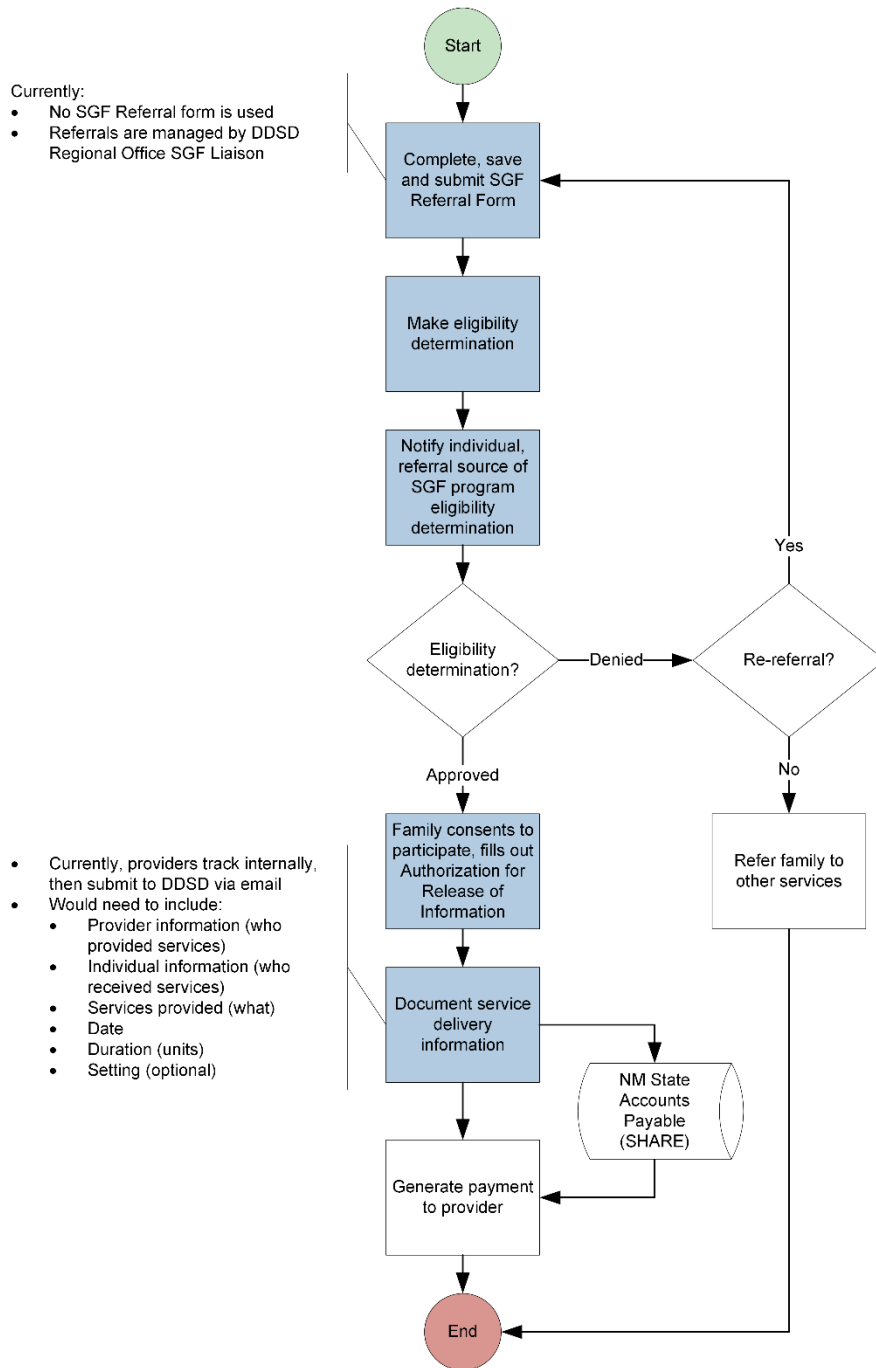


Figure 36: WF24: SGF Provider - Eligibility & Services Management

4.5.6.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit SGF Referral Form	<ul style="list-style-type: none"> ■ See <i>SGF Referral Form in the Procurement Library</i> ■ Date/time SGF Referral Form submitted ■ Authenticated user (e.g., DDSD Regional Office SGF Liaison) who submitted SGF Referral Form
Make eligibility determination	<ul style="list-style-type: none"> ■ Date/time of SGF eligibility determination ■ Contact information of authorized system user (e.g., DDSD Regional Office SGF Liaison) who made eligibility determination ■ SGF eligibility determination
Notify individual, referral source of SGF program eligibility determination	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Family consents to participate, fills out Authorization for Release of Information	<ul style="list-style-type: none"> ■ See <i>SGF Provider Written Prior Notice in the Procurement Library</i> ■ Date/time of consent ■ Contact information of authenticated, authorized system user who completed consent form
Document service delivery information	<ul style="list-style-type: none"> ■ Service delivery information, including: <ul style="list-style-type: none"> □ SGF provider information (including agency and specific employee information, as applicable) □ Individual information □ Services provided □ Date of service □ Duration (unit) of service □ Setting of service

4.5.7 BP25: PASRR Management - Level I Screening

4.5.7.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ PASRR referral sources, including: <ul style="list-style-type: none"> <input type="checkbox"/> Hospital discharge planners <input type="checkbox"/> Nursing facility admissions coordinators <input type="checkbox"/> RNs <input type="checkbox"/> Social services staff <input type="checkbox"/> Hospice staff ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Refer individual for PASRR Program ■ Complete PASRR Level I Screening
Inputs	<ul style="list-style-type: none"> ■ Information on individual
Outcomes	<ul style="list-style-type: none"> ■ Individual triggers PASRR Level II Evaluation OR ■ Individual qualify for PASRR Waiver OR ■ Individual determined PASRR ineligible
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for general public (e.g., Hospital discharge planners, Nursing facility admissions coordinators, RNs, Social services staff, Hospice staff) or DDSD staff to complete, save and submit PASRR Level I Screening (“New Mexico PASRR Level I Identification Screening Form”) ■ Notify DDSD staff of submitted PASRR Level I Identification Screening Form ■ Provide ability for DDSD staff to review submitted PASRR Level I Identification Screening Form ■ Provide ability for DDSD staff to complete PASRR Level I determination, including: <ul style="list-style-type: none"> <input type="checkbox"/> Level II Evaluation required (MI, ID and/or RC) determination <input type="checkbox"/> PASRR Waiver eligibility (Dementia, Convalescent Care, Severity of Illness, Respite Stay) ■ Monitor for PASRR Level I Screening determination completion, based on New Mexico PASRR Level I Identification Screening Form submission date and DDSD business rules (based on CMS regulations) ■ Notify DDSD, referral source of PASRR Waiver expiration ■ Provide ability for individual, nursing facility staff, or other authorized system user to notify DDSD of significant care/life event ■ Provide ability for DDSD staff to document actions taken per significant care/life event

4.5.7.2 Business Process Workflow

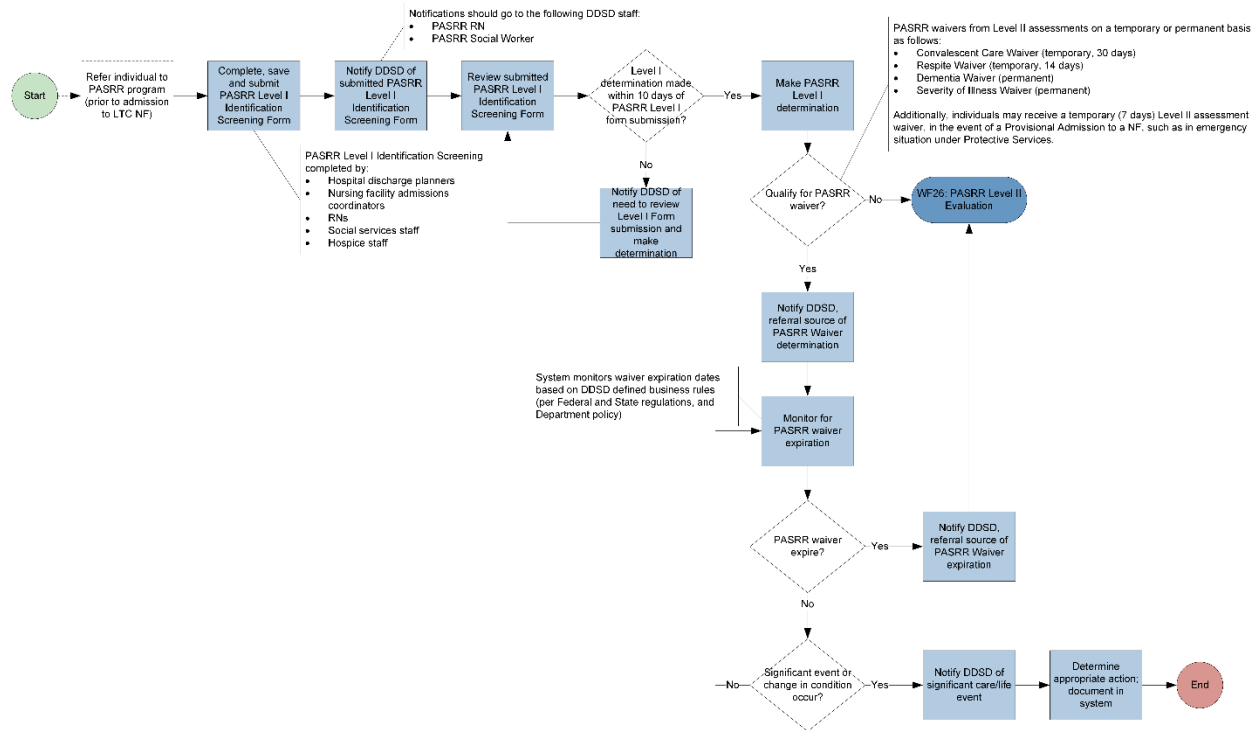


Figure 37: WF25: PASRR Management - Level I Screening

4.5.7.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit PASRR Level I Identification Screening Form	<ul style="list-style-type: none"> See New Mexico PASRR Level I Identification Screen Form in the Procurement Library Date/time of New Mexico PASRR Level I Identification Screen Form submission Contact information of authenticated system user who submitted form
Notify DDSD of submitted PASRR Level I Identification Screening Form	<ul style="list-style-type: none"> Date/time of notification Contact information of notification recipient(s)
Review submitted PASRR Level I Identification Screening Form	<ul style="list-style-type: none"> Date/time of PASRR Level I Identification Screening Form review Contact information of authenticated, authorized system user who completed review
Make PASRR Level I determination	<ul style="list-style-type: none"> Date/time of PASRR Level I Screening determination Contact information of authenticated, authorized system user who made determination
Notify DDSD of need to review Level I Form submission and make determination	<ul style="list-style-type: none"> Date/time of notification Contact information of notification recipient(s)

Workflow Activity	Information Captured
Notify DDSD, referral source of PASRR Waiver determination	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Monitor for PASRR waiver expiration	<ul style="list-style-type: none"> ■ N/A
Notify DDSD, referral source of PASRR Waiver expiration	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Notify DDSD of significant care/life event	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s) ■ Information regarding significant care/life event (e.g., discharge, transfer, death)
Determine appropriate action; document in system	<ul style="list-style-type: none"> ■ Date/time of appropriate action taken ■ Contact information of authenticated, authorized system user who made determination ■ Notes regarding appropriate action

4.5.8 BP26: PASRR Management - Level II Evaluation

4.5.8.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDSD staff ■ Vendor for Level II Evaluation services (e.g., UNM for MI evaluation)
Goal/Objectives	<ul style="list-style-type: none"> ■ Complete PASRR Level II Evaluation of individual
Inputs	<ul style="list-style-type: none"> ■ PASRR Level I Screening
Outcomes	<ul style="list-style-type: none"> ■ Determine individual eligible for PASRR program OR ■ Determine individual not eligible for PASRR program ■ Determine whether individual requires specialized services; create referral for specialized services
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Notify DDSD of need to complete Level II Evaluation ■ Determine whether an individual has been involved with the PASRR program ■ Determine whether individual is on the HCBS Wai List, or the Central Registry ■ Determine whether individual is a Jackson Class member ■ Notify Jackson Class officer and other individuals (as determined by DDSD business rules) if individual is a Jackson Class member Provide ability for DDSD staff to document whether individual (HCBS Waiver or PASRR Program participant) requires Level II Intellectual Disability (ID) or Related Condition (RC) Evaluation ■ Notify individual, vendor (currently, UNM), DDSD staff of need to complete Level II Mental Illness (MI) Evaluation ■ Provide ability for vendor (UNM) to document completion of a Level II MI Evaluation ■ Provide ability for vendor (UNM) to document need for specialized services, per Level II MI Evaluation ■ Notify individual, DDSD staff of need to complete Level II ID and/or RC Evaluation ■ Provide ability for vendor (UNM) to document completion of a Level II ID and/or RC Evaluation ■ Provide ability for vendor (UNM) to document need for specialized services, per Level II ID and/or RC Evaluation ■ Notify appropriate entities (e.g., individual, nursing facility, HSD) of Level II Evaluation outcome ■ Provide ability for DDSD staff to create and send referral for specialized services ■ Provide ability for individual, nursing facility or other authorized system user to notify DDSD of significant change in individual's condition ■ Provide ability for DDSD staff to document whether significant change review is required ■ Notify individual, nursing facility and other appropriate, authorized system user of significant change review determination ■ Provide ability for individual, nursing facility or other authorized system user to notify DDSD of transfer, discharge or death

	<ul style="list-style-type: none">■ Provide ability for DDSD staff to document follow-up actions taken, per notification of transfer, discharge or death
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4.5.8.2 Business Process Workflow

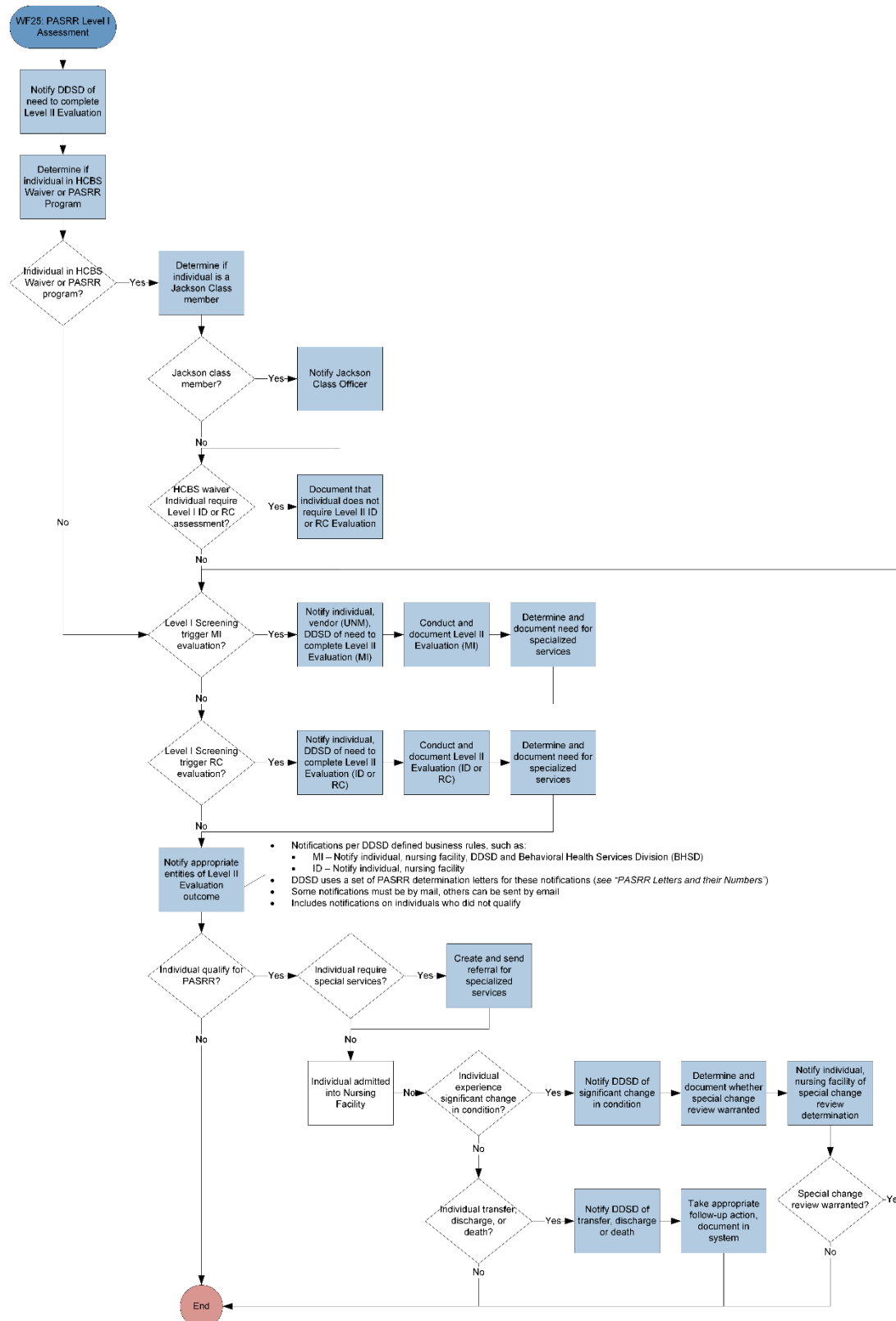


Figure 38: WF26: PASRR Management - Level II Evaluation

4.5.8.3 Business Process Narrative

Workflow Activity	Information Captured
Notify DDSD of need to complete Level II Evaluation	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Determine if individual is in HCBS Waiver or PASRR program	<ul style="list-style-type: none"> ■ Date/time of HCBS Waiver or PASRR program participation determination
Determine if individual is a Jackson Class member	<ul style="list-style-type: none"> ■ N/A
Notify Jackson Class Officer	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Document that individual does not require Level II ID or RC Evaluation	<ul style="list-style-type: none"> ■ Date/time of PASRR Level II Intellectual Disability (ID) or Related Condition (RC) Evaluation requirement determination ■ Contact information of authenticated system user who made determination
Notify individual, vendor (UNM), DDSD of need to complete Level II Evaluation (MI)	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Conduct and document Level II Evaluation (MI)	<ul style="list-style-type: none"> ■ Date/time of PASRR Level II Evaluation ■ Contact information of vendor (UNM) staff who conducted Level II Mental Illness (MI) Evaluation ■ Contact information of authenticated system user who documented Level II MI Evaluation
Determine and document need for specialized services	<ul style="list-style-type: none"> ■ Date/time of specialized services determination ■ Contact information of authenticated system user who made determination
Notify individual, DDSD of need to complete Level II Evaluation (ID or RC)	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Conduct and document Level II Evaluation (ID or RC)	<ul style="list-style-type: none"> ■ Date/time of PASRR Level II ID and/or RC Evaluation ■ Contact information of DDSD staff who conducted Level II ID and/or RC Evaluation ■ Contact information of authenticated, authorized system user who documented Level II ID and/or RC Evaluation
Notify appropriate entities of Level II Evaluation outcome	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Create and send referral for specialized services	<ul style="list-style-type: none"> ■ Date/time of specialized services referral creation ■ Contact information of authenticated, authorized system user who created referral ■ Contact information for provider per specialized services referral

