



New Mexico Healthcare Financial Resource Handbook

*A Guide for Families and Individuals with
Disabilities and Special Healthcare Needs*





Parents Reaching Out

As a statewide non-profit organization, we connect with parents, caregivers, educators, and other professionals to promote healthy, positive, and caring experiences for New Mexico families and children. We have served New Mexico families for over 35 years. Our staff reflect the unique diversity of the communities throughout our state.

Children do not come with instructions on how to deal with the difficult circumstances that many families experience. Parents Reaching Out believes that families' needs go beyond the bounds of formal services. ***What we can offer to each other is uniquely ours. We have all been there.***

Our Mission

The mission of Parents Reaching Out is to enhance positive outcomes for families and children in New Mexico through informed decision making, advocacy, education, and resources. Parents Reaching Out provides the networking opportunities for families to connect with and support each other. This mission supports ***all families*** including those who have children with disabilities, and others who are disenfranchised. Parents Reaching Out achieves this by:

- ♦ Developing family leadership
- ♦ Connecting families to each other
- ♦ Building collaborative partnerships
- ♦ Providing families knowledge and tools to enhance their power

Our Beliefs

- ♦ Families need support wherever they are in their journey.
- ♦ All families care deeply about their children.
- ♦ Families may need tools and support to accomplish their dreams.
- ♦ All families are capable of making informed decisions that are right for their family.
- ♦ Families in the state benefit from our organization having the staff and materials that meet their diversity.
- ♦ Systems that listen carefully to the family perspective improve outcomes for our children.

We invite all families and those serving families and children in New Mexico to make ***Parents Reaching Out your one stop resource for a stronger family.*** Our publications, workshops, and Resource Center offer tools for informed decision-making and building partnerships in communities. Our trained staff and network of volunteers are here to serve you.

Parents Reaching Out is the home of:

NM Parent Training and Information Center (NMPTI)

NM Family to Family Health Information Center (NMFFHC)

Parents Reaching Out

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www.parentsreachingout.org

From I-25—take the Gibson Blvd Exit 222 and go East on Gibson. Turn right at Yale Blvd. Go two blocks to Airport Plaza on the right side (west side) of Yale Blvd. Park on the North side of the building, come in and the elevator will be on the left side of the hallway. Come up to the 2nd floor, go right out of the elevator and Parents Reaching Out is Suite 200. Welcome!



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Parents Reaching Out has made every attempt to ensure that the information contained in this publication is as timely and accurate as possible. All material is provided for informational and educational purposes. The organization expressly disclaims liability for errors and omissions in the contents contained within.

Tools to Navigate Medicaid DD Waiver Processes

For families and individuals with disabilities, the process of applying for the DD Waiver can seem so overwhelming that they hesitate to start the journey. We have developed this book to bring together accurate information and advice from families, advocates, case managers and agencies. The book provides a “road map” of sorts to families and individuals.

We invite families, advocates, self-advocates, school staff, social workers, and agency personnel to share this booklet with others who are navigating the world of the Medicaid Developmental Disabilities (DD) Waiver. Call Parents Reaching Out at 1-800-524-5176 or visit our web site at www.parentsreachingout.org for a copy of this book.

This book is the collaborative effort of many families who told us what they felt was really important information for someone just beginning their journey into the DD Waiver. Families also wanted to be able to pass along “hard earned” tips and hints from their own personal experiences. We have included these quotes and words of advice from parents and family members, in “Family Tip” boxes throughout this book. You may even find that these boxes contain some of the most valuable pieces in this book.

There were many family members, and professionals, including case managers, provider employees, and state employees who gave feedback on the accuracy and content of this book. We appreciate all the time they took to give us their ideas, suggestions, and edits.

This publication was produced with funds from a grant from the federal Maternal and Child Health Bureau and previous grants from the Center for Medicare and Medicaid Services (CMS). Views expressed do not necessarily represent their policy and should not be assumed to be an endorsement by these agencies.

Important Information to Remember

Appendix A and B give the contact information for local ISD offices and DDSD Regional offices.

My Income Support Division (ISD) Office Phone #: _____

Address: _____

Date on Waiver Registration Form: _____

My Developmental Disabilities Supports Division (DDSD) Regional Office:

Phone #: _____ Eligibility Worker Name: _____

Address: _____

Introduction

- Before 1981, families who had kids that were medically fragile or were disabled had little options for keeping their kids at home.
- Often, children were placed in institutions or lived their lives in hospitals because there were no home-based services or families could not afford the cost.
- In 1981 the federal government created something called a 1915 Medicaid Part C (Home and Community Based Waiver) under the Social Security Act.
- These waivers make Medicaid funds available for home and community-based services as an alternative to institutional care, under the condition that the cost of supporting the individual in the home or community may not be more than institutional care.
- It is easy to keep cost of care for kids in the community less because institutions are very expensive.
- For the first time in American history, the 1915(c) waivers made it more affordable and popular to keep kids home and that is a good thing.

Why should someone apply for the Developmental Disabilities (DD) Waiver Program? How will it help my child? My child is young—should I apply now or wait?

These questions are important to all parents of children with special needs. Even though disabilities may vary in severity or impact, the need to get services and supports now and plan for the future is critically important. This book works as a guide for families as they register and submit paperwork to apply for the DD Waiver.

It is vital for families to realize that just because you have a child with a disability does not mean that you are in this alone. Applying for the Waiver Program is not asking for a handout, it is getting your child the services they need while providing the support you and your family need. Your child may be young, and things may be going well, and you just do not feel like you need anything right now.

Please remember that things can change rapidly and getting on the Developmental Disabilities (DD) Waiver Program can take a very long time. As soon as your child is diagnosed, it is important to apply for the DD Waiver. It can provide respite help for families, medical and other services. Families who begin planning early have more time to overcome any barriers that arise.

Rules for waiver programs change frequently. Look to our website for any new information: www.parentsreachingout.org . Read and download a whole array of documents and fact sheets in our **Publications** section.

To talk to someone about the DD waiver, you may contact the state Developmental Disabilities Supports Division (DDSD) Regional Offices (see Appendix A).

You may also want to contact any of the following advocacy, information, and referral organizations in New Mexico:

Parents Reaching Out, Family to Family Health Information Center	1-800-524-5176
Center for Development and Disabilities Information Network	1-800-552-8195
The Arc of New Mexico	1-800-358-6493
Independent Living Center	1-800-260-5022
Disability Rights New Mexico	1-800-432-4682

From One Family Member to Another...

