

DATE: June 16, 2010

TO: DD Waiver Providers, Case Managers and Interested Parties

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FROM: Jennifer Thorne-Lehman, Deputy Director

## SUBJECT: ELECTRONIC COMPREHENSIVE HEALTH ASSESSMENT CONTRACT AWARD & IMPLEMENTATION

The Developmental Disabilities Support Division and Therap Services LLC are pleased and excited to announce the implementation of a new web-based Comprehensive Health Assessment and associated tools. These associated tools include additional assessments (e.g. our Medication Administration Assessment Tool (MAAT) and Aspiration Risk Screening), live drug database and Medication Administration Record (MAR), demographics and a health information tracking system (including a "Health Passport" based on the one developed by our Community Medical Issues Workgroup).

All of these features are provided through Therap Services' secure, HIPAA compliant web application. The Division and Therap are working together to revise/configure the Comprehensive Health Assessment to accurately collect and track ongoing and emerging health issues for people with developmental disabilities across the state. Therap will make the system easy to use and make sure data is shared with the people who need to know in a quick and secure manner.

Month	Tasks/Deliverables
June	Continue work on configuration
	• Send public announcement and begin to collect computer network information from providers
	Upload basic provider and consumer data from Omnicaid into Therap demographics application
July	Finalize configuration
	Conduct beta test
	Receive computer network information from providers
	Plan training
August/Sept	Conduct training statewide
October	Go live

We held a "kick off" meeting with Therap on June  $10^{th}$  and identified the following timelines:

Attached you will find a provider survey. All Community Living, Community Inclusion and Case Management Providers must complete this survey and return it **by end of business Wednesday July 21, 2010;** other provider types **do not** submit a survey as they will not be responsible for completing this new tool. Please submit survey via email to my Administrative Assistant <u>Clarice.Yi@state.nm.us</u> with cc: <u>beatrice.maynard@podassoc.com</u> or by fax at 505-222-6690. This will help us plan effective training and implementation.

We believe this will be a tremendous benefit to providers and the individuals served. Thank you for your assistance in this important initiative.