Workflow Activity	Information Captured
Notify DDSD of significant change in condition	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Determine and document whether special change review warranted	<ul style="list-style-type: none"> ■ Date/time of special change review determination ■ Contact information for authorized system user who made special change review determination
Notify individual, nursing facility of special change review determination	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Notify DDSD of transfer, discharge or death	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient(s)
Take appropriate follow-up action, document in system	<ul style="list-style-type: none"> ■ Date/time of notes follow-up ■ Contact information of authenticated system user who documented follow-up ■ Notes regarding follow-up action

4.6 Operations Management

4.6.1 BP27: Training Management

4.6.1.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDSD staff ■ DHI staff ■ DOH staff ■ Providers
Goal/Objectives	<ul style="list-style-type: none"> ■ Document training
Inputs	<ul style="list-style-type: none"> ■ Training course/material information ■ Trainee information
Outcomes	<ul style="list-style-type: none"> ■ Documentation of service provider training completion OR ■ DDSD documents corrective action per training incomplection
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD staff or providers to add trainees (e.g., provider agency employees, etc.) to the system ■ Provide ability for DDSD staff or providers to add training materials/courses to the system, saving information for each training material/course, including, but not limited to: <ul style="list-style-type: none"> □ Type of training (e.g., DDSD Core curriculum, Individual Specific Training (IST), Teaching and Support Strategies (TSS), Written Direct Support Instructions (WDSI), etc.) □ Training description (e.g., summary, objectives, duration, etc.) □ Training audience (e.g., DSS, DSP SC, CM, Nurses, DDSD/DHI/DOH staff, etc.) □ Training proficiency (e.g., awareness level, knowledge level, skill level) □ Training competency assessment (e.g., complete/incomplete, pass/fail, score, etc.) <p style="margin-left: 20px;">NOTE: If testing is used, may require separate assessment materials</p> □ Content revision/expiration date □ Author, reviewer information ■ Provide ability for DDSD staff or providers to view available training materials/courses, including, but not limited to, by: <ul style="list-style-type: none"> □ Waiver program □ Region/Statewide □ Business domain (intake/eligibility, person-centered planning, etc.) □ Employee type (e.g., case manager/consultant, Speech Therapist, RN, etc.) □ Individual (e.g., for individual specific training) □ Agency (e.g., for agency specific trainings) ■ Provide ability for DDSD staff or providers to assign training materials ■ Notify employees, agency staff, DDSD staff of training assignments ■ Provide ability for trainees to register for trainings ■ Notify trainees, agency staff, DDSD staff of training registrations

- Provide trainees with the ability to mark a training assignment as complete
- Monitor training assignments per assignment due date
- Notify trainee, provider agency staff or DDSD staff of incomplete training assignments, per training assignment due date and DDSD business rules
- Provide ability for DDSD staff to document corrective actions taken per trainees not completing training assignments
- Provide ability for DDSD staff to assign training assessments for specific training materials/courses, when training is completed, either automatically or manually
- Provide ability for providers or DDSD staff to capture training assessment outcomes
- Provide ability for DDSD staff to assign training assessments, per completed training materials
- Provide ability for DDSD staff to document training assessment outcomes
- Notify trainee, provider agency staff, DDSD staff of training completion

4.6.1.2 Business Process Workflow

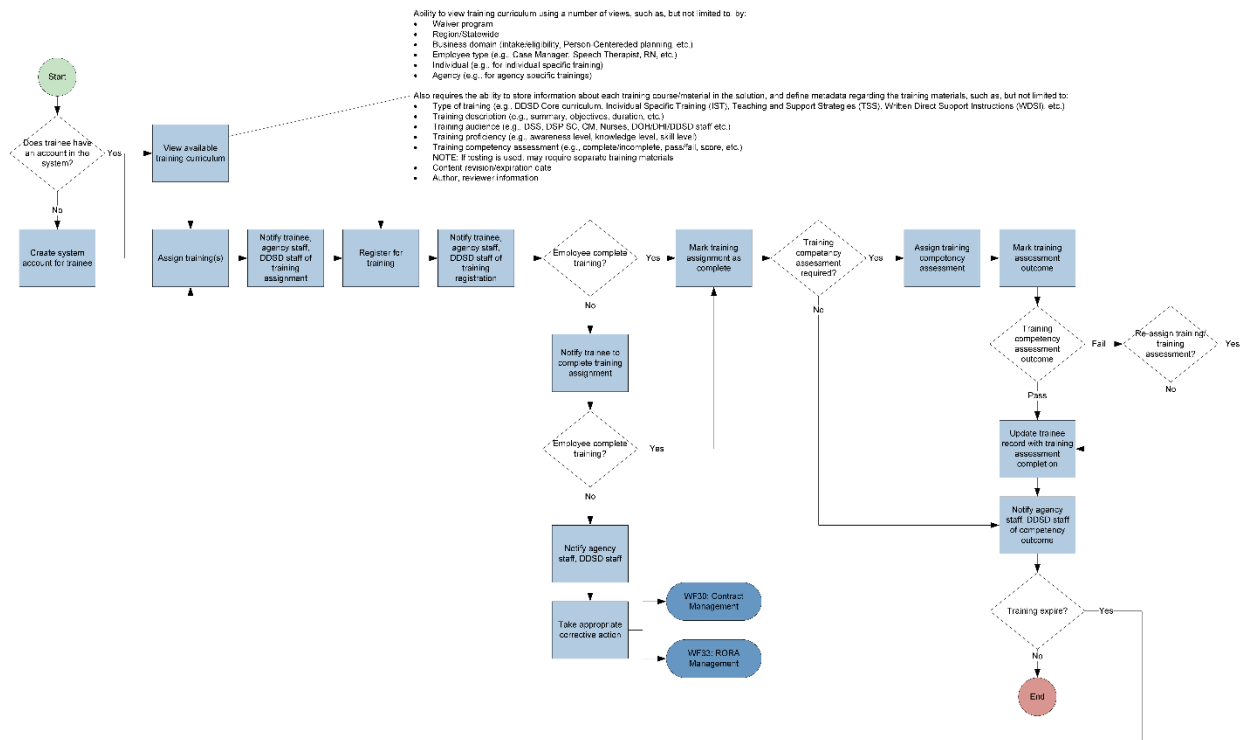


Figure 39: WF27: Training Management

4.6.1.3 Business Process Narrative

Workflow Activity	Information Captured
View available training curriculum	■ N/A

Workflow Activity	Information Captured
Create system account for trainee	<ul style="list-style-type: none"> ■ Date/time trainee added to the system ■ Contact information of authenticated, authorized system user who created trainee account ■ Trainee Information, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Organization (e.g., provider agency, State department, etc.) <input type="checkbox"/> Name <input type="checkbox"/> Title/role <input type="checkbox"/> Contact information (e.g., email, phone, address, etc.) <input type="checkbox"/> Other information on the trainee, as required by DDSD
Assign training(s)	<ul style="list-style-type: none"> ■ Date/time training assigned ■ Contact information of authenticated, authorized system user who assigned training ■ Training assignment information, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Trainee contact information <input type="checkbox"/> Training course/material <input type="checkbox"/> Date due
Notify trainee, agency staff, DDSD staff of training assignment	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Register for training	<ul style="list-style-type: none"> ■ Date/time of training registration ■ Contact information of authenticated system user who registered for training ■ Training registration information (e.g., Training course/material, etc.)
Notify trainee, agency staff, DDSD staff of training registration	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Mark training assignment as complete	<ul style="list-style-type: none"> ■ Date/time training assignment status updated ■ Training assignment status update (e.g., complete) ■ Contact information of authenticated, authorized system user who updated training assignment status (complete)
Notify trainee to complete training assignment	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Notify agency staff, DDSD staff	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient ■ Information relating to overdue training assignment
Take appropriate corrective action	<ul style="list-style-type: none"> ■ Date/time corrective action documented ■ Contact information of authenticated, authorized system user who documented corrective action ■ Date of corrective action ■ Documented summary of corrective action ■ DDSD staff responsible for corrective action

Workflow Activity	Information Captured
Assign training competency assessment	<ul style="list-style-type: none"> ■ Trainee (e.g., service provider employee, staff member, etc.) ■ Training competency assessment information, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Trainee contact information <input type="checkbox"/> Training course/material <input type="checkbox"/> Training competency outcomes (e.g., pass/fail, etc.) <input type="checkbox"/> Date due
Mark training assessment outcome	<ul style="list-style-type: none"> ■ Date/time of training assessment outcome update ■ Contact information of authenticated, authorized system user who updated training assessment outcome ■ Date of training assessment ■ Training assessment outcome (e.g., pass/fail, etc.)
Update trainee record with training completion information	<ul style="list-style-type: none"> ■ Date/time of training assessment status update ■ Contact information of authenticated, authorized system user who documented training assessment status ■ Training assessment updated status (e.g., complete)
Notify agency staff, DDSD staff of competency outcome	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.6.2 BP28: Incident Management

4.6.2.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ HCBS provider ■ DHI staff ■ DDSD staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Identify, investigate and document incidents involving individuals in HCBS Waiver program ■ Define and document corrective action plans to address root cause of incident
Inputs	<ul style="list-style-type: none"> ■ Information on individual, including person-centered plan ■ Information on provider
Outcomes	<ul style="list-style-type: none"> ■ Incident investigated, documented and “closed” ■ Corrective and Preventative Action Plan (CPA) per incident documented
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DHI or DDSD staff to document, save and submit a reported incident using the DDSD Incident Form ■ Notify DHI IMB staff of submitted DDSD Incident Form ■ Provide ability for DHI IMB staff to notify the responsible provider and DDSD staff of a reported incident requiring investigation ■ Provide ability for DHI IMB staff to document and save an Immediate Action and Safety Plan (IASP) ■ Provide ability for DHI IMB staff to assign a DHI investigator to investigate a reported incident ■ Provide ability for DHI investigator to document an investigation of a reported incident ■ Provide ability for DDSD staff or provider to document and save a CPA per a reported incident ■ Provide ability for provider to request an extension for a CPA ■ Notify DHI IMB staff of a submitted CPA extension request ■ Provide ability for DHI IMB staff to approve or deny a CPA extension request ■ Notify responsible provider of CPA extension request approval/denial ■ Provide ability for DHI IMB or DDSD staff to document triage actions taken for reported incidents not requiring an investigation ■ Provide ability for DHI IMB staff to close an incident ■ Notify DHI, individual, provider and DDSD staff of a closed incident

4.6.2.2 Business Process Workflow

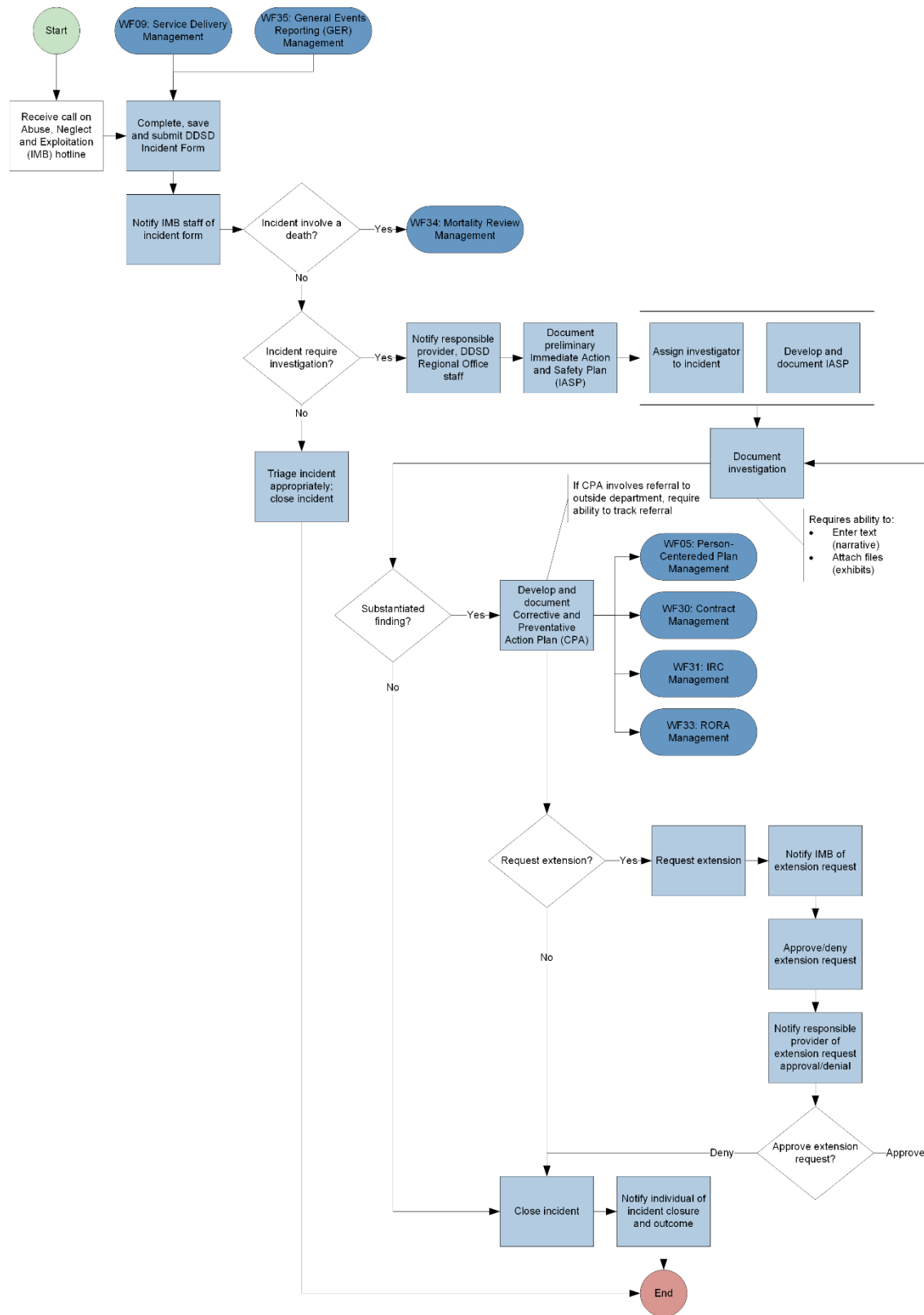


Figure 40: WF28: Incident Management

4.6.2.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit DDSD Incident Form	<ul style="list-style-type: none"> ■ See <i>DHI Tip Sheet in the Procurement Library</i> ■ Date/time DDSD Incident Form submitted ■ Contact information of authenticated system user (e.g., provider, individual, DDSD or DHI Staff member) who submitted form
Notify IMB staff of incident form	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Notify responsible provider, DDSD Regional Office staff	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Document preliminary Immediate Action and Safety Plan (IASP)	<ul style="list-style-type: none"> ■ See <i>Immediate Action and Safety Plan (IASP) form in the Procurement Library</i> ■ Date/time IASP documented ■ Contact information of authenticated, authorized system user who documented IASP
Assign investigator to incident	<ul style="list-style-type: none"> ■ Date/time of investigator assignment ■ Contact information of authenticated, authorized system user (i.e., IMB staff member) who made investigator assignment ■ Contact information of investigator assigned to incident
Develop and document IASP	<ul style="list-style-type: none"> ■ See <i>Immediate Action and Safety Plan (IASP) form in the Procurement Library</i> ■ Date/time IASP documented ■ Contact information of authenticated, authorized system user who documented IASP
Document investigation	<ul style="list-style-type: none"> ■ Date/time of investigation documentation ■ Contact information of authenticated, authorized system user who documented investigation ■ Notes regarding investigation ■ Files related to investigation (exhibits)
Develop and document Corrective and Preventative Action Plan (CPA)	<ul style="list-style-type: none"> ■ See <i>Corrective and Preventative Action Plan (CPA) form in the Procurement Library</i> ■ Date/time CPA documented ■ Contact information of authenticated, authorized system user who documented CPA
Request extension	<ul style="list-style-type: none"> ■ Date/time of extension request ■ Contact information of authenticated system user who requested extension ■ Reason for extension request
Notify IMB of extension request	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Approve/deny extension request	<ul style="list-style-type: none"> ■ Date/time of extension request approval/denial ■ Contact information of authenticated, authorized system user (i.e., IMB staff) who approved/denied extension request ■ Approval/denial of extension request