I started the process of getting my daughter on the DD Waiver almost eight years ago. I heard that it was where she and our family could get the services we needed. Even though the waiting list was long, and we knew that we would have to wait several years to get services, we decided to apply.

We were told that we had to go to the Income Support Division (ISD) office in our area to fill out all the forms. We were not sure that we wanted to go to the welfare office, but our early intervention person continued to encourage us. I was sure I was on my way. Little did I know that the forms would never make it into the system. About a year later, I called the Developmental Disabilities Supports Division office to check where my daughter was on the waiting list. It was then that I discovered they had no record of her application.

I was frustrated and not very happy at having to start all over again, but I went back to the ISD office. This time I took the forms home, filled them in and made copies before I took them back. I learned my first lesson about applying. Always get a copy of anything that you fill out. Your application form is dated and stamped when you turn it into the ISD office¹. I also learned that I needed to make sure that I ask for a dated receipt.

We waited six years to get on the Waiver. When our allocation letter came, we knew we were close. Our first meeting with the case manager was another lesson in what we had to do — have records organized and make sure to have current records from doctors, therapists, and educators. Luckily, I learned early on to keep track of all our many pieces of paper. Having good records can help things move along more quickly.

My daughter is on the Waiver now! Even though the wait was long, and at times we lost heart, it was worth it. The services have helped her to make progress, and our family to get stronger. It will be time for our daughter to leave home sooner than we would like to think but with the Waiver in place, we will not have to worry about what services she will receive. Most importantly, we can help to plan what she will need to live on her own and can be a part of helping her become as independent as possible.

Be patient. It is worth it.

Patty

¹ We ask families to call and submit all documents directly to the Developmental Disabilities Support Division (DDSD).

A Quick Look at DD Waiver and the Application Process

The following description of the DD Waiver is meant to serve as a brief summary of the waiver and the application process.

What is the Developmental Disabilities (DD) Waiver?

The Developmental Disabilities Home and Community-Based Medicaid Waiver is often referred to as the DD Waiver. The DD Waiver provides specialized services for children and adults in their homes and communities, not in more restrictive and expensive institutional settings. It allows children and adults with developmental disabilities to receive special services in the places where they live.

Who is eligible for the DD Waiver?

To qualify for services, the person must meet the following criterion:

- (1) Have an intellectual disability or severe, chronic disability known as a related condition as determined by DOH/DDSD and need assistance in at least three areas of functional limitations; AND
- (2) Meet New Mexico Medicaid financial requirements; AND
- (3) Be a resident of the State of New Mexico.

The DDSD regional office will determine if the applicant meets criterion for the DD waiver based on documentation provided. If eligible, the individual will receive Medicaid services aside from the state plan Medicaid provided by one of the Managed Health Care Organizations, known as MCOs. These services will be determined through the process of completing and implementing a service plan and budget.

*****In New Mexico, only the income of the person with a developmental disability is considered when determining financial eligibility, not the household income. This applies to children living with parents whose income would normally disqualify the child for Medicaid services.***

What services are available through the DD Waiver?

The services are spelled out in a service plan based on the individual's needs. Each person must choose a case manager/consultant who is responsible for developing the service plan and arranging for services.

What are the service options for children?

Services options for children up to age 21 differ from options for adults aged 21 and older. Typically, children receive therapy services with their Medicaid card, but the waiver may cover certain therapy services not covered by Medicaid or the child's school. Discuss these therapy options with your case manager/consultant. Service options for children include:

- Case Management
- Day Services
- Living Supports
- Independent Living Transitions Services
- Respite Care
- Behavioral Support Consultation
- Non-Medical Transportation
- Nutritional Counseling
- Personal Care
- Community Supports
- Employment Services
- In-Home Supports

For more detailed information regarding service options for children and adults, see Chapter 6 in this booklet.

Why should parents apply for the DD Waiver for their child?

There is a wait list, and it may take up to 14 years currently before an opening becomes available. Applying is a way to plan ahead.

Once an individual is on a waiver program, they can use their Medicaid card to cover medical expenses such as doctor visits, therapies, and other medical expenses.

- Your child and family may benefit from services that support active participation in the community.
- Your child may exhibit challenging behavior that can be helped by behavioral support.
- The family may benefit from respite care.
- The individual may request funding for environmental modifications such as a wheelchair ramp for the home.

When a person is offered waiver services, they may choose the traditional DD Waiver or the ***Mi Via Self-Directed Waiver***. Mi Via may offer additional services, goods (items) and support not available through the traditional Waiver. Call 1-866-786-4999 for an information packet or visit the Mi Via website at <https://www.nmhealth.org/about/ddsd/pgsv/sdw/>.

How do families apply for the DD Waiver?

You must first register with the Development Disabilities Support Division (DDSD) in your region. You may go in person, phone an eligibility worker, or mail it in. As proof of the date of application, ask for a copy of the completed application form once it has been date stamped. Keep the date stamped receipt in a safe place as proof of your registration.

Within 10 working days of applying, you should receive a Match for Services packet from the DDSD Regional Office in your region. If you do not receive such a packet, you should call the DDSD Regional Office nearest your home.

Metro Regional Office:	Albuquerque	505-841-5500
Northeast Regional Office:	Taos	866-315-7123
Northwest Regional Office:	Gallup	505-863-9937
Southeast Regional Office:	Roswell	575-624-6100
Southwest Regional Office:	Las Cruces	575-528-5180

DDSD Regional Office Contact Flyer

<https://www.nmhealth.org/publication/view/help/6248/>

What Is A Medicaid Waiver?

Chapter 1



Why “Waivers?”

In order to support the national trend toward moving people out of long-term care institutions and into the community, the federal government created the Title XIX Home and Community-Based Services Program in 1981. This act waived the requirement of going into an institution to receive services and is referred to as a “*Waiver*”.

- Waivers make Medicaid funds available for home and community-based services as an alternative to institutional care, under the condition that the cost of supporting the individual in the home or community may not be more than institutional care.
- The DD Waiver is designed to help individuals in New Mexico with developmental disabilities to live in their home and community.
- The DD Waiver is administered by the Department of Health (DOH) Developmental Disabilities Support Division (DDSD).

Why Apply for the DD Waiver?

Once allocated to the DD Waiver, the individual will be eligible to receive medical services through Medicaid, even if the family income is too much to qualify financially for state plan Medicaid.

