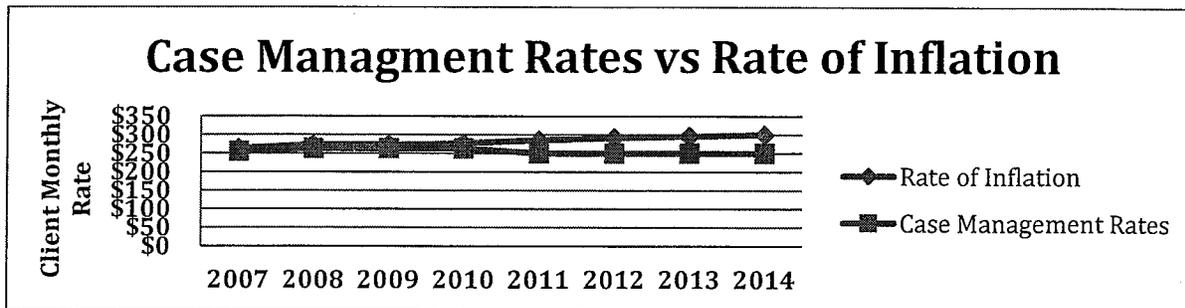


WHAT IS THE DDW? The DDW is a Medicaid waiver program available to adults and children who meet the eligibility criteria (financial and medical) for Intermediate Care Facility/Mental Retardation ICF/MR institutional placement in the State of New Mexico. The purpose of the DDW is to promote community living and cost effective delivery of home and community based services as an alternative to institutional care. The DDW began in 1984 under federal HCBS (home and community based services) Waiver authority which is administered by the Centers for Medicare and Medicaid Services (CMS). Waiver renewals are requested by DDH every 5 years and is in the process of application as we speak. The current approval expired 6/30/16 and a request for extension (to 9/30/16) from CMS has been submitted. The DD Waiver is run by the Department of Health Developmental Disabilities Supports Division (DDSD). The state has been divided into 5 regions and there is a regional office for every region: Metro, Northeast, Northwest, Southeast and Southwest. There are currently 4628 individuals on the DDW and 6688 on the waiting list for services (FY 2015). DDW providers strive to administer a system of person-centered community supports that promotes independence for individuals with developmental disabilities both in their home and in their communities. Services available through the DDW to adults include (but are not limited to) residential, work, day program/community integration, therapies (physical, speech, occupational and behavioral), nutritional counseling, nursing, personal care, respite, assistive and personal support technology, and case management. Waiver services are intended to enhance, not replace, existing natural supports and other available community resources.

WHAT IS A CASE MANAGER'S ROLE? Case managers are the hub of the DDW program. CMs create Individual Service Plans (ISPs) for program recipients and monitor implementation by service providers by visiting recipients face to face in their home or community. Medical and health needs are also monitored for completion and effectiveness. CMs create and modify budgets and submit to for approval to obtain prior authorization for service providers for compensation for services rendered. CM's are the conduit for communication between the recipient of services, individual team members, HSD, DDH/DDSD, families and other community members. A key role for CMs is team facilitation, both in service planning meetings, and between meetings. CMs advocate for individuals and assist in obtaining needed services either through the DDW or through generic services in the community. CMs also assist in renewal of program medical eligibility. CMs also often find themselves in the *other tasks as assigned* role. If it needs done- CMs do it. If a person on the team or from an outside entity has a question they are first referred to the CM. If there is an issue with programming/services/billing/HSD/SSI/etc. the CM is often tasked with identifying what the issue is and how it can be addressed. At times we attend medical appointments, legal proceedings, weddings, funerals and anything else that the people we support feel they need. Often times CM's find themselves responsible for training recipients/service providers on program changes as they occur. Case Management is the ONLY service required on the Developmental Disabilities Waiver- all others are accessed by request of the program recipient and obtained by CM submission for approval.

WHAT DO CASE MANAGERS WANT? CM's want fair compensation for their efforts. Each year as the DDW evolves, CM's are expected to immediately understand and implement changes, often as the "bugs" are being worked out. It's like expecting someone to change a wheel on a car while its being driven. Programmatic changes and expectations continue to increase while CM reimbursement has never recouped the 5% loss from 2007.



This chart shows how rates for case management have decreased in comparison with the rate of inflation.

July 2007 - \$263.06 vs Today - \$249.51 CM's should receive \$300.45/client/month given the inflation rate. CM's propose that some of this could be reallocated from the Supports Intensity Scale (SIS) project which has proven to be a costly and ineffective way to provide resource allocation and service planning. The implementation of the Outside Review Process (driven by the Waldrop settlement) for resource allocation leaves the SIS obsolete for this purpose. Implementation of the OR process has further increased expectations from CMs to obtain and submit service justification for review.

CM's want a voice in DDW program changes. Often program decisions are made at the state level without CM input. As well-intended as these decisions are, often they prove to be flawed when actually implemented, causing confusion, delay in services, and more expectation placed on the CMs to navigate the changes and to ensure minimal service interruption. CMs would like to have input to program changes before they happen, so they can give feedback related to realistic implementation of the decision. The DDW serves a wide variety of people. What works well for some may not work at all for others. CMs represent all individuals on the DDW and can provide insight into potential issues before they happen, instead of reactive "systems fixes" when things go awry. CMs also want training on changes before they go into effect and timely dissemination of changes in writing to supplement changes before being expected to carry them out.

CMs want professional interaction with Third Party Assessors (Qualis and the OR) by way of telephone calls or e-mails; a person on the other end that can provide meaningful information related to budget status, clarification on information requests, and timelines for review.