Workflow Activity	Information Captured
Notify responsible provider of extension request approval/denial	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Close incident	<ul style="list-style-type: none"> ■ Date/time of incident status update (e.g., closed) ■ Contact information of authenticated, authorized system user (i.e., IMB staff) who updated incident status ■ Incident status update (e.g., closed)
Notify individual of incident closure and outcome	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Triage incident appropriately; close incident	<ul style="list-style-type: none"> ■ Date/time of incident status update (e.g., closed) ■ Contact information of authenticated, authorized system user (i.e., IMB staff) who updated incident status ■ Notes related to incident triage actions ■ Incident status update (e.g., closed)

4.6.3 BP29: Quality Management

4.6.3.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ HCBS Waiver provider ■ DHI staff ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Conduct Quality Management Bureau (QMB) compliance survey of DDSD providers ■ Identify, document and track completion of Plan of Correction (POC), per QMB compliance survey
Inputs	<ul style="list-style-type: none"> ■ Provider information
Outcomes	<ul style="list-style-type: none"> ■ QMB compliance survey documented (Report of Findings) ■ POC documented ■ Date for next compliance survey defined
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Identify providers to survey, per DDSD business rules ■ Provide ability for DHI QMB staff to select a provider to survey ■ Provide ability for DHI QMB staff to prepare QMB compliance survey, including ability to generate pre-survey compliance kit ■ Provide ability for DHI QMB staff to document and save QMB compliance survey, including ability to document survey using a mobile device ■ Provide ability for DHI QMB staff to document and save a Report of Findings, per a QMB compliance survey ■ Provide ability for DHI QMB staff to send Report of Findings to provider, DDSD, HSD ■ Provide ability for providers to complete, save and submit an Informal Reconsideration of Findings (IRF) form ■ Notify DHI, DDSD staff of a submitted IRF form ■ Provide ability for DHI QMB staff to determine and document DHI response to a submitted IRF ■ Provide ability for DHI QMB staff to send DHI's IRF response to provider, DDSD and HSD ■ Provide provider with ability to document, save and submit a Plan of Correction (POC) ■ Notify DHI and DDSD staff of a submitted POC ■ Monitor due date for a POC, per the Report of Finding date and DDSD business rules ■ Notify DDSD staff of an incomplete POC, per the Report of Finding date and DDSD business rules ■ Provide ability for provider to submit a POC extension ■ Provide ability for DDSD staff to document disciplinary action for an incomplete POC ■ Provide ability for DHI QMB or DDSD staff to approve/deny a submitted POC ■ Notify provider of POC approval or denial ■ Provide ability for provider to document implementation of POC

- Provide ability for DHI QMB staff to conduct and document verification visit(s), including ability to document a verification visit using a mobile device
- Provide ability for DHI QMB staff to mark POC as complete
- Provide ability for DHI QMB staff to notify provider of the need to revise POC
- Provide ability for service provider to revise a POC
- Notify provider, DDSD, HSD of POC implementation approval
- Provide ability for DHI QMB staff to document provider’s next compliance survey date, and update provider record with this information

4.6.3.2 Business Process Workflow

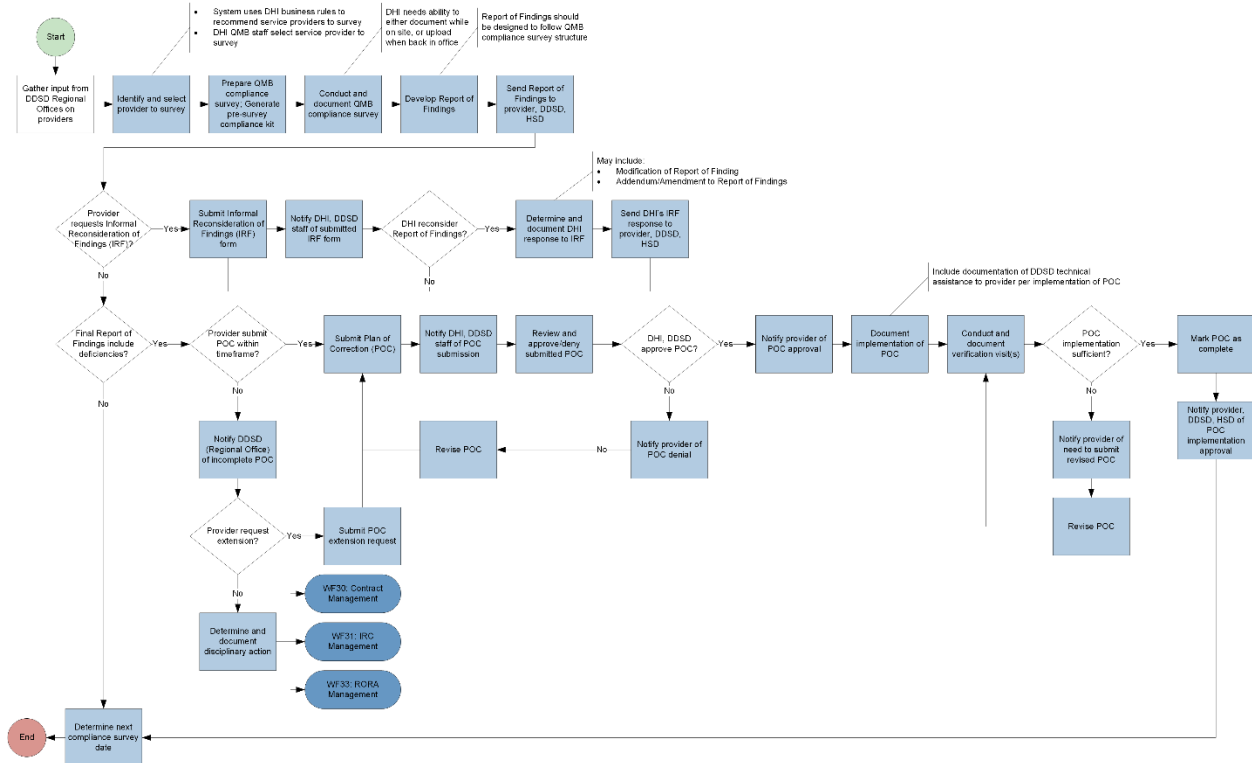


Figure 41: WF29: Quality Management

4.6.3.3 Business Process Narrative

Workflow Activity	Information Captured
Identify and select provider to survey	<ul style="list-style-type: none"> ■ Date/time of provider selection ■ Contact information of authenticated, authorized system user (i.e., IMB staff member) who made provider selection ■ Provider selected for QMB compliance survey
Prepare QMB compliance survey; Generate pre-survey compliance kit	<ul style="list-style-type: none"> ■ See <i>QMB Compliance Survey in the Procurement Library</i> ■ Date/time QMB Compliance Survey kit prepared ■ Contact information of authenticated, authorized system user (i.e., QMB staff) who created QMB Compliance Survey kit

Workflow Activity	Information Captured
Conduct and document QMB compliance survey	<ul style="list-style-type: none"> ■ Date/time of QMB Compliance Survey ■ Contact information of authenticated, authorized system user (i.e., QMB staff) who conducted QMB Compliance Survey ■ QMB Compliance Survey documentation
Document Report of Findings	<ul style="list-style-type: none"> ■ <i>See Report of Findings template in the Procurement Library</i> ■ Date/time Report of Findings completed ■ Contact information of authenticated, authorized system user (i.e., QMB staff, lead writer) who documented Report of Findings
Send Report of Findings to provider, DDSD, HSD	<ul style="list-style-type: none"> ■ Date/time Report of Findings sent ■ Contact information of Report of Findings recipients
Submit Informal Reconsideration of Findings (IRF) form	<ul style="list-style-type: none"> ■ <i>See Informal Reconsideration of Findings (IRF) form in the Procurement Library</i> ■ Date/time IRF submitted ■ Contact information of authenticated, authorized system user (i.e., provider) who submitted IRF
Notify DHI, DDSD staff of submitted IRF form	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipients
Determine and document DHI response to IRF	<ul style="list-style-type: none"> ■ Date/time of DHI response to IRF ■ Contact information of authenticated, authorized system user (i.e., DHI staff) who responded to IRF ■ DHI response to IRF
Send DHI's IRF response to provider, DDSD, HSD	<ul style="list-style-type: none"> ■ Date/time DHI response to IRF sent ■ Contact information of IRF response recipient
Submit Plan of Correction (POC)	<ul style="list-style-type: none"> ■ <i>See Plan of Correction (POC) template in the Procurement Library</i> ■ Date/time POC submitted ■ Contact information of authenticated, authorized system user who submitted POC
Notify DHI, DDSD staff of POC submission	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipients
Notify provider of POC approval/denial	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipients
Document implementation of POC	<ul style="list-style-type: none"> ■ Date/time of POC implementation status update ■ Contact information of authenticated, authorized system user (i.e., provider) who documented implementation of POC ■ POC status (e.g., not started, in progress, completed) ■ POC implementation notes
Conduct and document verification visit(s)	<ul style="list-style-type: none"> ■ Date/time of verification visit ■ Contact information of authenticated, authorized system user (i.e., QMB staff) who documented verification visit ■ QMB staff who performed verification visit ■ Notes from verification visit

Workflow Activity	Information Captured
Mark POC as complete	<ul style="list-style-type: none"> ■ Date/time of POC status update ■ Contact information of authenticated, authorized system user (i.e., provider) who updated POC status ■ POC status update (e.g., completed)
Notify provider, DDSD, HSD of POC implementation approval	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipients
Determine next compliance survey date	<ul style="list-style-type: none"> ■ Date/time of next compliance survey date ■ Contact information of authenticated, authorized system user (i.e., QMB staff) who documented next compliance survey date ■ Date of provider's next QMB compliance survey for provider
Notify DDSD (Regional Office) of incomplete POC	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Submit POC extension request	<ul style="list-style-type: none"> ■ Date/time of POC extension request ■ Contact information of authenticated, authorized system user (i.e., provider) who submitted POC extension request ■ Information related to POC extension request
Determine and document disciplinary action	<ul style="list-style-type: none"> ■ Date/time of disciplinary action determination ■ Contact information of authenticated, authorized system user (e.g., QMB staff, DDSD Regional Office staff) who documented disciplinary action determination ■ Notes regarding DDSD Regional Office plan for disciplinary action ■ Date action to be completed ■ DDSD staff member responsible
Revise POC	<ul style="list-style-type: none"> ■ Date/time of POC update ■ Contact information of authenticated, authorized system user (i.e., provider) who revised POC ■ Updated POC information

4.6.4 BP30: Contract Management

4.6.4.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDSD Staff ■ Provider
Goal/Objectives	<ul style="list-style-type: none"> ■ DDSD provides technical assistance or takes administrative actions to address issue/concern with a provider
Inputs	<ul style="list-style-type: none"> ■ Individual or provider information
Outcomes	<ul style="list-style-type: none"> ■ Documented technical assistance, administrative action, or other action ■ Documented outcome of technical assistance or administrative action in addressing issue/concern with a provider
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD staff to document and save an issue or concern requiring DDSD action ■ Provide ability for DDSD staff to document the level of impact of violation of an issue/concern ■ Provide ability for DDSD staff to document and save DDSD action plan per issue/concern ■ Provide ability for DDSD staff to document and save DDSD Technical Assistance (TA) Form ■ Provide ability for DDSD staff to document implementation of TA ■ Provide ability for DDSD staff to document and save DDSD Site Monitoring Form ■ Provide ability for DDSD staff to document site monitoring ■ Provide ability for DDSD staff to document and save Performance Improvement Plan (PIP) Form ■ Provide ability for DDSD staff to document implementation of PIP ■ Provide ability for DDSD staff to generate a referral to another NM department/agency, per issue/concern ■ Provide ability for DDSD staff to document other DDSD administrative actions or TA per issue/concern ■ Provide ability for DDSD staff to document outcomes per administrative actions or TA ■ Provide ability for DDSD staff to close issue/concern ■ Provide ability for DDSD staff to refer issue/concern to Internal Review Committee (IRC)

4.6.4.2 Business Process Workflow

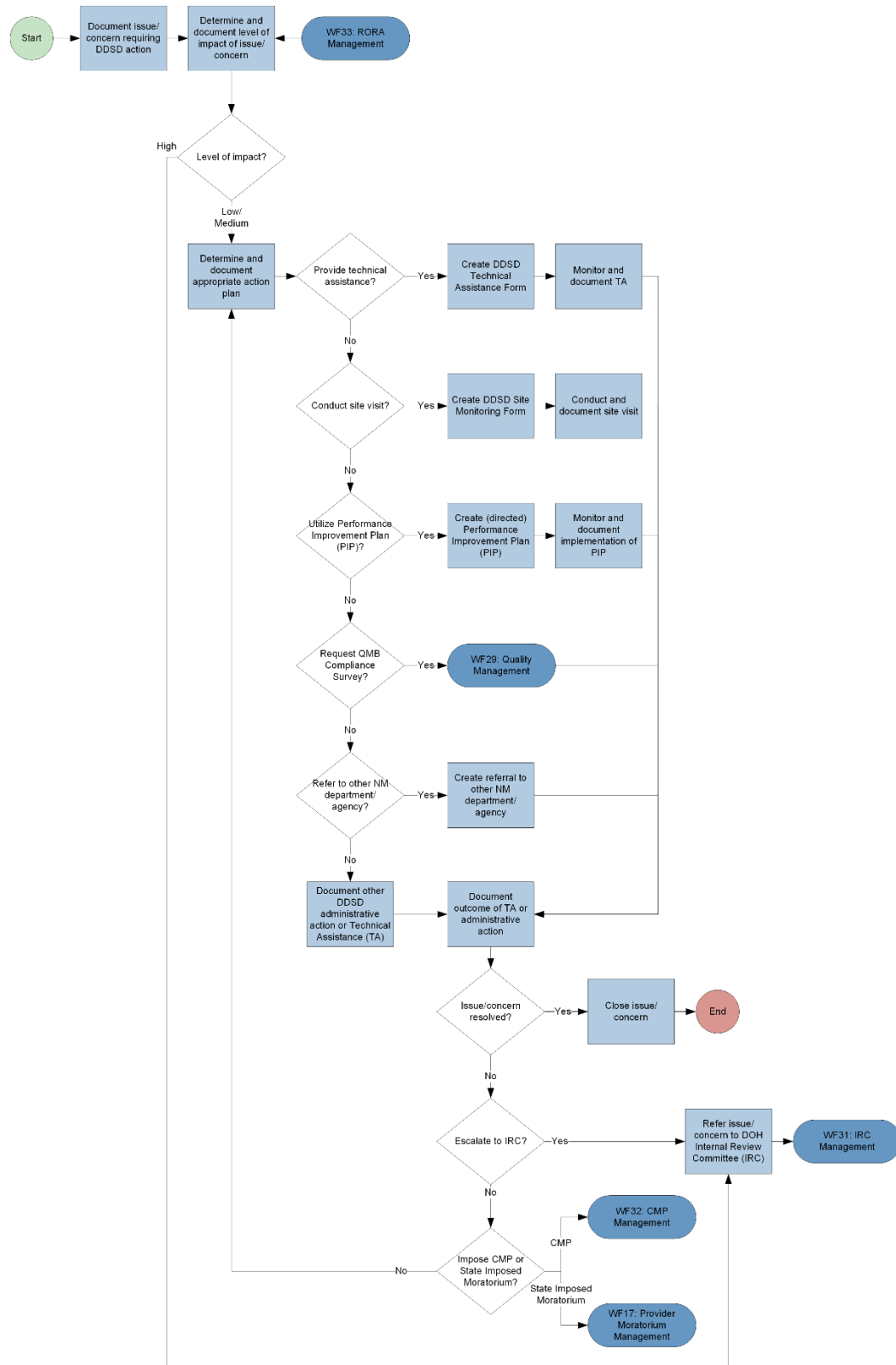


Figure 42: WF30: Contract Management

4.6.4.3 Business Process Narrative

Workflow Activity	Information Captured
Document issue/concern requiring DDSD action	<ul style="list-style-type: none"> ■ Date/time issue/concern documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) documenting issue/concern ■ Provider information ■ Notes related to issue/concern
Determine and document level of impact of issue/concern	<ul style="list-style-type: none"> ■ Date/time issue/concern level of impact documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) documenting level of impact determination ■ Issue/concern level of impact (e.g., Low/Medium/High) determination
Determine and document appropriate action plan	<ul style="list-style-type: none"> ■ Date/time action plan documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) documented action plan ■ Notes related to action plan
Create DDSD Technical Assistance Form	<ul style="list-style-type: none"> ■ See <i>DDSD Technical Assistance (TA) Form in the Procurement Library</i> ■ Date/time DDSD Technical Assistance (TA) Form submitted ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who submitted form
Monitor and document TA	<ul style="list-style-type: none"> ■ Date/time of TA documentation ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented TA ■ Notes regarding provision of technical assistance
Create DDSD Site Monitoring Form	<ul style="list-style-type: none"> ■ See <i>DDSD Site Monitoring Form in the Procurement Library</i> ■ Date/time DDSD Site Monitoring Form completed ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who created DDSD Site Monitoring Form
Conduct and document site visit	<ul style="list-style-type: none"> ■ Date/time site visit documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented site visit ■ Date of site visit ■ DDSD staff who conducted site visit ■ Notes from site visit
Create (directed) Performance Improvement Plan (PIP)	<ul style="list-style-type: none"> ■ See <i>Performance Improvement Plan (PIP) in the Procurement Library</i> ■ Date/time PIP created ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who created PIP
Monitor and document implementing PIP	<ul style="list-style-type: none"> ■ Date/time PIP implementation documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented implementation of PIP ■ Notes related to implementation of PIP
Create referral to other NM department/agency	<ul style="list-style-type: none"> ■ Date/time referral to NM department/agency created ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who created referral ■ Contact information of NM department/agency to receive referral ■ Referral notes