- The family may benefit from respite care, non-medical transportation and other support services supplied through the DD Waiver. The individual may benefit from waiver services that encourage active participation in the community.
- A child may need more specialized services than are available through the public-school special education program. These services may be available through the waiver or through the state Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. EPSDT may be thought of as Medicaid for children birth through age 20. EPSDT program ends at age 21.
- A child may exhibit challenging behaviors that can be helped by Behavior Supports Consultation through the Waiver.
- There is a wait list, and it may take several years before an opening becomes available, so registering for the DD Waiver is planning for the applicant’s future.
- The individual may receive funding for environmental modifications such as a wheelchair ramp or accessible bathroom for the home through the DD Waiver.
- Registering for DD Waiver services can make the individual eligible for other programs and/or services, while they are waiting for DD Waiver.
- The traditional waiver or Mi Via Waiver may now be chosen. There are differences between how services are determined and delivered on the traditional waiver and the Mi Via Self-Directed Waiver. In the DD Waiver, there is an array of services that a person may choose from. In Mi Via, services and goods are received through an approved Service and Support plan (SSP) and budget. This plan is developed by the “*Participant*”, a Mi Via Consultant and anyone invited to the planning meeting.
- Waiver funded services are not replacements for the family system, informal caregiver support or other community services, but are supplements to them.

Waiver Programs in New Mexico:

The **Medicaid Developmental Disabilities Waiver (DD Waiver)** helps New Mexicans with developmental disabilities to live in their home and community. For qualification requirements, see the **Chapter 2 - What is a Developmental Disability and How is it Determined?** The process of applying for the DD Waiver will be covered in detail in this book. Visit the following DDSD website for more information on the DD Waiver: <https://www.nmhealth.org/about/ddsd/pgsv/ddw/> .

The **Mi Via Self-Directed Waiver** is a Medicaid self-directed waiver designed to assist persons with disabilities and families who choose to direct their own services and support in their homes and communities. To be eligible for Mi Via, the person applying must be a New Mexico resident who is already receiving services For more information visit: <https://www.nmhealth.org/about/ddsd/pgsv/sdw/> .

The **Medically Fragile Waiver (MF Waiver)** helps New Mexicans with a developmental disability and a medically fragile condition to live in their home and community. To qualify for services, the individual must:

- have a medically fragile condition that requires extensive medical treatment and daily skilled nursing care;
- be at risk for or have a developmental delay or disability that began before the age of twenty-two (22);
- need help with personal care such as bathing, dressing, eating, (There are specific requirements regarding a person having deficits in 3 out of 7 life areas.);
- be a resident of New Mexico.

For more information, contact the **Medically Fragile Program** located in Albuquerque 505-841-2913 or toll free 1-800-283-8415. Visit their website at: <https://www.nmhealth.org/about/ddsd/pgsv/mfw/> .

The **Centennial Care Waiver (CCW) for Community Benefit** helps New Mexicans who have a disability or are elderly with a disability to live in their homes.

- To qualify for services, you or your loved one must: have a disability **or** be 65 years of age or older with a disability.
- To qualify a person must need help with personal care and daily living activities (bathing, dressing, eating, etc.); and be a resident of New Mexico.
- For more details and to apply, contact the Aging and Disability Resource Center at 1-800-432-2080, option 2. Visit: <https://www.nmhealth.org/about/ddsd/intake/allo/> .



It Helps to Know These Terms and Acronyms

Allocation - As money becomes available for services, persons on the Central Registry (also known as the waiting list) are offered services through the DD Waiver, by registration date. This is known as an allocation. There are medical and income eligibility processes that follow.

Central Registry – This is the computerized list of all the individuals who are awaiting services through the DD Waiver. It is sometimes informally referred to as *“the wait list.”*

DDSD – Department of Health (DOH), Developmental Disabilities Supports Division – An individual will usually communicate with their regional office. See Appendix A for contact information for each area. Visit DOH NM’s website for DDSD’s contact information statewide at <https://www.nmhealth.org/about/ddsd/>.

Eligibility – To receive services through a waiver program, an individual must meet medical and financial eligibility criteria. In the application process, DDSD checks to see if the applicant meets waiver application requirements. When funding becomes available and an allocation is received, documentation is requested to show the individual requires a certain level of care (medical eligibility) and the individual meets the financial requirements (financial eligibility).

Mi Via – A self-directed waiver which allows the individual to determine how funds are distributed based on the plan and budget developed, choose which services, goods (items) and supports are most beneficial and hire the people needed to provide these services and supports. An individual must receive an allocation to the DD or Med Fragile Waivers before the Mi Via Waiver can be chosen. You cannot apply for Mi Via.

ISD – Income Support Division – Sometimes called the *Medicaid or Welfare office*. See Appendix B on how to find the local ISD office.

Registration Date – When the individual registers for the waiver, the local DDSD date stamps the registration paperwork when it is received at the office. It is very important to keep this copy in a safe place. As slots on DD Waiver become available, those with the earliest dates are allocated first.

SSI – Supplemental Security Income – An assistance program from the Social Security Administration, based on medical need and income eligibility which includes monthly cash assistance and a Medicaid card. It is not part of the NM Medicaid Waivers, but individuals may be receiving services and supports from both programs.

State General Funds – Limited state funded services administered by DDSD for eligible persons, typically individuals on the Central Registry wait list for the DD Waiver.

Family Tip

“One of the best things families can do is to learn the ‘lingo’ of the system. All the words and acronyms that people use will seem like a whole new language, especially at first. Learning the vocabulary of the system will help you to better advocate for your family member. ***It will also help you feel more comfortable talking to professionals if you have learned what words to use.***”

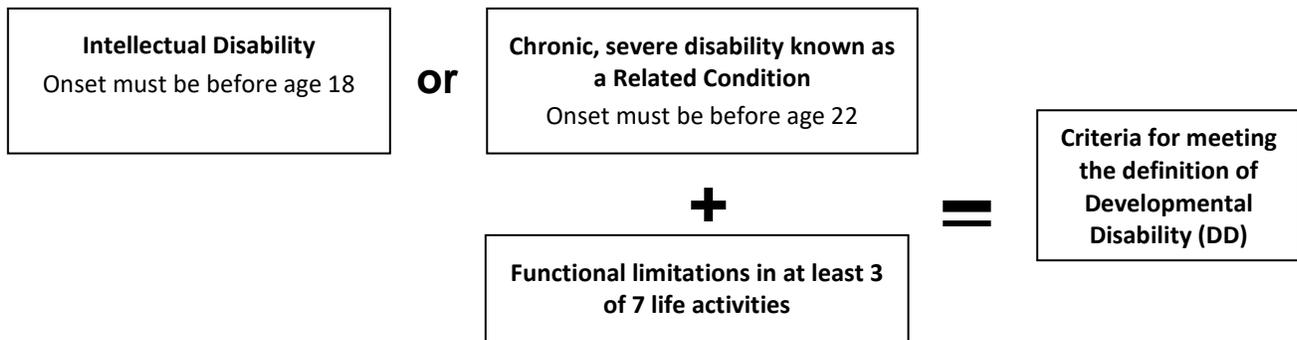
What Is A Developmental Disability And How Is It Determined?