Workflow Activity	Information Captured
Document other DDSD administrative action or Technical Assistance (TA)	<ul style="list-style-type: none"> ■ Date/time DDSD administrative action or TA documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented DDSD administrative actions or TA ■ Notes related to DDSD administrative action or TA
Document outcome of TA or administrative action	<ul style="list-style-type: none"> ■ Date/time DDSD administrative action or TA outcomes documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented DDSD administrative actions or TA outcome ■ Notes related to DDSD administrative action or TA outcomes
Close issue/concern	<ul style="list-style-type: none"> ■ Date/time issue/concern status updated (“closed”) ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who updated issue/concern status ■ Issue/concern status updated (e.g., “closed”)
Refer issue/concern to DOH Internal Review Committee (IRC)	<ul style="list-style-type: none"> ■ Date/time issue/concern referred to DDSD IRC ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who referred issue/concern to IRC ■ Reason for referral

4.6.5 BP31: Institutional Review Committee (IRC) Management

4.6.5.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDS staff ■ DHI staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ DOH imposes sanctions against provider
Inputs	<ul style="list-style-type: none"> ■ Individual or provider information
Outcomes	<ul style="list-style-type: none"> ■ Provider non-compliance corrected
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for IRC members to accept/deny IRC referral ■ Provide ability for IRC members to document reason for IRC referral denial ■ Notify referral source of IRC referral denial ■ Provide ability for DDS, DHI or HSD staff to document sanctions per IRC referral ■ Provide ability for DDS, DHI or HSD staff to complete and submit a Direct Corrective Action (DCA) form ■ Provide ability for DDS, DHI or HSD staff to document actions taken per DCA ■ Provide ability for DDS, DHI or HSD to document outcomes per DCA ■ Provide ability for DDS, DHI or HSD to document and save DDS action plan per IRC referral ■ Provide ability for DDS, DHI or HSD to document actions taken per DDS action plan related to IRC referral ■ Provide ability for DDS, DHI or HSD to document outcomes per DDS action plan ■ Provide ability for IRC members to close IRC referral ■ Provide ability for IRC members to refer issue/concern to Sanctions Committee ■ Provide ability for IRC members to document sanctions determined by Sanctions Committee

4.6.5.2 Business Process Workflow

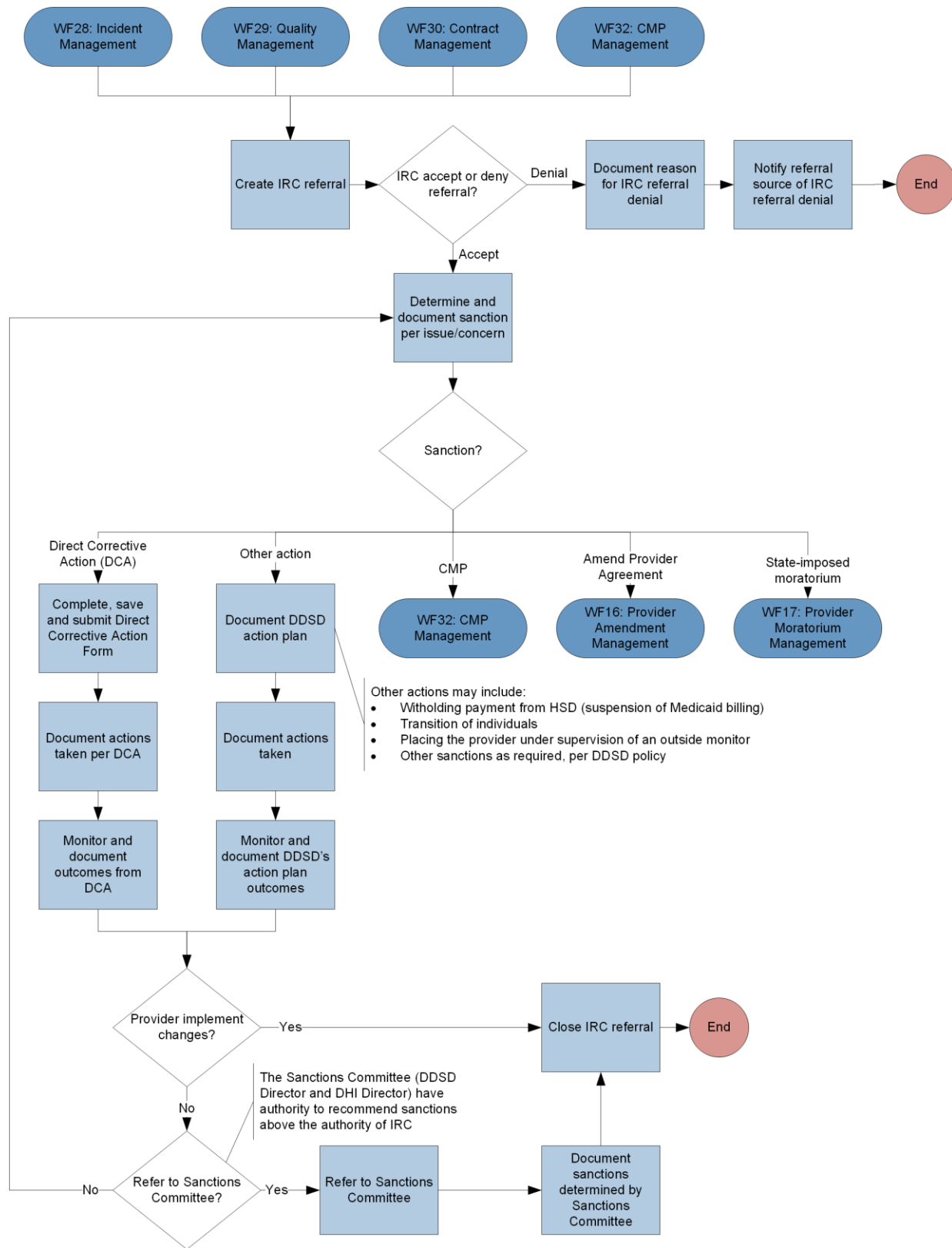


Figure 43: WF31: IRC Management

4.6.5.3 Business Process Narrative

Workflow Activity	Information Captured
Create IRC referral	<ul style="list-style-type: none"> ■ Date/time IRC referral created ■ Contact information of authenticated, authorized system user who created IRC referral ■ Provider information related to issue/concern ■ Individual information related to issue/concern ■ Issue/concern description
Document reason for IRC referral denial	<ul style="list-style-type: none"> ■ Date/time IRC referral denied ■ Contact information of authenticated, authorized system user who documented denial of IRC referral ■ Reason for IRC referral denial
Notify referral source of IRC referral denial	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipients
Determine and document sanction per issue/concern	<ul style="list-style-type: none"> ■ Date/time sanctions per IRC referral determined by IRC ■ Contact information of authenticated, authorized system user who documented sanction ■ Notes related to sanction
Complete, save and submit Direct Corrective Action (DCA) Form	<ul style="list-style-type: none"> ■ See <i>Direct Corrective Action Form in the Procurement Library</i> ■ Date/time DCA submitted ■ Contact information of authenticated, authorized system user who submitted DCA
Notify DHI of submitted DCA Form	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipients
Document actions taken per DCA	<ul style="list-style-type: none"> ■ Date/time of documentation of DCA actions taken ■ Contact information of authenticated, authorized system user who documented DCA actions taken ■ Notes related to DCA actions taken
Monitor and document outcomes from DCA	<ul style="list-style-type: none"> ■ Date/time of documentation of DCA outcomes ■ Contact information of authenticated, authorized system user who documented DCA outcomes ■ Notes related to DCA outcomes
Document DDSD's action plan	<ul style="list-style-type: none"> ■ Date/time DDSD's action plan documented ■ Contact information of authenticated, authorized system user who documented DDSD's action plan ■ Notes related to DDSD's action plan
Document actions taken	<ul style="list-style-type: none"> ■ Date/time DDSD's actions taken documented ■ Contact information of authenticated, authorized system user who documented DDSD's actions taken ■ Notes related to DDSD's actions
Monitor and document DDSD's action plan outcomes	<ul style="list-style-type: none"> ■ Date/time DDSD's action plan outcomes documented ■ Contact information of authenticated, authorized system user who documented DDSD's action plan outcomes ■ Notes related to DDSD's action plan outcomes

Workflow Activity	Information Captured
Close IRC referral	<ul style="list-style-type: none">■ Date/time IRC referral status updated (closed)■ Contact information of authenticated, authorized system user who updated IRC referral status■ IRC referral status updated
Refer to Sanctions Committee	<ul style="list-style-type: none">■ Date/time of referral to Sanctions Committee■ Contact information of authenticated, authorized system user who referred issue/concern to Sanctions Committee■ Information related to referral
Document sanctions determined by Sanctions Committee	<ul style="list-style-type: none">■ Date/time of sanctions determined by Sanctions Committee documented■ Contact information of authenticated, authorized system user who documented sanctions

4.6.6 BP32: Civil Monetary Penalty (CMP) Management

4.6.6.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ DDSD imposes Civil Monetary Penalty (CMP)
Inputs	<ul style="list-style-type: none"> ■ Individual or provider information
Outcomes	<ul style="list-style-type: none"> ■ Documented imposition of CMP
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD staff to document level of Civil Monetary Penalty (CMP) ■ Provide ability for DDSD staff to generate and send provider a notice of CMP ■ Notify IRC of CMP ■ Provide ability for provider or DDSD staff to request informal resolution request of CMP ■ Provide ability for DDSD staff to document DDSD’s response to informal resolution request ■ Provide ability for DDSD staff to document provider payment of CMP ■ Notify DDSD staff of overdue CMP payments

4.6.6.2 Business Process Workflow

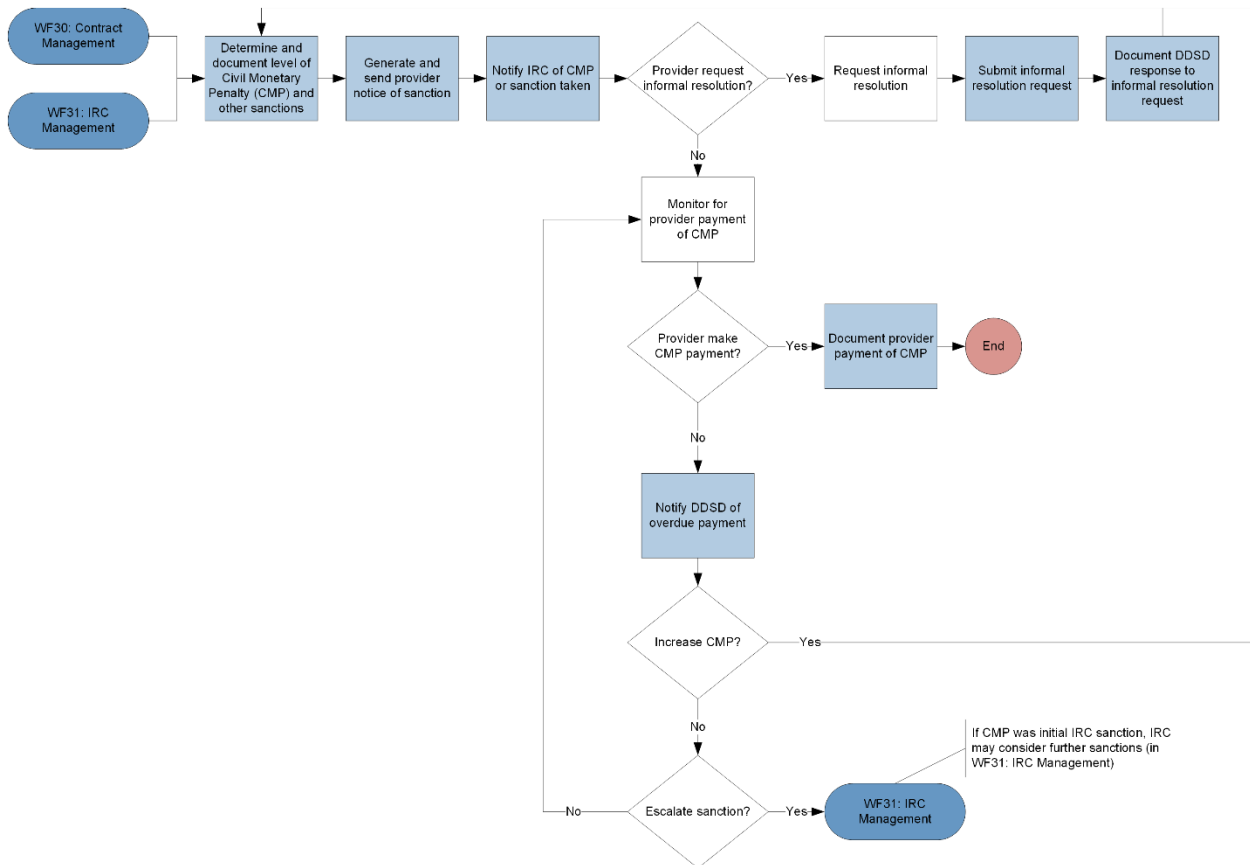


Figure 44: WF32: CMP Management

4.6.6.3 Business Process Narrative

Workflow Activity	Information Captured
Determine and document level of Civil Monetary Penalty (CMP)	<ul style="list-style-type: none"> ■ Date/time of DDSD determination of Civil Monetary Penalty (CMP) ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented CMP ■ Amount of CMP ■ Notes regarding CMP amount determination
Generate and send provider notice of sanction	<ul style="list-style-type: none"> ■ Date/time notice of sanction sent ■ Contact information of notice of sanction recipient (i.e., provider)
Notify DHI, IRC of CMP	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Submit informal resolution request	<ul style="list-style-type: none"> ■ Date/time of informal resolution request ■ Contact information of authenticated, authorized system user who submitted informal resolution request ■ Summary of informal resolution request
Document DDSD response to informal resolution request	<ul style="list-style-type: none"> ■ Date/time of DDSD response to informal resolution request ■ Contact information of authenticated, authorized system user who documented DDSD's response to informal resolution request ■ Summary of DDSD response to informal resolution request
Document provider payment of CMP	<ul style="list-style-type: none"> ■ Date/time of CMP payment ■ Contact information of authenticated, authorized system user who documented CMP payment ■ Amount of CMP payment ■ Notes related to CMP payment
Notify provider and DDSD of overdue payment	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient ■ Amount of overdue payment

4.6.7 BP33: Request for Regional Assistance (RORA) Management

4.6.7.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individual ■ Provider ■ DDSD Staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Individual or provider submits a Request for Regional Assistance (RORA) ■ DDSD Regional Office provides technical assistance per RORA referral
Inputs	<ul style="list-style-type: none"> ■ Individual or provider information
Outcomes	<ul style="list-style-type: none"> ■ RORA is addressed and referral closed OR ■ RORA referral passed on to IRC (via Contract Management process)
Interfaces	<ul style="list-style-type: none"> ■ N/A
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for individual, provider or DDSD staff to complete, save and submit RORA form ■ Notify DDSD staff of submitted RORA form ■ Provide ability for DDSD staff to review a submitted RORA form ■ Provide ability for DDSD staff to assign a DDSD staff member to the RORA ■ Provide ability for DDSD staff to document applicable background information related to the RORA ■ Provide ability for DDSD staff to mark RORA form as finalized ■ Provide ability for DDSD staff to document any triage activities related to a RORA not within the scope of DDSD ■ Provide ability for DDSD staff to document all actions taken by DDSD to address RORA ■ Provide ability for DDSD staff to submit the RORA to the appropriate Regional Director for closure ■ Provide ability for DDSD staff to close RORA ■ Notify requestor of RORA closure ■ Monitor open RORAs, per date or RORA submission ■ Notify DDSD staff of open RORA at regular time intervals (e.g., 30 day intervals) until case closure, per DDSD business rules

4.6.7.2 Business Process Workflow

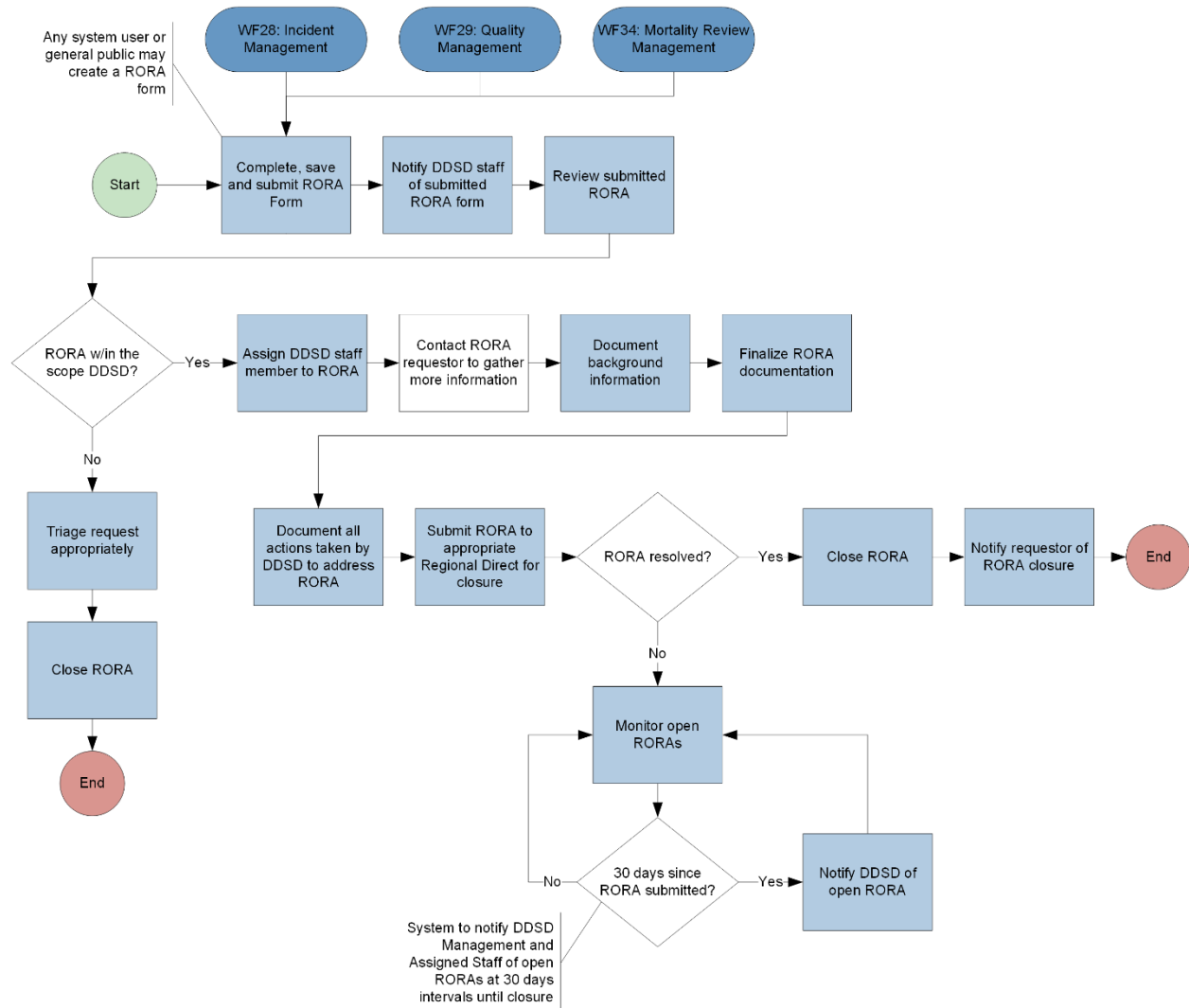


Figure 45: WF33: RORA Management

4.6.7.3 Business Process Narrative

Workflow Activity	Information Captured
Complete and submit RORA Form	<ul style="list-style-type: none"> ■ See RORA Form in the Procurement Library ■ Date/time RORA Form submitted ■ Contact information of authenticated system user (e.g., provider, individual, DDSD or DHI Staff member) who submitted form
Notify DDSD staff of submitted RORA form	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Review submitted RORA	<ul style="list-style-type: none"> ■ Date/time of RORA review ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who reviewed form

Workflow Activity	Information Captured
Assign DDSD staff person to RORA	<ul style="list-style-type: none"> ■ Date/time of assignment ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who assigned DDSD staff person to RORA ■ Contact information of DDSD staff person assigned to RORA
Document background information	<ul style="list-style-type: none"> ■ Date/time RORA background information documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented RORA background information ■ Notes relating to RORA background information
Finalize RORA documentation	<ul style="list-style-type: none"> ■ Date/time of RORA finalization ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who finalized RORA
Triage request appropriately	<ul style="list-style-type: none"> ■ Date/time of documentation of triage ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented triage ■ Notes related to triage
Close RORA	<ul style="list-style-type: none"> ■ Date/time RORA is closed ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who closed RORA ■ RORA status update (e.g., “closed”)
Document all actions taken by DDSD to address RORA	<ul style="list-style-type: none"> ■ Date/time actions taken per RORA documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented actions taken per RORA ■ Notes related to DDSD actions per RORA (e.g., technical assistance)
Submit RORA to appropriate Regional Director for closure	<ul style="list-style-type: none"> ■ Date/time RORA submitted to appropriate Regional Director ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who submitted RORA ■ Contact information of appropriate Regional Director selected to review RORA for closure
Request RORA closure	<ul style="list-style-type: none"> ■ Date/time of request for RORA closure ■ DDSD staff member contact information who requested RORA closure
Notify requestor of RORA closure	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Monitor open RORAs	<ul style="list-style-type: none"> ■ N/A
Notify DDSD of open RORA	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.6.8 BP34: Mortality Review Management

4.6.8.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDSD Staff ■ DHI Staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Conduct mortality reviews to identify potential actions for quality improvement
Inputs	<ul style="list-style-type: none"> ■ Individual information ■ Service and healthcare provider information ■ DHI Incident Management information
Outcomes	<ul style="list-style-type: none"> ■ Mortality review completed ■ Documented action plan to address quality improvement issues related to death, as applicable ■ Other actions as applicable
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Notify DDSD staff of incidents involving a reported death ■ Determine whether reported death involves a Jackson Class member ■ Notify Jackson Class Officer of a reported death involving a Jackson Class member ■ Provide ability for DDSD staff to conduct and document Post-Mortality Settings Safety Check ■ Provide ability for DDSD staff to document the plan for Regional Assessment and Mortality Review and action ■ Provide ability for DDSD staff to document records required for Regional Assessment and Mortality Review ■ Provide ability for DDSD staff to generate request letters to providers for records required for Regional Assessment and Mortality Review ■ Provide ability for DDSD staff to track requested records ■ Provide ability for DDSD staff to track completion of HIPAA checks of received records ■ Provide ability for DDSD staff to attach files (documents) to individual record and mortality review case ■ Provide ability for DDSD staff to document whether to conclude the internal mortality review ■ Provide ability for DDSD staff to document summary of internal review of records ■ Provide ability for DDSD staff to document whether external review is required ■ Provide ability for DDSD staff to generate external mortality review packet ■ Provide ability for DDSD staff to securely send external mortality review packet for external review (Jackson Class Member) ■ Provide ability for DDSD staff to document a summary of the internal, external and Mortality Review Committee reviews of the mortality review case ■ Provide ability for DDSD staff to document findings and recommendations for the provider and/or the system, per the Mortality Review Committee's review

	<ul style="list-style-type: none">■ Provide ability for DDSD staff to notify the appropriate DOH staff for outside/external contact, per the mortality case■ Provide ability for DDSD staff to document pertinent information related to DOH's outside/external contact, per the mortality case■ Provide ability for DDSD staff to refer recommendations per mortality review case to DDSQI for system-level action■ Provide ability for DDSD staff to document DDSQI action plan to address recommendations■ Provide ability for DDSD staff to document DDSQI actions taken to address recommendations■ Provide ability for DDSD staff to document final MRC review of the mortality case■ Provide ability for DDSD staff to close mortality case
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4.6.8.2 Business Process Workflow

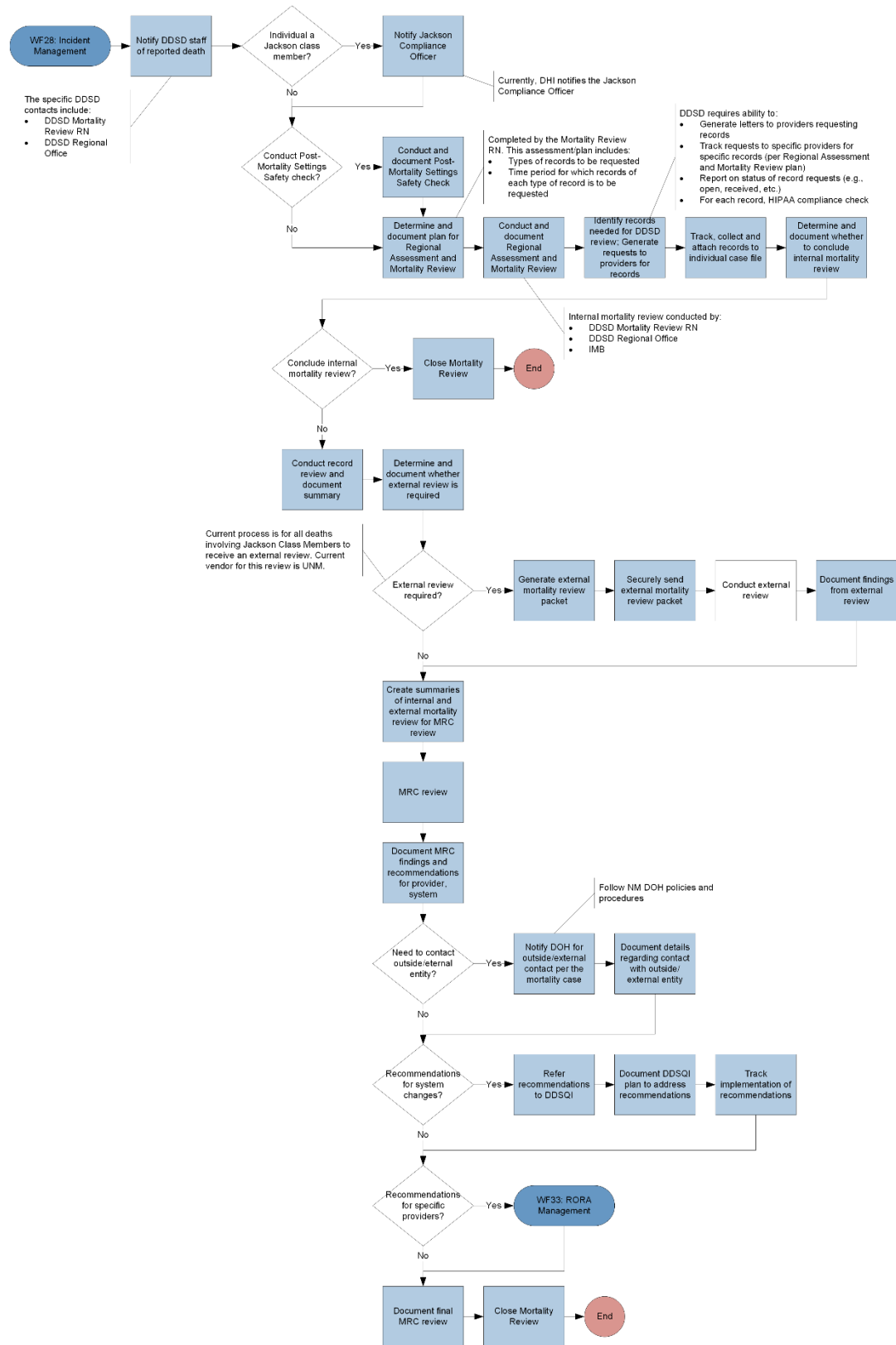


Figure 46: WF34: Mortality Review Management

4.6.8.3 Business Process Narrative

Workflow Activity	Information Captured
Notify DDSD staff of reported death	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Notify Jackson Compliance Officer	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Conduct and document Post-Mortality Settings Safety Check	<ul style="list-style-type: none"> ■ <i>See Post-Mortality Settings Safety Check in the Procurement Library</i> ■ Contact information of authenticated, authorized system user (i.e., DDSD Staff) who conducted and documented Post-Mortality Settings Safety Check ■ Date/time Post-Mortality Settings Safety Check started ■ Date/time Post-Mortality Settings Safety Check completed
Determine and document plan for Regional Assessment and Mortality Review	<ul style="list-style-type: none"> ■ <i>See Regional Assessment and Mortality Review template in the Procurement Library</i> ■ Contact information of authenticated, authorized system user (i.e., DDSD Staff) who documented plan for mortality review ■ Plan for Regional Assessment and Mortality Review
Conduct and document Regional Assessment and Mortality Review	<ul style="list-style-type: none"> ■ Date/time Regional Assessment and Mortality Review started ■ Date/time Regional Assessment and Mortality Review ended ■ Contact information of authenticated, authorized system user (i.e., DDSD Staff) who documented plan for mortality review Regional Assessment and Mortality Review
Identify records needed for DDSD review	<ul style="list-style-type: none"> ■ Date/time records identified ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who identified records needed for mortality review
Generate requests to providers for records	<ul style="list-style-type: none"> ■ Date/time record request generated ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who generated record request ■ Date record request sent to provider ■ Contact information of provider per record request
Track, collect and attach records to individual case file	<ul style="list-style-type: none"> ■ Date/time of record request status update ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who updated record request status ■ Record request status update ■ Files (documents) uploaded and attached to individual's record and mortality review case
Determine and document whether to conclude internal mortality review	<ul style="list-style-type: none"> ■ Date/time of internal mortality review status update (concluded) ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who updated internal mortality review status ■ Internal mortality review status update
Close Mortality Review case	<ul style="list-style-type: none"> ■ Date/time of Mortality Review status update ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who Mortality Review status ■ Mortality Review status update (closed)
Conduct record review and document summary	<ul style="list-style-type: none"> ■ Date/time of record review ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who conducted review

Workflow Activity	Information Captured
Determine and document whether external review is required	<ul style="list-style-type: none"> ■ Date/time of external review determination ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who made external review determination ■ External review required determination
Generate external mortality review packet	<ul style="list-style-type: none"> ■ <i>See example external mortality review packet in the Procurement Library</i> ■ Date/time external mortality review packet generated ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who generated external mortality review packet
Securely send external mortality review packet	<ul style="list-style-type: none"> ■ Date external mortality review packet sent to external entity ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who sent external mortality review packet ■ Contact information of entity receiving external mortality review packet
Document findings from external review	<ul style="list-style-type: none"> ■ Date/time external mortality review documented ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented external mortality review ■ Notes from external mortality review
Create summaries of internal and external mortality review for Mortality Review Committee (MRC) review	<ul style="list-style-type: none"> ■ Date/time of documentation of summaries of internal and external mortality review ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented summaries of internal and external mortality review ■ Summary of internal and external mortality review
MRC review	<ul style="list-style-type: none"> ■ Date/time of MRC review ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented MRC review ■ Notes from MRC review
Document MRC findings and recommendations for provider, system	<ul style="list-style-type: none"> ■ Date/time of documentation of MRC findings and recommendations for provider or system ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented MRC findings and recommendations ■ Notes related to MRC findings and recommendations
Notify DOH for outside/external contact per the mortality case	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient
Document details regarding contact with outside/external entity	<ul style="list-style-type: none"> ■ Date/time of documentation of details regarding contact with outside/external entity ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented details regarding contact with outside/external entity ■ Notes regarding contact with outside/external entity
Refer recommendations to DDSQI	<ul style="list-style-type: none"> ■ Date/time of recommendations referred to DDSQI ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who referred recommendations to DDSQI ■ Notes related to recommendations

Workflow Activity	Information Captured
Document DDSQI plan to address recommendations	<ul style="list-style-type: none"> ■ Date/time of documentation of DDSQI plan ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented DDSQI plan ■ Notes related to DDSQI plan
Track implementation of recommendations	<ul style="list-style-type: none"> ■ Date/time of documentation of implementation of recommendations ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented implementation of recommendations ■ Notes related to implementation of recommendations
Document final MRC review	<ul style="list-style-type: none"> ■ Date/time of documentation of final MRC review ■ Contact information of authenticated, authorized system user (i.e., DDSD staff) who documented final MRC review ■ Notes related to final MRC review

4.6.9 BP35: General Events Reporting (GER) Management

4.6.9.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Individuals ■ Providers ■ DDSD staff ■ DHI staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Document General Event Report (GER) involving an individual in an HCBS Waiver program, including but not limited to: <ul style="list-style-type: none"> □ Emergency Room/Urgent Care/Emergency Medical Services □ Falls Without Injury □ Injury (including Falls, Choking, Skin Breakdown and Infection) □ Law Enforcement Use □ Medication Errors □ Medication Documentation Errors □ Missing Person/Elopement □ Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission □ PRN Psychotropic Medication □ Restraint Related to Behavior □ Suicide Attempt or Threat
Inputs	<ul style="list-style-type: none"> ■ Individual information ■ Provider information
Outcomes	<ul style="list-style-type: none"> ■ Document appropriate follow-up actions per GER
Interfaces	<ul style="list-style-type: none"> ■ Individual information system, currently: <ul style="list-style-type: none"> □ Therap (DD Waiver) □ FOCoS (Mi Via Waiver) □ UNM CDD system (Medically Fragile Waiver)
Functional Requirements	<ul style="list-style-type: none"> ■ Provide provider, individual, DDSD or DHI staff with ability to report a General Event ■ Notify DDSD of a submitted GER Form