Chapter 2



Definition for Developmental Disability (DD)

Anyone registering for the DD Waiver must meet the criteria for the definition for a Developmental Disability. Documents will need to be submitted to the Developmental Disabilities Supports Division (DDSD) for review. DDSD will also review the information provided by professionals asked to send information. This documentation will help DDSD determine if the criteria has been met for a developmental disability.



What does it mean to “meet the definition for Developmental Disability?”

To be put on the Central Registry to await services through the DD Waiver, the individual must meet the criterion for the definition of DD. The individual must not only have a diagnosis of intellectual Disability *or* a related condition but must also have difficulty with everyday life skills. The standards state: ***“The individual must have an Intellectual Disability (ID) or a specific related condition and have a Developmental Disability (DD).”***

- A specific related condition is “attributable to: Cerebral Palsy, Autistic Disorder (as described in the fourth edition of the diagnostic and statistical manual of mental disorders), or chromosomal disorders, syndrome disorders, inborn errors of metabolism, or developmental disorders of brain formation.”
- Intellectual Disability (ID) applies if they have a diagnosis that “refers to significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.” It must start before age 18. IQ tests are one way of measuring ID.
- There must be “substantial functional limitations [things the person cannot do or have difficulty with] in the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.” See ***Documenting Functional Limitations*** in Chapter 3 for more information.
- If a child has a confirmed “***related condition***,” but the applicant is too young to determine if there are deficits in adaptive behavior that will be chronic and long lasting, that application may be placed in child pend status until information is available to document deficits. This information is usually available through evaluation reports by the time the child is 9 years old. If an application is pending and a match is made at a later date, the applicant will still keep the initial registration date.

For more detailed information regarding eligibility, visit the DDSD eligibility webpage at <http://164.64.110.239/nmac/parts/title08/08.290.0400.htm> or refer to the DD Waiver Service Standards.

Eligibility Criteria for State General Funds:

If the person applying for services meets the definition for State General Fund DD services, they may receive certain limited services while still on the Central Registry (*wait list*), before actually being offered services through the DD Waiver. If a person is found to “match the definition for a developmental disability”, they automatically meet the eligibility criteria for State General Funds (SGF). For children, State General Funds are typically Respite and some Behavior Consultation.

Below is the wording from the New Mexico Administrative Code NMAC 8 Chapter 290 regarding eligibility criteria for State General Funds. The wording may seem somewhat technical. We include it so that individuals and families will know the criteria being used.

Eligibility Criteria for Service under State General Funds:

The individual has a developmental disability, defined as a severe chronic disability, other than mental illness, that:

- Is attributable to a mental or physical impairment, including the result of trauma to the brain, or a combination of mental and physical impairments
- Is manifested before the person reaches the age of 22
- Is expected to continue indefinitely

Results in substantial functional limitations in three or more of the following areas of major life activity (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency) and

Reflects the person’s need for a combination and sequence of special or interdisciplinary treatment, generic or other support and services that are of lifelong or extended duration and are individually planned and coordinated.

<https://www.nmhealth.org/about/ddsd/pgsv/sgf/>

Family Tip

“I have learned that it is difficult to get the answers I am looking for if I don’t know the right words to use. For example, a person may ask a professional in the system if they were *eligible* for services after applying. The result might very well be a lecture on the difference between “meeting the definition for DD,” which is done ***at the time of application***, and “determining eligibility,” which is done ***after allocation***, and exactly what is involved in each activity. Learning the language of the system will help you ask the right questions to get the answers you need.”

How to Apply For Waiver Programs In New Mexico



Chapter 3



How Do I Apply?

The first thing to learn about applying for the Medicaid DD Waiver, is how very important it is to keep good records. ***Always keep copies of when applied for and all the documents received, filled out, and/or sent in.*** Keep a phone log (see Chapter 7 on Record Keeping) of calls made or received regarding the DD Waiver.

*****If the individual moves at any time during the application process, be sure to inform the DDS Regional Office and Income Support Division (ISD) office. Contact phone numbers and addresses for DDS Regional Offices throughout the state are found in Appendix A. Information for local Income Support Division (ISD) offices is found in Appendix B.***

Family Tip

“Start a binder or folder for all of your records and copies. It will save you loads of time later when someone is requesting something you know you have a copy of somewhere.” (See the chapter on Record Keeping for more ideas and tips.)

Step 1 – Register

The first step in the application process is to register. The form used to register for the DD Waiver is the Waiver Services Registration Form. Be prepared to provide basic information such as the ***name and social security number of the person applying for services.*** The form does ask if the person applying is already receiving Social Security, Medicaid and/or SSI. Be prepared to answer. This form is fairly brief - only one page. ***There are two ways to register:***

Call or go in to the DDS Regional Office in your region

<https://www.nmhealth.org/about/ddsd/region/> or <https://www.nmhealth.org/about/ddsd/intake/>

1. See Appendix A to find the area office. Ask to apply for the DD Waiver. They can fill out the Waiver Services Registration Form in the office.
2. If they fill it out over the phone, they will mail a copy of the completed registration form. The Regional office can also mail a blank Waiver Services Registration Form if that is more convenient.

At the office, ask the person at the front desk for a Waiver Services Registration Form. It should read ***“Registration Form - Home and Community based (HCBS) Waivers.”***

<https://www.nmhealth.org/publication/view/form/3882/>

Fill out the form completely — remember the applicant is the person with a disability. If there is someone other than the Parent or Guardian that would like all letters and correspondence to go to, fill in the Authorized Representative portion. ***If the correspondence goes to the Parent or Guardian, leave the Authorized Representative section blank.***

Check the box for “DD Waiver,” at the top. Other waiver programs may be listed on the form. The individual may apply for more than one waiver program and be on the wait list for other waivers. ***Please read the information on page 12 entitled Why Apply for More than One Waiver Program?***

If the completed form is returned to a DDS Office, ask for a stamped copy of the form. This form makes it easier for the office to track what was turned in if it gets lost.

Keep the date stamped receipt! If by chance the paperwork gets lost in the system, having this copy will be the proof needed to keep the original application date. If paperwork is lost and a copy of the records were not kept, a new application will be required and consequently it will have a later registration date. This will delay an allocation to receive services. If the form is completed over the phone, a copy will be sent that has the date stamped receipt.