4.6.9.2 Business Process Workflow

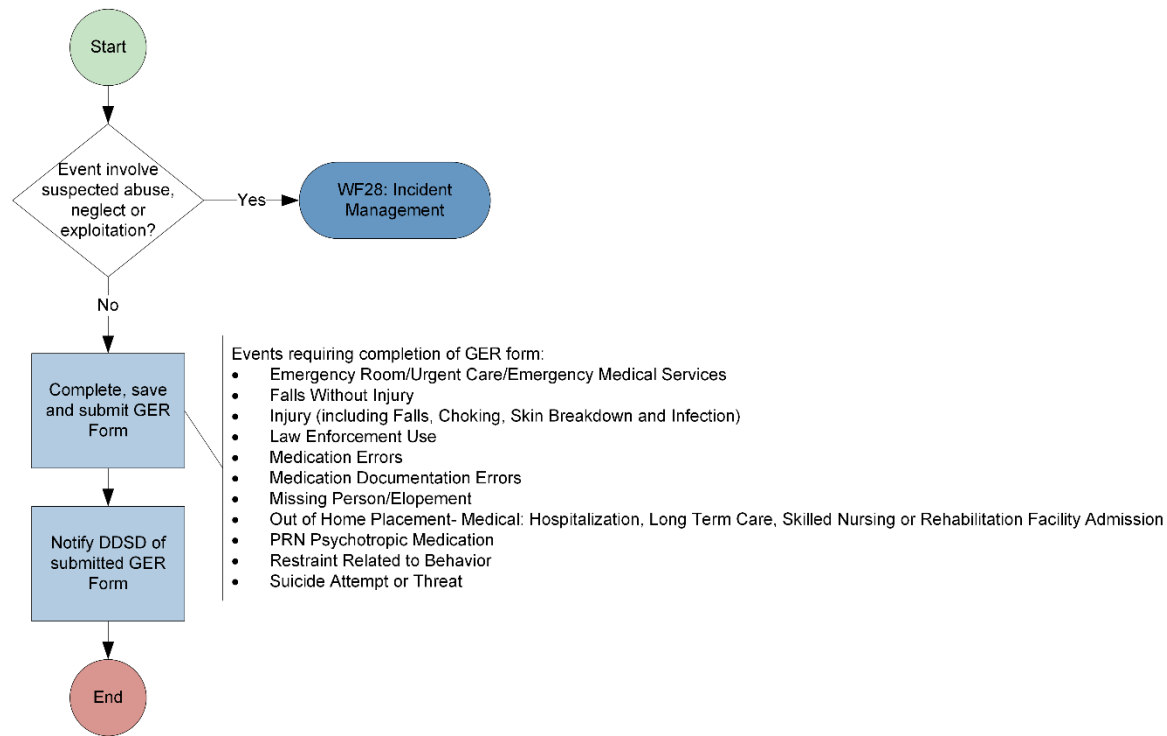


Figure 47: WF35: GER Management

4.6.9.3 Business Process Narrative

Workflow Activity	Information Captured
Complete, save and submit GER Form	<ul style="list-style-type: none"> ■ See GER Form in the Procurement Library ■ Date/time GER Form submitted ■ Contact information of authenticated system user who submitted form
Notify DDSD of submitted GER Form	<ul style="list-style-type: none"> ■ Date/time of notification ■ Contact information of notification recipient

4.6.10 BP36: Fair Hearings Management

4.6.10.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ DDSD staff ■ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Track appeals involving DDSD
Inputs	<ul style="list-style-type: none"> ■ Individual information ■ Provider information
Outcomes	<ul style="list-style-type: none"> ■ Documentation of appeal, including, but not limited to: <ul style="list-style-type: none"> □ Documentation of investigation related to appeal □ Creation of summary of evidence compiled per appeal □ Documentation of outcomes of Agency Review Conference(s) with appellants □ Documentation of outcomes of Fair Hearings
Interfaces	<ul style="list-style-type: none"> ■ None
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD staff to complete, save and submit DDSD Fair Hearings Appeal Form ■ Provide ability for DDSD staff to document actions taken per individual's Continuation of Benefits (COB) request ■ Provide ability for DDSD staff to document investigation per appeal ■ Provide ability for DDSD staff to compile documents related to Summary of Evidence (SOE) per appeal ■ Provide ability for DDSD staff to compile Summary of Evidence (SOE) for Fair Hearing ■ Provide ability for DDSD staff to document sending of SOE to parties to appeal ■ Provide ability for DDSD staff to initiate and document Agency Review Conference (ARC) with appellant per appeal ■ Provide ability for DDSD staff to create and send Agency Review Conference Letter to all parties to the ARC ■ Provide ability for DDSD staff to document an actions plan per ARC ■ Provide ability for DDSD staff to document actions taken per ARC ■ Provide ability for DDSD staff to close Fair Hearings appeal case ■ Provide ability for DDSD staff to document Fair Hearing outcome ■ Provide ability for DDSD staff to document an actions plan per Fair Hearing outcome ■ Provide ability for DDSD staff to document actions taken per Fair Hearing outcome

4.6.10.2 Business Process Workflow

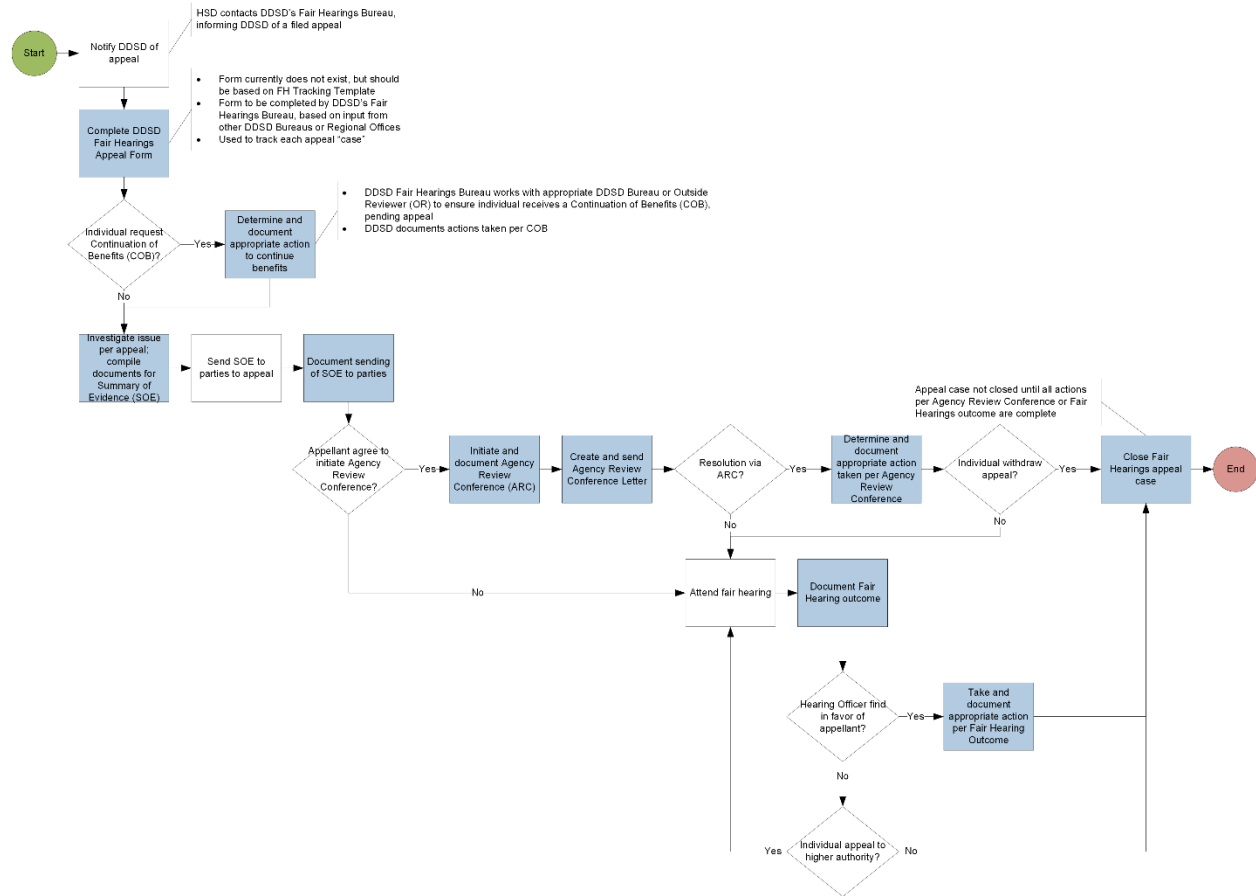


Figure 48: WF36: Fair Hearings Management

4.6.10.3 Business Process Narrative

Workflow Activity	Information Captured
Complete DDSD Fair Hearings Appeal Form	<ul style="list-style-type: none"> See Fair Hearings Appeal Form in the Procurement Library Date/time of completion of Fair Hearings Appeal Form Contact information of authenticated, authorized system user who completed Fair hearings Appeal Form
Determine and document appropriate action to continue benefits	<ul style="list-style-type: none"> Date/time of documentation of actions taken per appellant’s COB request Contact information of authenticated, authorized system user who documented actions taken per appellant’s COB request
Investigate issue per appeal	<ul style="list-style-type: none"> Date/time of documentation of investigation per appeal Contact information of authenticated, authorized system user documented investigation per appeal Notes related to investigation
Compile documents for Summary of Evidence (SOE)	<ul style="list-style-type: none"> Date/time of compilation of documents for Summary of Evidence (SOE) Contact information of authenticated, authorized system user compiled SOE Materials included in SOE

Workflow Activity	Information Captured
Document sending of SOE to parties to appeal	<ul style="list-style-type: none"> ■ Date/time of SOE sent to parties to appeal ■ Contact information of authenticated, authorized system user who sent SOE to parties to appeal ■ Contact information of parties to appeal used to send SOE
Initiate and document Agency Review Conference	<ul style="list-style-type: none"> ■ Date/time of documentation of Agency Review Conference ■ Contact information of authenticated, authorized system user who documented Agency Review Conference
Create and send Agency Review Conference Letter	<ul style="list-style-type: none"> ■ Date/time Agency Review Conference Letter sent ■ Contact information of authenticated, authorized system user (i.e., DDSD Fair Hearings Bureau staff) who sent letter ■ Contact information of letter recipient(s)
Determine and document appropriate action taken per Agency Review Conference	<ul style="list-style-type: none"> ■ Date/time of documentation of actions taken per Agency Review Committee ■ Contact information of authenticated, authorized system user who documented actions taken per Agency Review Conference
Close Fair Hearings appeal case	<ul style="list-style-type: none"> ■ Date/time of Fair Hearings appeal case status update ■ Contact information of authenticated, authorized system user who updated Fair Hearings appeal case ■ Fair Hearings appeal case status update (closed)
Document Fair Hearing outcome	<ul style="list-style-type: none"> ■ Date/time of documentation of Fair Hearings outcome ■ Contact information of authenticated, authorized system user who documented Fair Hearing outcome ■ Notes related to Fair Hearing outcome
Take and document appropriate action per Fair Hearings outcome	<ul style="list-style-type: none"> ■ Date/time of documentation of actions taken per Fair Hearings outcome ■ Contact information of authenticated, authorized system user who documented actions taken per Fair Hearings outcome

4.6.11 BP37: Secure Communications Management

4.6.11.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Any system user, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Individuals <input type="checkbox"/> Providers <input type="checkbox"/> DDSD staff <input type="checkbox"/> DHI staff <input type="checkbox"/> HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Securely communicate with other users in the system
Inputs	<ul style="list-style-type: none"> ■ Individual record ■ Provider record
Outcomes	<ul style="list-style-type: none"> ■ Communication recipient receives communication
Interfaces	<ul style="list-style-type: none"> ■ N/A
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for system users to securely communicate ■ Provide ability for communications to be associated with individual or provider record ■ Provide ability for senders to attach files to secure message ■ Record date/time when message sent ■ Record date/time when message viewed

4.6.11.2 Business Process Workflow

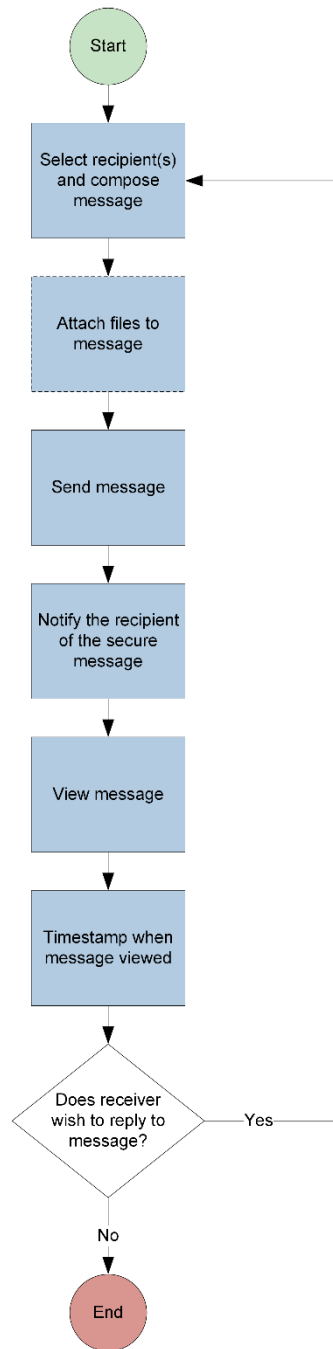


Figure 49: WF37: Secure Communications Management

4.6.11.3 Business Process Narrative

Workflow Activity	Information Captured
Select recipient(s) and compose message	<ul style="list-style-type: none"> ■ Recipient(s) contact information ■ Secure message content
Attach files to message	<ul style="list-style-type: none"> ■ Files related to message

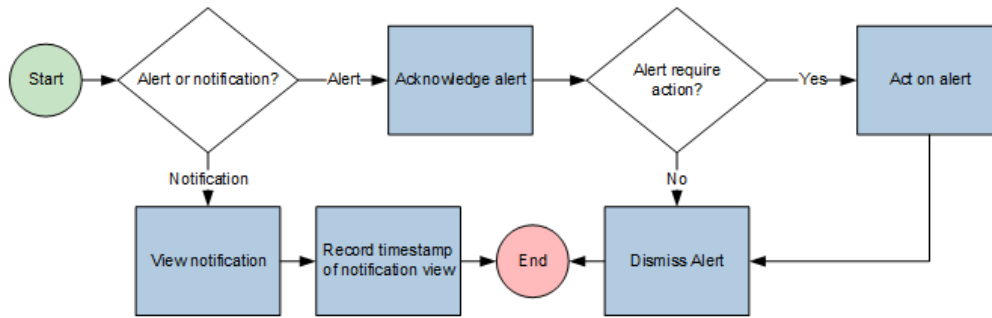
Workflow Activity	Information Captured
Send message	<ul style="list-style-type: none">■ Date/time message sent■ Sender contact information
Notify the recipient of the secure message	<ul style="list-style-type: none">■ Date/time of notification■ Recipient contact information per message/notification
View message	<ul style="list-style-type: none">■ Date/time message viewed■ Recipient content information who viewed message

4.6.12 BP38: Alerts & Notifications Management

4.6.12.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ Any system user, including, but not limited to: <ul style="list-style-type: none"> □ Individuals □ Providers □ DDSD staff □ DHI staff □ HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Alert or notification provided to system user, per: <ul style="list-style-type: none"> □ Automated action (e.g., Person-Centered Plan expiration date generates alert to case manager to review) □ Manual action (e.g., DDSD Incident Form has been submitted and requires DHI staff review) <p>NOTE: For the purposes of this document, DDSD uses the following definition:</p> <ul style="list-style-type: none"> ■ Alert – Information displayed to user with high priority. Requires the user to acknowledge, and possibly take action before continued use of system/tool. Examples: pop-up windows, dialogue boxes, etc. ■ Notification – Information displayed to user in regular notification area/location in system or on screen. Usually of lower priority than alert, and contains more information than alert. Examples: Banners, badges, icons, etc.
Inputs	<ul style="list-style-type: none"> ■ Inputs may include many internal, external automated events or manual events
Outcomes	<ul style="list-style-type: none"> ■ System user notified/alerted
Interfaces	<ul style="list-style-type: none"> ■ N/A
Functional Requirements	<ul style="list-style-type: none"> ■ Generate alerts or notifications to system users, per automated events (defined by DDSD business rules) or system user actions ■ Record date/time of alert or notification acknowledgement/view ■ Require user to take action on alert, as applicable, per DDSD business rules

4.6.12.2 Business Process Workflow



For RFP term definition:

- Alert – Information displayed to user with high priority. Requires the user to acknowledge, and possibly take action before continued use of system/tool. Examples: pop-up windows, dialog boxes, etc.
- Notification – Information displayed in regular notification area/location in system or on screen. Usually of lower priority than alert, and contains more information than alert. Examples: Banners, badges, icons, etc.