Step 2 – Complete The Application Packet and Other Documents

After the DDS office receives the Waiver Services Registration Form, they will send an **Application Packet** to fill out. **This does not mean the applicant is eligible for services yet**, but it does get the process started. Information from the packet will be used to help DDS determine if the individual meets the definition for DD.

The packet from DDS will be sent out about 10-14 days after the Waiver Services Registration form is received. If not received within two weeks, call the nearest DDS Regional Office. (See **Appendix A** for phone numbers.) **If another name and address for the Authorized Representative was filled in on the Waiver Services Registration form, the packet would have been sent to that address, not that of the Guardian.**

****Important Reminder: If you move to another location, during any part of the application process, be sure to let your local Income Support Division (ISD) office and Developmental Disabilities Supports Division (DDS) Regional Office know your new address and phone number. It is very important to keep this information current so you can be notified when funds are available for you to receive DD Waiver services.**

Family Tip

“A lady from The Arc helped us get the Registration form. Then she helped us to fill out all the paperwork. She explained that it would take several years to get services for our daughter, so it was important that we get started.”

What is the Central Registry?

The Central Registry is a database with the names of everyone who has registered to receive services through the DD Waiver. It is used to decide who will be offered services through the Waiver next. Typically, those who have been waiting the longest will receive services first.

- The place in line is saved by the date the application is turned in the form, it is critical to keep a copy of the date-stamped receipt.
- When time is of the essence, it is extremely important to avoid as many setbacks as you possibly can.
- If document is lost with the date registered, call DDS Regional Office and ask them for the registration date they have on record.
- Write this down and keep it.

Family Tips

“I just kept filling out and sending back the paperwork they sent me every year. I did not know why they kept sending me letters. Now I am sure glad that I sent all those back! We are on the DD Waiver now and my son is doing great! **Fill out and return everything they send you!**”

It is very important that you complete and send these letters back within 30 days. These letters help DDS know where to contact you when funding becomes available to receive services through the DD Waiver. If DDS does not know your current address, they will not be able to send you a notice when funding becomes available. **Please keep your eligibility worker at the regional office informed of address and other changes.**

Remember that at allocation, you or your loved one must reside in New Mexico to be eligible for and receive services an allocation letter will not be sent out of state.

* * * * *

“Families need to know that they should keep in touch with their DDS Regional Office. They should call at least once a year to make sure they are still on the Central Registry. Paperwork does get lost.

Ask what your “date” on the Registry is, and the dates of the most recent allocations. Also, ask how long most people are waiting on the Central Registry. This can give you an idea about how much longer you will be waiting.”

Why Apply For More than One Waiver Program?

It may be beneficial to apply for more than one service, since each has a different waiting time—some are shorter than the DD Waiver. Services could be started under one while you wait for an opening on DD Waiver. The types of services offered may be different than those offered through the DD Waiver, however. **It is very important to get a complete description of each program to know which one(s) would be appropriate for you or your loved one.**

A person could be receiving services through **Community Benefit Waiver or Medically Fragile Waiver** and still be on the waiting list for the DD Waiver. When funding becomes available for the DD Waiver, you can choose if you want to move to the DD Waiver. You may only receive services from one waiver at a time.

Apply for access to Community Benefit through the Aging and Disability Resource Center at 1-800-432-2080 <https://www.nmaging.state.nm.us/adrc.aspx> .

Persons who receive an allocation to one of the following Medicaid waiver programs, may choose to receive their services through the Mi Via Self-Directed Waiver:

- Developmental Disabilities (DD) Waiver
- Medically Fragile Waiver

Mi Via is a Medicaid self-directed waiver designed to assist persons with disabilities and families who choose to direct their own services. You determine how funds are distributed based on the plan and budget you develop. You choose which services, goods (items) and supports are most beneficial and hire the people you want to provide these services and supports. The individual in Mi Via or in the case of a minor child, the child, and his/her parents, are known as the **“Participant.”** Visit the Mi Via website at: <https://www.nmhealth.org/about/ddsd/pgsv/sdw/> .

The **Application packet** DDSD will send to you should include the following:

A cover letter

Instructions for completing the Application Packet

A Central Registry Match for Services form

Authorization for Release of Information (ARI) form. Make as many copies as needed.

Notice of Privacy Practices and Acknowledgement. The Acknowledgement must be signed and returned.

When Completing the Packet, Remember:

You have 60 days from the date of the cover letter to complete the forms, provide needed information and get it back to DDSD.

1. Complete the **Central Registry Match For Services** form completely. You may write your own comments, concerns, and a summary of your situation on the last page or on a separate page.
2. Be sure to include who the applicant lives with, their age and the relationship of the caregiver. Do not forget to fill out the age of the primary caregiver. **If caregiver is over 65, they are considered an "aging caregiver".**
 - a. A "caregiver" is the parent, or the person who acts primarily in that role, and the person the applicant lives with. Someone who provides daycare is not considered a "caregiver."
 - b. **If the primary caregiver is over age 65, you or your family member may receive services sooner.**
3. **Most families are used to focusing on the strengths of their family member; however, this is a "deficit based" system.** This means that DDSD needs to know what things the person **cannot** do, or the things that they have a difficult time with. The challenges and functional limitations of the individual must be thoroughly documented.
 - a. For a related condition, there must be documentation showing that the disability is chronic and long-lasting. This may be painful for the family and individual, but necessary for eligibility purposes. (***See Documenting Functional Limitations.***)
4. Complete an Authorization to Release Confidential Information (ARI) form for every professional with documentation of the person's disability, e.g., doctors, schools, work program staff, therapists, etc.
 - a. Make as many copies of the release form, as necessary. This gives permission for them to supply the DDSD Regional Office with documentation needed to determine eligibility.
5. Send or take a completed ARI Form directly to each professional/organization with information. **Do not just send the release forms back the DDSD Regional Office. Make and keep a copy of all documents for your records first.**
 - a. You may need to look up current phone numbers and addresses in the phone book or on the internet to know where to send the ARI forms. **Some offices and agencies may have even changed their name.**
6. Request that evaluation reports, medical diagnosis assessments and progress reports be sent to the DDSD Regional Office. Information submitted from professionals to DDSD must include:
 - a. Diagnosis a developmental disability, as defined in **Chapter 2** of this booklet.
 - b. Documentation that the disability began prior to age 22, for a related condition, or before age 18 for Intellectual Disability (ID)
 - c. Medical records (regarding the disability, not all the notes for every visit)
 - d. School records regarding the disability, such as school evaluations, therapist reports, IEPs, MDTs, etc.