Figure 50: WF38: Alerts & Notifications Management

4.6.12.3 Business Process Narrative

Workflow Activity	Information Captured
Acknowledge alert	<ul style="list-style-type: none"> ■ Date/time alert acknowledged ■ System user who acknowledged alert
Act on alert	<ul style="list-style-type: none"> ■ Date/time of action related to alert ■ System user who completed action
Dismiss Alert	<ul style="list-style-type: none"> ■ Date/time alert dismissed ■ System user who dismissed alert
View notification	<ul style="list-style-type: none"> ■ Date/time notification viewed ■ System user who viewed notification

4.6.13 BP39: Standard and Parameter-Based Reports Management

4.6.13.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ System users with appropriate access to view reports, including but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Individuals <input type="checkbox"/> Providers <input type="checkbox"/> DDSD staff <input type="checkbox"/> DHI staff <input type="checkbox"/> HSD staff
Goal/Objectives	<ul style="list-style-type: none"> ■ Run a standard or parameter-based report
Inputs	<ul style="list-style-type: none"> ■ Individual, provider or program information related to report
Outcomes	<ul style="list-style-type: none"> ■ System generates report ■ For a list of example reports, see <i>Standard Reports in the Procurement Library</i>
Interfaces	<ul style="list-style-type: none"> ■ N/A
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD to define, save and publish standard and parameter-driven reports ■ Provide ability for DDSD to specify users able to view reports, based on access and authorization controls, per DDSD business rules ■ Provide ability for system users to run and view reports ■ Provide ability for system users to select and apply report-specific filters, as applicable ■ Provide ability for system users to export reports into appropriate formats, including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> .xls <input type="checkbox"/> .csv <input type="checkbox"/> .pdf

4.6.13.2 Business Process Workflow

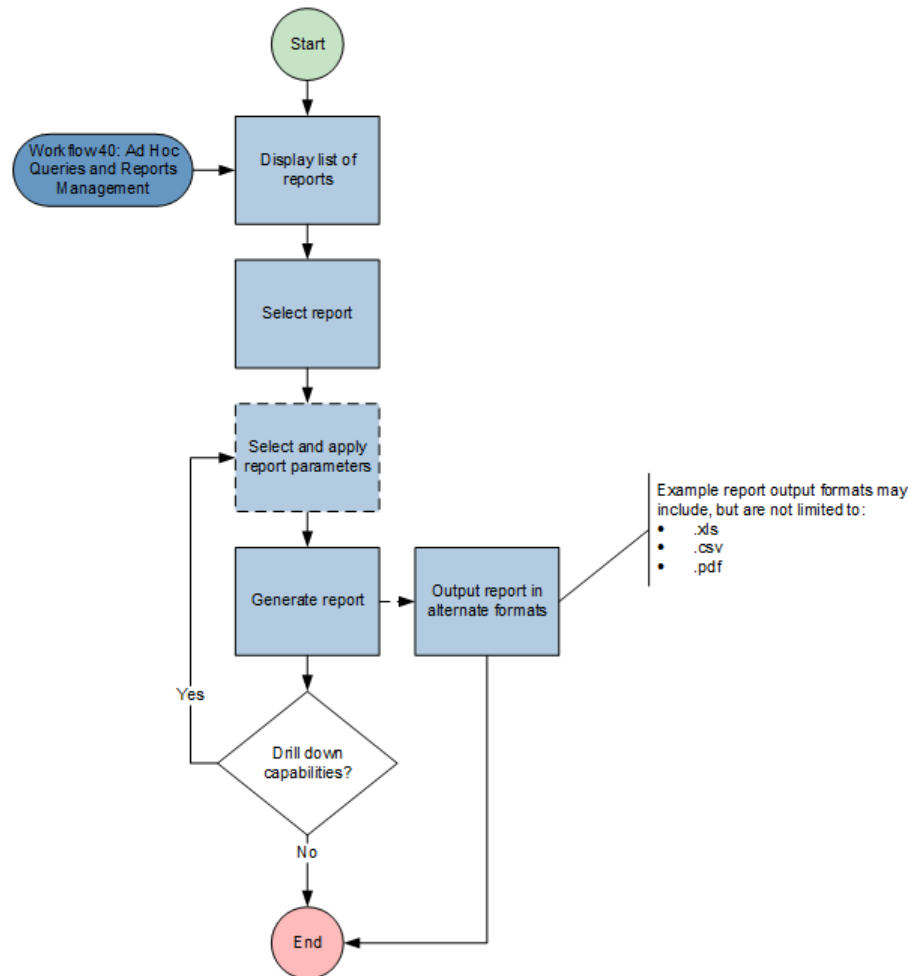


Figure 51: WF39: Standard and Parameter-Based Reports Management

4.6.13.3 Business Process Narrative

Workflow Activity	Information Captured
Display list of reports	<ul style="list-style-type: none"> ■ System user information (used to filter available reports)
Select report	<ul style="list-style-type: none"> ■ Date/time report selected ■ Contact information of authenticated, authorized system user who selected report ■ Report selected
Select and apply report parameters	<ul style="list-style-type: none"> ■ Selected report-specific parameters
Generate report	<ul style="list-style-type: none"> ■ Date/time report generated ■ Contact information of authenticated, authorized system user who generated report
Output report in alternate formats	<ul style="list-style-type: none"> ■ Report format selection

4.6.14 BP40: Ad Hoc Queries and Reports Management

4.6.14.1 Business Process Overview

Actor(s)	<ul style="list-style-type: none"> ■ System users with appropriate access to create, save and publish queries or reports (e.g., DDSD Data Management Unit (DMU) staff)
Goal/Objectives	<ul style="list-style-type: none"> ■ Run an ad hoc query or report on system information ■ Save and publish report
Inputs	<ul style="list-style-type: none"> ■ Individual, provider or program information related to report
Outcomes	<ul style="list-style-type: none"> ■ System runs query or report ■ Report is saved and published
Interfaces	<ul style="list-style-type: none"> ■ N/A
Functional Requirements	<ul style="list-style-type: none"> ■ Provide ability for DDSD staff, with appropriate access rights, to run ad hoc queries ■ Provide ability for DDSD staff, with appropriate access rights, to save reports ■ Provide ability for DDSD staff, with appropriate access rights, to publish reports ■ Provide ability for DDSD staff, with appropriate access rights, to specify system user(s) or user group(s) that may access and run the published report

4.6.14.2 Business Process Workflow

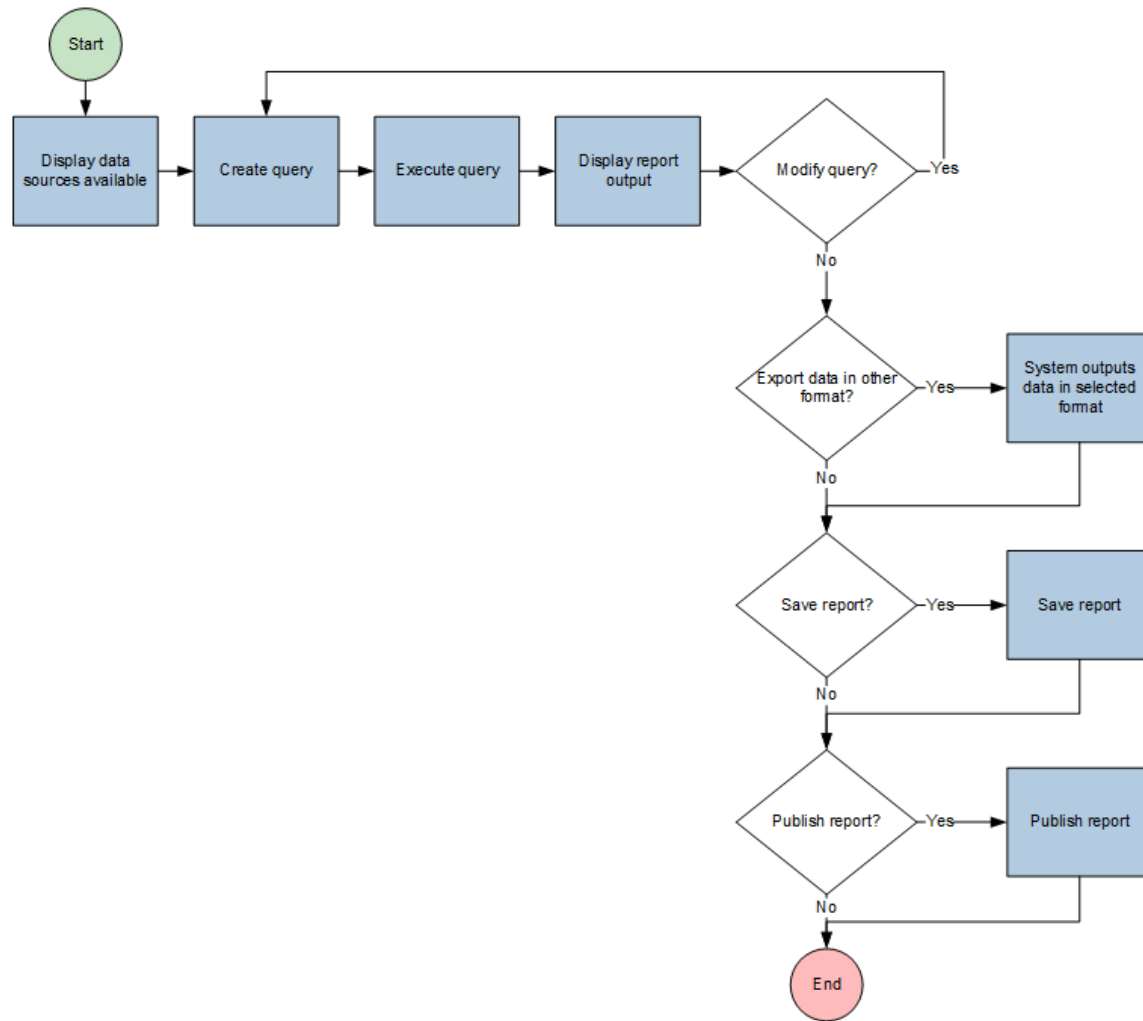


Figure 52: WF40: Ad Hoc Queries and Reports Management

4.6.14.3 Business Process Narrative

Workflow Activity	Information Captured
Display data sources available	<ul style="list-style-type: none"> ■ N/A
Create query	<ul style="list-style-type: none"> ■ Query information
Execute query	<ul style="list-style-type: none"> ■ Date/time of query execution ■ Contact information of authenticated, authorized system user who executed query
Display report output	<ul style="list-style-type: none"> ■ N/A
System outputs data in selected format	<ul style="list-style-type: none"> ■ Selected data format
Save report	<ul style="list-style-type: none"> ■ Date/time of report save ■ Contact information of authenticated, authorized system user who saved report

Workflow Activity	Information Captured
Publish report	<ul style="list-style-type: none"> ■ Date/time of report publishing ■ Contact information of authenticated, authorized system user who published report ■ System user(s) or user groups who can run report

Appendix A: Glossary of Terms

Acronym	Term	Definition
ANE	Abuse, Neglect or Exploitation	Incident involving an individual in an HCBS Waiver program that may relate to abuse, neglect, or exploitation of a consumer, including suspicious injuries, or for reporting any death.
ARC	Agency Review Conference	Official meeting between DDSD’s Fair Hearings Bureau and an appellant who has filed an appeal regarding HCBS, FIT, SGF or PASRR programs. The purpose of the ARC is to attempt to resolve the issue in place of a Fair Hearing.
ALTSD	Aging and Long Term Supports Division	The New Mexico Aging and Long-Term Services Department (ALTSD) provides accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.
	Alert	Information displayed to user with high priority. Requires the user to acknowledge, and possibly take action before continued use of system/tool. Examples: pop-up windows, dialogue boxes, etc
	Allocation	Funding for a given individual in an HCBS Waiver program
ARA	Annual Resource Allotment	A service category for individuals less than eighteen (18) years old with a corresponding funding limit that is based on the child’s age and level of care.
	ASPEN	New Mexico’s Medicaid Integrated Eligibility system.
ARM	Aspiration Risk Management	The process that interdisciplinary circle of support team uses to identify and manage aspiration risk for adults, age twenty one (21) and older, served by the Developmental Disabilities Waiver (DDW).
	Assistive Technology	A device and/or materials used to fabricate a custom item intended to support the individual’s communication, environmental access/control, or mobility to compensate for their disability in completing functional activities safely.
ROI	Authorization for the Release of Information	Consent form authorizing a provider, school or other entity, who has information on an individual applying for HCBS Waiver, FIT or SGF programs, release information on the individual to DDSD.

Acronym	Term	Definition
AAB	Authorized Annual Budget	The Authorized Annual Budget (AAB) is the amount of the annual budget approved for a participant by the Third Party Assessor (TPA). Participants work with their consultant to develop an annual budget request, which is submitted to the TPA for review and approval. The total amount approved by the TPA is the AAB.
BCIP	Behavior Crisis Intervention Plan	A written document deemed necessary by the individual's COS team when an individual's behavior has escalated to severity levels that pose a great risk of harm to the individual or others. The recommended interventions necessary to manage such episodes must exceed the strategies of the Positive Behavioral Supports Plan (PBSP). Any use of emergency physical restraint, shadowing an individual who is endangering him or herself by leaving supervision, calling emergency services or law enforcement for a behavioral crisis, must only be recommended within a Behavior Crisis Intervention Plan (BCIP) and are prohibited from appearing as a recommendation within a PBSP.
BSCPAR	Behavior Supports Consultation Prior Authorization Request	Form for HCBS Waiver participant to complete, with assistance of Case Manager or Behavior Support Consultant, to authorize behavioral support services.
	Case Manager	Professional designated to coordinate and monitor the person-centered plan for persons receiving DD Waiver program services.
COE	Category of Eligibility	The COE is assigned to clients based on the program under which they have been qualified for Medicaid eligibility. The COE can determine the level of Medicaid benefits for which the client is eligible
CYFD	Children, Youth and Families Department	The New Mexico Children, Youth and Families Department provides an array of prevention, intervention, rehabilitative and after-care services to New Mexico children and their families
COS	Circle of Support	For FIT program, team of family, friends and professionals supporting an infant/toddler in the FIT program.
CMP	Civil Monetary Penalty	Sanction of a DDSD Contractor or Provider for failure to comply with the Standards, Policies, Regulations, or DDSD Directive.
CDMS	Client Data Management System	DDSD project to design, develop and implement a system for tracking individuals and providers in HCBS Waiver, FIT, SGF or PASRR programs.
CIA	Client Individual Assessment	Assessment form used for clinical determination of individual's eligibility for Medicaid program.
CIU	Client Information Update	MAD form (MAD 054) for updating Medicaid client information.
CPB	Community Programs Bureau	DDSD bureau responsible for administering community programs under HCBS Waiver programs

Acronym	Term	Definition
CARMP	Comprehensive Aspiration Risk Management Plan	An interdisciplinary health care plan and approaches regarding how best to support an individual at risk for aspiration as safely as possible. The CARMP provides direction regarding daily routines that includes but is not limited to eating, bathing/hygiene, rest/leisure, and community outings. The CARMP includes clear instructions regarding reporting individual specific signs and symptoms of aspiration related issues or illness, use of adaptive equipment, proper positioning, assisted eating/feeding techniques, nutritional needs, oral hygiene, medication delivery and relevant behavioral supports. Several different disciplines may be responsible for developing and training and monitoring each element of the CARMP. The CARMP replaces any prior aspiration plans and these plans must be removed from the individual's chart/file and replaced with the current CARMP.
	Consultant	Provides consultant and support guide services to Mi Via participants that assist the participant (or the participant's family, personal representative or the authorized representative, as appropriate) in arranging for, directing and managing Mi Via services and supports as well as developing, implementing and monitoring the SSP and AAB. Individual consultants work for State approved Consultant Provider Agencies.
CAC	Consultant Agency Change	Form for Mi Via Waiver participants to change consultant agency.
COB	Continuation of Benefits	Continuance of a Medicaid client's benefits, while a client's appeal is pending.
	Contract Management	A continuous process that starts with the analysis and evaluation of the program and continues throughout the life of the contract/Provider Agreement. It includes implementation, monitoring and compliance with the terms and conditions as specified in the Provider Agreement and compliance with regulations, policies, procedures and service standards. Provider Agreement compliance further includes compliance with the terms and conditions of the agreement, as well as documenting and agreeing on any changes that may take place during its implementation or execution.
CPA	Corrective and Preventative Action Plan	
DD Waiver	Developmental Disability Waiver	The Developmental Disabilities Waiver (DDW) is an HCBS Waiver program designed to provide services and supports that assist eligible children and adults with Intellectual and Developmental Disabilities (IDD) under the Title XIX Home and Community Based Services Act of 1981. This act made an exception to or "waived" traditional Medicaid requirements by making Medicaid funds available for home and community based services as an alternative to institutional care.

Acronym	Term	Definition
DOH	Department of Health	A department of New Mexico state government focused on health policy, public health issues and disease prevention. The DOH funds the Children's Medical Services (CMS) program. The DOH is also responsible for administration the Home and Community Based (HCBS) Waiver program, except for the Disabled and Elderly program, which is administered by the Aging and Long Term Services Department (ALTSD).
T&R	Department of Taxation and Revenue	The Taxation and Revenue Department, charged with the task of collecting tax dollars and distributing them according to state law, answers to the Governor as part of the executive branch of state government. It administers taxation, revenue and motor vehicle laws passed by the Legislature and signed by the Governor. The Department's chief executive officer is the Secretary of Taxation and Revenue, a cabinet-level position.
DDSD	Developmental Disabilities Supports Division	The Developmental Disabilities Supports Division (DDSD) oversees three HCBS Medicaid Waiver programs. These include the Developmental Disabilities Waiver (Traditional Waiver), the Medically Fragile Waiver (Traditional Waiver), and the Mi Via Self-Directed Waiver. DDSD administers the Family Infant Toddler (FIT) Program, in accordance with the Federal Individuals with Disabilities Education Act (IDEA), for children birth to three years old with or at risk for developmental delay or disability. DDSD also provides several State General Funded (SGF) Services.
DCA	Direct Corrective Action	
DHI	Division for Health Improvement	Division of the Department of Health charged with ensuring compliance by DDSD Providers with Standards and Regulations.
eCHAT	Electronic Comprehensive Health Assessment Tool	This tool must be completed for each adult receiving Living Supports through the Developmental Disabilities Waiver (DDW) and must be updated at least annually, upon hospital discharge, and upon significant change of condition. This tool may also be used for adults on the DDW who are not receiving Living Supports, but who wish to obtain this assessment in order to assist their team to plan appropriate health supports. This tool produces a medical acuity score of low, moderate, or high and indicates required areas for Healthcare Plans and medical emergency response plans.
	Fair Hearing	A process that provides for an impartial review of Human Services Department (HSD) actions that affect public assistance program applicants, recipients, and providers.
FSC	Family Services Coordinator	Professional responsible for supporting families of infants & toddler's in DDSD's FIT program.