- e. Other records written by a medical doctor, qualified school personnel, psychologist, psychiatrist, or social worker.
7. Make a copy of the completed Central Registry Match for Services Form for your records. This will save you time and effort if it happens to get lost somewhere.
8. Return the completed Central Registry Match for Services form to your DDS Regional Office. You may hand deliver or mail the forms to DDS. Document in your records the date you returned the packet.
 - a. You may send the form to DDS by registered or certified mail, or request a delivery receipt from the post office, but it is not required.
 - b. ***Following receipt of adequate documentation, DDS will determine if the criteria for the definition of Developmental Disability has been met.***
 - c. ***If you do not send back the Central Registry Match for Services Form within the specified time, they will close your case.***
9. They will first send you a letter saying that they did not receive your Match for Services Form and asking once again that you send it to the DDS Regional Office.
10. If they still do not receive your Central Registry Match for Services Form, they will close your case.

To check on the status of your application, call your DDS Regional Office. Ask if they have received everything that is needed to make a determination. If not, ask what is still needed to complete the process and provide additional information, as necessary.

*****Important: You may need to contact the people and places where you sent releases to remind them to send the documentation to DDS. You do not want your file closed simply because the doctor's office forgot to send in the requested information!***

1. Try to write down and keep in your records, the name of each person you spoke with and the date.
2. A phone log, such as the one found in **Chapter 6** - Record Keeping, can help you be more organized and track important phone calls. Being organized and keeping good records can help avoid delays and frustrations.
3. Also, keep copies of everything you send to DDS or ISD. Paperwork can get lost in the process.

Requests for Additional Information

DDS may send you a letter asking for "additional information." The letter would ask that you provide this information within 30 days.

- An example might be if you sent an Authorization to Release of Information (ARI) form to a doctor's office and they did not send information to the DDS Regional Office.
- You would then need to call the doctor's office and make arrangements for them to send the requested documents to the DDS Regional Office, or even go pick it up the copies yourself and send them to DDS.

If the regional office does not receive the requested information within the given time frame, they will make the

e determination with the information they currently have.

Family Tip

“Anytime your child has a test or evaluation, make sure to get a written copy of the results. As the years pass, the doctors and those who did the evaluations will leave, and there is no way to get the reports. I found this to be so true when I was gathering the information for my son’s DD Waiver application.”

Documenting Functional Limitations

Source: “How to Apply for the Developmental Disabilities Waiver”, The Arc of NM

Review diagnostic reports to make sure any deficits in the following areas are fully documented. You may also want to describe deficits in the areas listed below on a separate piece of paper that you submit with the Application packet.

- Self-Care Describe any assistance that you or your family member needs to eat, dress, bathe, etc.
- Self-Direction Describe difficulties with unstructured time and waiting, impulsiveness, and other problems which make it harder for you or your family member to take responsibility for him or herself.
- Mobility Describe any assistance you or your family member needs to move from one place to another, such as a walker or wheelchair. Include any assistance needed to get on and off of the toilet and in and out of bed.
- Learning Describe difficulties such as not being able to generalize skills and problem solve.
- Receptive and Expressive Language Describe the difficulties you or your family member have with communication. Examples: using a communication board, little or no comprehensible speech, no ability to carry on a conversation, inability to express wants and needs.
- Capacity for Independent Living Describe the difficulties you or your family member have which severely limit independent living such as: need assistance with shopping, cooking, cleaning, making, and keeping appointments, following directions, running away, etc.
- Economic Self-Sufficiency Describe the difficulties you or your family member have with finding and keeping a job, such as needing a job coach, inability to work full days, money management, nursing, or personal care needs, etc.



Applying for Supplemental Security Income (SSI)

Applying for SSI may be encouraged as another financial resource while you are waiting for services. The DD Waiver *application* process does not require you to apply for SSI however, once a person actually receives an allocation to the waiver, the Income Support Division (ISD) will require them to apply for SSI.

To meet SSI requirements, the income of the entire family is considered until the person turns 18 years old. After age 18, only the person's income and assets are considered.

Even if the applicant does not qualify for SSI, they may still receive waiver services.

For more information and to apply for SSI, go to the website, <https://www.ssa.gov/ssi/> or call their 24-hour automated phone line at 1-800-772-1213.

Family Tips

"I remember helping a self-advocate that I had become close friends with. He had applied for the DD Waiver and was rejected several times, primarily because he had no records to prove that his disability was evident prior to age 22. His family was all gone, so together we started to visit all the schools he had attended. All his records had been destroyed. As it happened, we passed by the very hospital he had visited as a teenager. We stopped and found they still had records that documented his disability.

We reapplied together for the DD Waiver and successfully established eligibility within six months. He moved to the top of the waiting list because his original application date seven years before was honored. The lessons learned from this experience were that families should keep all medical and assessment records in their own files. Also, apply for the DD Waiver early when the child is still in school. For those with older adult children, it is not too late. Just persevere, dig into the past, and find those records, resources and people who can help you establish eligibility."

* * * * *

"Demand clarity! Ask for staff at DDSD and ISD to repeat and repeat until you understand everything! Some people I spoke with spoke too fast, expecting me to understand and know far more than I did. They also used a lot of abbreviations. Ask where to contact advocates and make a connection with someone to stand by your side in the process. You can also contact someone to help you through The Arc of NM at 1-800-358-6493, or Parent's Reaching Out (PRO) at 1-800-524-5176."

* * * * *

"Some of the wording on the forms was difficult to understand. I wanted to fill it out right, but sometimes I just got stuck. It really helped to find someone who knew the system and could look over the forms for me before I turned them in. Also, do not procrastinate turning things in! Turn it in as soon as possible. Many times, you only have 30 days to get something turned in."

What's Next?



Chapter 4



Determination Decision

The eligibility workers from DDSD will review all the information and take the necessary time to determine if the individual meets the definition for a developmental disability. You will receive a letter stating if the person applying meets the definition for Developmental Disability (DD).

- If it is determined that you or your loved one meet the definition for DD, you will be placed on the **Central Registry** to wait for services.
- The Central Registry is sometimes informally referred to as “the wait list” for the DD Waiver.
- Because of the lack of sufficient funding to meet the needs of all New Mexicans with developmental disabilities, there is a list of people waiting to receive services.

You are not eligible for actual DD Waiver services until funding becomes available. When funding becomes available and services are offered, it is called an allocation.

If you or your loved one meets the definition for State General Fund DD services, you may receive State General Funding (SGF) for certain services while you are still on the Central Registry, before being actually offered services through the DD Waiver. See the section “Eligibility Criteria for Services Under State General Funds.”

In the event you receive a letter stating that you or your loved one do not meet the definition for DD, and you disagree, you may:

- Contact the DDSD eligibility worker informally. It may be that some additional information could qualify you or your loved one.
- Formally request a “reconsideration” if you have new information for the DDSD eligibility worker to consider
- If you do *not* have any new documentation, ask for a “second level review” with another person from DDSD. Both actions must be taken within 30 days of the date of the determination letter
- If you do not agree with the determination, you may ask for a Fair Hearing with the HSD Fair Hearing Bureau within 90 days of the date of the determination letter.
- You may call 1-800-432-6217, option 6. Their email is HSD-Fairhearings@state.nm.us .

You may also write to:

Fair Hearing Section
New Mexico Human Services Department
Administrative Hearings Bureau
P.O. Box 2348, Santa Fe, NM 87504-23248

- You may want to contact Parents Reaching Out (1-800-524-5176) or The Arc of New Mexico (1-800-358-6493), to help you through the process.
- If you or your loved one did not meet the criteria for Developmental Disability (DD), or it has been more than 30 days past the date of letter of determination, you may apply again. You may get new or additional documentation regarding the disability that would help establish that there is a developmental disability.
- If you, or your family member, do not meet the definition for DD, the eligibility worker can assist with referrals to other programs you may be eligible for.

Looking ahead...DD Waiver Allocation

Some years down the road, when a funding slot on the DD Waiver becomes available, known as an “allocation,” you will be asked to provide documentation showing the person meets medical and financial eligibility requirements. The Income Support Division (ISD) is the agency that compiles the medical and financial information submitted to determine if a person is eligible to receive services through the DD Waiver.

Medical Eligibility

Determining medical eligibility is different from the initial registration process in that you will be required to show DDS and the reviewing agency (Third Party Assessor) that the person needs a level of care that would warrant receiving services in an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IDD). The person’s physician must provide a copy of current history and physical and complete a Level of Care (LOC) Long Term Care Abstract.

Financial Eligibility

Financial eligibility must also be met. You will be asked to provide documentation to ISD showing that the **individual** applying for DD Waiver services does not have income and assets over a certain amount. Only the income of the person or child with a developmental disability is considered when determining financial eligibility, **not** the household income. This is true even for children living with parents whose income would normally disqualify the child for Medicaid services.

Pre-service Letter

You may receive a “pre-service letter” prior to actually receiving an allocation. This letter tells you that you **may** be allocated to the waiver soon. How many allocations DDS is able to make each year largely depends upon the state legislature. Included in the packet should be information on the Mi Via Self-Directed Waiver, the state’s booklet about the DD Waiver, *Fitting the Pieces Together* and information on accessing Personal Plan Facilitation. Personal Plan Facilitation can be a valuable service to help you decide how you want to use waiver funding. It can be a fun, interactive way to plan and set goals. A Case Manager/Consultant will assist you in collecting and submitting the necessary documentation for eligibility when the time comes.

What about Aging and Elderly Caregivers?

If a person on the Central Registry has a caregiver over age 65, they are considered an “aging caregiver.” A “caregiver” is the parent, or the person who acts primarily in that role, and the person with whom the applicant lives. (Someone who provides daycare is not considered a “caregiver.”)

If the primary caregiver is over age 65, you or your family member may receive an allocation to the DD Waiver sooner. Be sure to fill out the age of the primary caregiver on the Match for Services Form. If the caregiver is someone who is approaching 65, be especially careful to put that information on both forms. Also, if the caregiver is over age 65, families may want to contact the DDS Regional Office to make sure they do not fall through the cracks.

Mi Via...Another Reason to Apply for the DD Waiver

What is Mi Via?

Mi Via is a Medicaid self-directed waiver designed to assist persons with disabilities and families who choose to direct their own services and support in their homes and communities. This means you determine how funds are distributed based on the plan and budget you develop. You choose which services, goods (items) and supports are most beneficial and hire the people you want to provide these services and supports. The child and family and/or the individual in Mi Via are known as the “Participant.”

Who is eligible for Mi Via?

To be eligible for Mi Via, you or your loved one must be a New Mexico resident who is already receiving services or has received an allocation to one of the following Medicaid waiver programs:

- Developmental Disabilities (DD) Waiver
- Medically Fragile Waiver

Once you or your loved one receives an allocation to one of these programs those wishing to change Waivers may request a Waiver Request Form from their Regional Mi Via Liaison or Medically Fragile Program Manager. If you are not satisfied, you may return to your original waiver. Mi Via Participants must meet the same medical and financial eligibility as any other person on the waiver they applied for.

If I choose Mi Via, who will help me?

You will work with a **Consultant** who assists with paperwork, submits your plan and budget for approval and answers questions. Visit the Mi Via website: <https://www.nmhealth.org/about/ddsd/pgsv/sdw/> .

Once developed, the plan and budget are submitted to the Third-Party Assessor (TPA) for approval. Once the SSP and budget are approved, the Participant makes arrangements to purchase the goods and services identified on their SSP and budget. For details and forms regarding Mi Via Self-Directed Waiver, visit the website: <https://palcofirst.com/new-mexico/> .

What are the service options for children in Mi Via?

Services are received through an approved Service and Support plan (SSP) and budget. This plan is developed by you, a Mi Via Consultant and anyone you choose to invite to your planning meeting. Each request on the plan must have a statement as to how and why this will help the child’s medical, functional and/or social needs.

Some services for children, such as therapies and personal support services, become available because the child receives Medicaid once they are on a waiver. These types of services can only be accessed through Medicaid, not through waiver funding. In Mi Via, children may request any service available through the traditional waiver, including Nutritional Counseling, Respite Care, Behavioral Support Consultation, Non-Medical Transportation, Community Access, Supplemental Dental Care, and Environmental Modifications.

Mi Via Participants have **eight additional** categories available to them known as **Participant-Delegated Goods and Services**. As with any request, you must describe in the plan how the service or good you are asking for addresses the child’s medical, functional and/or social needs, and directly relates to their disability. The Mi Via Participant Guidebook gives examples from each category. In your plan you may request services or goods from the following categories:

- Transportation
- Homemaker
- Nutritional Counseling
- Community Direct Support
- Technology for Safety and Independence
- Customized In-Home Support
- Respite/ Respite RN
- Behavior Consultation

How do families apply for Mi Via?