Acronym	Term	Definition
FIT	Family, Infants and Toddlers	The Family Infant Toddler (FIT) program provides a statewide system of early intervention in accordance with the Individuals with Disabilities Education Act (IDEA) Part C. The FIT Program provides early intervention services to over 14,000 children age birth to three who have or who are at risk for developmental delay, and their families.
FOCoS	FOCo <i>Sonline</i>	The Mi Via Plan of Care on-line system used by the Mi Via FMA for receiving and processing payments. FOCO <i>Sonline</i> is also used by participants and consultants to develop and submit SSP/budget requests for TPA review and to monitor spending throughout the SSP/budget year.
GER	General Events Reporting	Reporting of events involving an individual in an HCBS Waiver program. Events may include: <ul style="list-style-type: none"> ■ Emergency Room/Urgent Care/Emergency Medical Services ■ Falls Without Injury ■ Injury (including Falls, Choking, Skin Breakdown and infection) ■ Law Enforcement Use ■ Medication Errors ■ Medication Documentation Errors ■ Missing Person/Elopement ■ Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission ■ PRN Psychotropic Medication ■ Restraint Related to Behavior ■ Suicide Attempt or Threat
HHS	Health and Human Services	New Mexico State departments responsible for protecting the health of all Ne Mexicans, and providing essential human services.
H&P	History and Physical	Form used to document an HCBS Waiver applicant's medical history and current state.
HCBS	Home and Community Based Services	Medicaid program that provides alternatives to long-term care services in institutional settings. The federal government waives certain statutory requirements of the Social Security Act to allow states to provide an array of community based options through HCBS waiver programs..

Acronym	Term	Definition
HSD	Human Services Department	<p>The NM Human Services Department (HSD) manages a budget of approximately \$7 billion dollars* of state and federal funds and administers services to more than 800,000 low-income New Mexicans through programs such as:</p> <ul style="list-style-type: none"> ■ Behavioral Health Services (mental illness, substance abuse and compulsive gambling) ■ Child Support Establishment and Enforcement ■ Community Services Block Grant (CSBG) ■ General Assistance for low-income individuals with disabilities ■ Low-Income Home Energy Assistance Program (LIHEAP) ■ Meals for Homeless People ■ Medicaid and Children’s Health Insurance Program (CHIP) ■ Refugee Resettlement Program (RRS) ■ School Commodity Foods Program ■ SNAP Education Program (SNAP-Ed) ■ Supplemental Nutrition Assistance Program (SNAP) ■ Temporary Assistance for Needy Families (TANF) ■ The Emergency Food Assistance Program (TEFAP) ■ The programs are administered through four Program Divisions: <ul style="list-style-type: none"> ■ Medical Assistance Division (MAD) ■ Income Support Division (ISD) ■ Child Support Enforcement Division (CSED) ■ Behavioral Health Services Division (BHSD)
IASP	Immediate Action and Safety Plan	
IMB	Incident Management Bureau	The bureau within Department of Health Division of Health Improvement that reviews reported incidents to make determinations regarding abuse, neglect and exploitation.
ISD	Income Supports Division	Part of the New Mexico Human Services Department (HSD), ISD makes Medicaid eligibility decisions for most Medicaid clients.
	Individual	A person with intellectual/developmental disabilities who is receiving supports and services for individuals with intellectual/developmental disabilities developmental disabilities by a service provider certified by, or funded in whole or in part with state funds administered by the department through contracts or agreements.
IBA	Individual Budgetary Amount	The maximum amount of funding for each participant is determined by the individual’s assessed LOC and age. This amount of funding will allow the participant to develop a plan to meet functional, medical and habilitative assessed need(s) in order to enable the participant to remain in his or her community

Acronym	Term	Definition
ICOS	Individual Circle of Support	For HCBS Waiver programs, a group of individuals including the person receiving services, their families and/or guardians, and a group of professionals, paraprofessionals and other support persons, who are responsible for the development and/or implementation of the individual's person-centered plan. <i>Also referred to as Interdisciplinary Team (IDT)</i>
ISP	Individual Services Plan	Person-centered plan for DD Waiver participants.
IST	Individual Specific Training	Training materials unique to a given individual, per a given person-centered plan.
IFSP	Individualized Family Services Plan	Person-centered plan for families participating in the FIT program.
IRF	Informal Reconsideration of Findings	
IEB	Intake and Eligibility Bureau	DDSD bureau responsible for managing the registration, application and enrollment process for HCBS Waiver programs.
IDD	Intellectual Disability/ Developmental Disability	
ICF/IID	Intermediate Care Facility/ Individuals with Intellectual Disabilities	The ICF/IID benefit is an optional Medicaid benefit. The Social Security Act created this benefit to fund "institutions" (4 or more beds) for individuals with intellectual disabilities, and specifies that these institutions must provide "active treatment," as defined by the Secretary. Currently, all 50 States have at least one ICF/IID facility. This program serves over 100,000 individuals with intellectual disabilities and other related conditions. Most have other disabilities as well as intellectual disabilities. Many of the individuals are non-ambulatory, have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination of the above. All must qualify for Medicaid assistance financially. In NM specifically, ICF/IID facilities are licensed and certified by DOH to provide room and board, continuous active treatment and other services for eligible Medicaid recipients with a primary diagnosis of intellectual disability.
IRC	Internal Review Committee	A committee comprised of voting members from DDSD, DHI and HSD. The purpose of the committee is to review performance issues identified by any bureau or responsible party within DDSD, DHI or HSD, and to apply sanctions, if necessary, to ensure compliance.
	Jackson Class Member	Individuals who formerly resided at either Los Lunas Hospital & Training School and/or Fort Stanton Hospital & Training School who are named by the court as part of the Jackson Class Lawsuit
	Legal Guardian	The parent of an individual with an intellectual or developmental disabilities, if the individual is a minor or a legal guardian appointed or recognized pursuant to the Uniform Probate Code, Section 45-5-101, et seq. NMSA 1978 (1993 Repl .).

Acronym	Term	Definition
LOC	Level of Care	Level of Care criteria for Intermediate Care Facility (ICF-MR), to determine eligibility for HCBS Waiver programs
LTCAA	Long Term Care Medical Assessment Abstract	The Long Term Care Medical Assessment form (MAD 378 or "Abstract") is used in the Medicaid program to assess and issue prior authorizations (PA) for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFIID) Level of Care (LOC). Medical providers (physician, nurse practitioner or physician assistant) use this form to record a patient's medical diagnosis, medications, and assessment factors for daily activities.
	Master Client Index	An enterprise Master Client Index is a database with associated access tools that is used across the enterprise to maintain a consistent and uniform set of identifiers and attributes that describe the "client" entity instances of the enterprise in order for them to be used across multiple business processes.
	Master Provider Index	An enterprise Master Provider Index is a database with associated access tools that is used across the enterprise to maintain a consistent and uniform set of identifiers and attributes that describe the "provider" entity instances of the enterprise in order for them to be used across multiple business processes
MMIS	Medicaid Management Information System	The MMIS is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives. For Title XIX purposes, "systems mechanization" and "mechanized claims processing and information retrieval systems" is identified in section 1903(a)(3) of the Act and defined in regulation at 42 CFR 433.111. The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.
MMIS-R	Medicaid Management Information System Replacement Project	Current NM HSD project to replace the State's MMIS system.
MAD	Medical Assistance Division	Part of the New Mexico Human Services Department (HSD), MAD is New Mexico's Medicaid agency; MAD administers the New Mexico Medicaid program.
MERP	Medical Emergency Response Plan	A document developed by the agency nurse or other health professional identified by the individuals COS team, that provides guidance to staff when an individual has a chronic condition or illness that has the potential to exacerbate into a life threatening situation. Each Medical Emergency Response Plan (MERP) addresses a single condition/illness.

Acronym	Term	Definition
MF Waiver	Medically Fragile Waiver	The Medically Fragile Waiver (MF Waiver) serves individuals who have been diagnosed with a medically fragile condition before reaching age 22, and who have a developmental disability or delay, or who are at risk for developmental delay. A medically fragile condition is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary. Services provided through the MF Waiver are case management, home health care, respite care, private duty nursing, physical, occupational and speech therapies, behavior support consultation, nutritional counseling and specialized medical equipment and supplies. The New Mexico Department of Health, Developmental Disability Services Division (DOH/DDSD) administers the MF Waiver.
MATT	Medication Administration Assessment Tool	Medication Administration Assessment Tool (MATT), a tool issued by Developmental Disabilities Supports Division and conducted by the agency nurse to assist the team to determine the level of support an individual needs in order to safely take their medication
MAR	Medication Administration Record	The legal document used to record when a person takes medication, refuses to take medication, misses a dose of medication, etc. The Medication Administration Record (MAR) includes, but is not limited to, the following: month, year, the person's name, the person's date of birth, name of person's primary care practitioner, name(s) of medication, prescribed purpose(s) of the medication, and name(s) of staff providing medication support to the individual. Refer to New Mexico Administrative Code (NMAC) 16.19.11 for specific requirements regarding documentation on the MAR.

Acronym	Term	Definition
	Mi Via Waiver	<p>Mi Via, which means "my path," "my way," or "my road" in Spanish, is the State of New Mexico's self-directed waiver program. The goal of Mi Via is to provide a community-based alternative that facilitates greater participant choice and control over the types of services and supports they receive. The services are purchased with an agreed budgetary amount, and consultants help participants navigate throughout the Mi Via processes. Consultants provide assistance and guidance with eligibility, SSP pre-planning, SSP development and implementation.</p> <p>The goal of Mi Via is to provide a community-based alternative that, 1) facilitates greater participant choice and control over the types of services and supports that are purchased within an agreed upon budgetary amount; and 2) enables the State to serve the most people possible within available resources. Mi Via will be administered through a partnership between Department of Health and Human Services Department.</p> <p>In 2014, the Centers for Medicare and Medicaid Services (CMS) published Final Rule 2249-F/2296-F which made changes to the 1915 (c) Home and Community Based Services (HCBS) waiver program, including a requirement for states to submit HCBS waiver settings transition plans</p>
MRC	Mortality Review Committee	DOH committee responsible for investigating the circumstances of the death of an individual participating in an HCBS Waiver program, and determining the appropriate follow-up actions required per the death, when appropriate.
	Notification	Information displayed to user in regular notification area/location in system or on screen. Usually of lower priority than alert, and contains more information than alert. Examples: Banners, badges, icons, etc.
	Omnicaid	New Mexico's Medicaid Management Information System (MMIS). Omnicaid maintains provider and client eligibility information; processes and adjudicates claims; and issues RAs and payments
PIP	(Direct) Performance Improvement Plan	A written document developed by the DDSD Regional Office that identifies specific program or program area deficiencies by the provider that need corrective action in compliance with policy, standard, or regulations. At a minimum, the directed plan must address the area(s) of concern, cite the applicable policy, standard, or regulation, identify the required actions or evidence to correct the deficiency, and establish documentation and timelines for completion.

Acronym	Term	Definition
PCP	Person-Centered Plan	<p>A treatment plan for an eligible recipient that includes the eligible recipient’s needs, functional level, intermediate and long range goals, statement for achieving goals and specifies responsibilities for the care needs. The plan determines the services allocated to the eligible recipient within program allowances.</p> <p><i>Also referred to as:</i></p> <ul style="list-style-type: none"> ■ <i>Individual Services Plan (DD Waiver, Medically Fragile Waiver)</i> ■ <i>Service and Support Plan (Mi Via Waiver)</i> ■ <i>Individualized Family Support Plan (FIT program)</i>
POC	Plan of Correction	
PBSA	Positive Behavior Supports Assessment	<p>The process by which an authorized Medicaid Developmental Disabilities Waiver (DDW) Behavior Support Consultant evaluates contributing factors to an individual’s challenging behaviors and prepares a written report of these findings. The Positive Behavior Supports Assessment (PBSA) provides the essential analysis upon which behavioral interventions are based. The findings are a result of observation and/or interview with the individual and family and other team members, and a functional assessment of behaviors. The PBSA contains detailed information on the individual’s current life circumstances and life skills, describes current behavioral challenges, and identifies factors that contribute to the pursuit of meaningful relationships, community integration, and skill development.</p>
PBSP	Positive Behavior Supports Plan	<p>A document written by an authorized Medicaid Developmental Disabilities Waiver (DDW) Behavior Support Consultant that details the strategies and interventions to be used in interacting with the individual on a daily basis in all relevant life settings. The PBSP contains details of prevention and intervention strategies, substitute skill development, teaching strategies, and desired long-term changes affecting quality of life. The PBSP describes monitoring and data collection procedures enabling evaluation of client progress and plan effectiveness.</p>

Acronym	Term	Definition
PASRR	Pre-Admission Screening and Residential Review	<p>Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness (SMI) and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings); and 3) receive the services they need in those settings.</p> <p>The PASRR process requires that all applicants to Medicaid-certified Nursing Facilities be given a preliminary assessment to determine whether they might have SMI or (ID). This is called a "Level I screen." Those individuals who test positive at Level I are then evaluated in depth, called "Level II" PASRR. The results of this evaluation result in a determination of need, determination of appropriate setting, and a set of recommendations for services to inform the individual's plan of care.</p> <p>Regulations governing PASRR are found in the Code of Federal Regulations, primarily at 42 CFR 483.100-138.</p>
PRS	Preliminary Risk Screening	A consultative interview of an individual who has a recent incident or history of engaging in sexually inappropriate and/or offending behavior. The screening is used to identify and assess risk factors for re-offending behaviors, to determine whether further assessment is warranted and to identify educational and risk management strategies.
PFOC	Primary Freedom of Choice	Means that an individual or the legal guardian applying for waiver services is assured the opportunity to choose his/her own case management agency.
	Provider	A private entity that has entered into a contract or Provider Agency Agreement with the Department of Health (DOH) or that is certified by the DOH for the purpose of providing supports and services to individuals with developmental disabilities. The Provider Agency may be a corporation, or sole proprietor, or other legal business entity.
QMB	Quality Management Bureau	The bureau with Department of Health (DOH), Division of Health Improvement (DHI) that reviews providers to ensure compliance with DDSD Standards, Policies and Regulations.
RFI	Request for Information	Form for TPA to request more information from an individual while reviewing the individual's person-centered plan or budget.
RORA	Request for Regional Assistance	Form to be utilized by Providers, Individuals, Guardians and Natural Supports to request DDSD Technical Assistance to resolve issues surrounding individuals in DDSD funded services; or to notify the regional offices of out of home placements of individuals served through the DD Waiver.
RMP	Risk Management Plan	A supplement to the Positive Behavioral Support Plan (PBSP) that describes a supportive set of interventions designed to increase manageability of risk and based on the outcomes of a preliminary risk screening.

Acronym	Term	Definition
SFOC	Secondary Freedom of Choice	Ability for an individual or the legal guardian's to choose an authorized service provider as long as the particular service has been approved in the person-centered plan. The decision to change providers can be made by the individual or his/her legal guardian.
	Self-Imposed Moratorium	When a provider agency, with the approval of DDSD Regional Office(s) and the DDSD Director (or his/her designee), requests and receives a freeze on the requirement to accept all new individuals into a specified service for a specified period of time, in a specified DDSD region and/or in specified counties.
SSP	Service and Supports Plan	Participant plan that includes, but is not limited to: waiver services of the participant's choice; the projected amount, frequency and duration of services and goods; the type of provider who will furnish each service or good; other services and goods to be used by the participant (regardless of funding source, including State Plan services); and the participant's available natural and informal supports that will complement waiver services in meeting the needs of the participant.
SGF	State General Funds	
SOE	Summary of Evidence	Packet of evidence related to a specific appeal, created by DDSD per the Fair Hearing for the appeal.
TSS	Teaching and Support Strategies	Strategies to achieve the stated outcomes for an individual.
TA	Technical Assistance	The process by which DDSD interprets Standards, Policies and Regulations in order to provide guidance and support to DDSD providers in the support of individuals in DDSD funded services
TSPAR	Therapy Supports Consultation Prior Authorization Request	DDSD form to request prior authorization for on-going therapy services.
TPA	Third Party Assessor	The Third Party Assessor is the utilization review (UR) agent of Human Services Division (HSD) who may perform such functions as authorizing budgets and Level of Care (LOC); a contract entity with the authority to determine medical necessity and approve person-centered plans. The contractor that determines and re-determines Level of Care (LOC) and medical eligibility as well as review and approval of person-centered plans and prior authorization and utilization management activities for the Developmental Disabilities (DD) Waiver Program.
UNM CDD	University of New Mexico Center for Developmental Disability	New Mexico's University Center for Excellence in Developmental Disabilities Education, Research and Service (previously known as a UAP). These centers are authorized by the Developmental Disabilities Assistance and Bill of Rights Act to build the capacities of states and communities to respond to the needs of individuals with developmental disabilities and their families.

Acronym	Term	Definition
UR	Utilization Review	Determination of medical necessity for services, and issuance of prior authorization for these services.
	Wait List	List of individuals who have been determined a “match” for HCBS Waiver programs, and who are awaiting an HCBS Waiver program allocation opening.
WCF	Waiver Change Form	Form for individual’s in a given HCBS Waiver program to transfer to another HCBS Waiver program.
WDSI	Written Direct Support Instructions	A document created by a therapist, describing procedures or strategies to be implemented by Direct Support Personnel (DSP) to support an individual with health, safety, increased participation, and independence. The authoring therapist must provide training to DSP responsible for implementation of Written Direct Support Instructions (WDSI).