When you receive an allocation to a waiver, you receive a form stating that you may choose the traditional waiver *or* Mi Via. If you are **already** receiving services through the DD waiver or the Medically Fragile Waiver, contact your DDSD Regional Office to request a **Waiver Change Form**. Complete the form and return it to the program.

Your Consultant will contact you to set up an enrollment meeting and a planning meeting. Parents Reaching Out. (1-800-524-5176) and ask to speak to a staff member in the Family-to-Family Health Information Center (F2FHIC).

What is an “Expedited” Situation?

If you have received notice that you have been placed on the DD Waiver Central Registry but have not yet been allocated, and you encounter a situation that meets the following criteria, you may qualify for an expedited allocation. The Expedited Allocation Committee will determine if the request is appropriate. Be advised that an expedited allocation can be extremely difficult to get approved.

In order to meet the expedited allocation criteria, at least one of the following criteria must be met:

- Death or sudden disability of the primary caregiver that makes continued care of the individual no longer possible, and an alternate primary caregiver is not available, or
- Substantiated abuse/neglect/exploitation, (the term “substantiated” refers to an investigation by Children Youth and Families Department (CYFD) or Adult Protective Services (APS), depending on the age of the individual, where there was found to be abuse, neglect, and/or exploitation) or,
- Current resources are inadequate to insure the health and safety of the individual.

It is important to remember that the term “expedited allocation,” in this context, does not mean immediate. Like other allocations to the DD Waiver, income and medical eligibility must be determined before services can be provided. This frequently takes several months to complete.

A certain proportion of allocations to the DD Waiver go for expedited allocations and people who have aging/elderly caregivers. If you believe your situation warrants this attention at any time, contact your DDSD Regional Office. It may be helpful to put your request in writing and save a copy for your files.

What are my Rights and Responsibilities?

Rights:

- You have the right to register for services and have your eligibility determined.
- You have the right to accept State General Fund (SGF) services and remain on the Central Registry for the Developmental Disabilities (DD) Waiver Program.
- You have the right to have your allocation placed on hold and remain on the Central Registry to be eligible for services through the DD Waiver at another time.
- You have the right to refuse services through the DD Waiver.
- You have the right to privacy and to know that information you provide is kept private.
- You have the right to complain or disagree with eligibility decisions.
- You have the right to appeal a denial of DD Waiver services. (This is outlined in the letter sent to you by the Income Support Division (ISD). The DD Waiver is a Medicaid program and therefore is bound by Medicaid's appeal processes.)

Responsibilities:

- You have the responsibility to keep your DDSD Regional Office informed of address and other changes taking place.
- You have the responsibility to respond to annual mail inquiries to keep your name active on the Central Registry.

It is very important to keep this information current so you can be notified when funds are available for you to receive DD Waiver services.

Family Tip

It is very important that families know their rights. If they know their rights, they can feel more comfortable when they have to stand their ground about what is best for their family member. When an agency gives you a copy of your rights, insist that they explain it to you.



Are There Resources We Can Access While Waiting for DD Waiver Services?

Chapter 5



Resources While You are Waiting

Once you or your loved one is found to meet the definition for DD, and their name is placed on the Central Registry, you may be able to access some services under **State General Funds (SGF)**. The services available while you are waiting are limited compared to full DD Waiver services. There are agencies in your area that contract with the state to provide services through State General Funds (SGF). To request these services, call the DDS Regional Office (Appendix A) to ask if an agency is providing this service in your area. Understand that communities throughout the state will have varying options. Do not be afraid to ask questions to find out what is available. These may include:

- **Respite** – paid caregivers either come to the house or take the person out. This service is designed to give the family a break from providing care.
- **Behavior Support Consultation** - more information on following pages
- **Supported Employment for Adults**, age 22 and over - helps find a keep employment
- **Day Habilitation for Adults**, age 22 and over - structured program of daytime activities
- **Residential services for Adults**, age 22 and over – supported living and independent living
- **Case Management is not available through State General Funds, (SGF) while you are awaiting services on the Central Registry.** Many health insurances plans however, including Medicaid, have case managers or care coordinators that can help you find other sources of assistance while you are waiting for the DD Waiver.

There are other services that may be available while you wait. These do not require that you or your loved one be on the Central Registry. They include:

EPSDT – Medicaid for Children. Contact your local Income Support Division (ISD) office to apply for Medicaid. There are financial eligibility requirements that look at the income of the household. More information in the section: EPSDT - Medicaid Health Services for Children. See Appendix B for a list of ISD offices.

Family Infant Toddler Program (FIT) A program that provides services, including assessments and therapies, for children ages birth to three. Contact Information Resource Center at the Center for Development and Disabilities: at 505-272-8549 or 1-800-552-8195 for more information.

Medicaid (Centennial Care) – Adults and children may qualify for Medicaid if they meet the financial eligibility. Contact your local ISD office to apply. See Appendix B for a list of ISD offices.

Personal Care Option (PCO) – This service is available to adults over 21 who are on Medicaid (Centennial Care). It provides for a personal care assistant.

Family Tip

“Waiting is the easy part—you just wait... Families do need to know that they should look into other services in the meantime. Learn about the NM State General Fund and what they might be eligible for under those funds. It can help with some services until the DD Waiver kicks in.”

Assistive Technology (AT) Fund

Individuals with developmental disabilities may qualify for up to \$500 annually for low-tech assistive devices through the DOH DDSD Clinical Services Bureau.

You do not have to be receiving waiver services to request assistance from the AT Fund.

- An AT Device is defined as any item, piece of equipment, product, or system acquired commercially (off the shelf), modified, or customized, that is used to maintain, increase, or improve functional capabilities of individuals with disabilities.
- The intent of the fund is to encourage the development of low-tech augmentative communication, environmental access, mobility systems and other functional Assistive Technologies that are not covered by other funding sources and cannot be funded by other means.
- The first criteria for funding is that the item requested will be used in a functional activity.
- These activities include, but are not limited to, participation in mealtime, personal care, communication, recreation, and mobility.
- Anyone who is helping the individual with a developmental disability, including family members, advocates, or therapists may apply for funds on their behalf.

An AT application and instructions may be downloaded from the following site.

<http://www.tap.gcd.state.nm.us/>

- The funding year for this project starts July 1 of each year.
- Applications may be submitted beginning May 15, six weeks prior to the new funding year.
- **Money is awarded early in the year, on a first come, first serve basis.**
- **Funds are exhausted quickly, so apply early.**

Contact the AT Fund Coordinator at 1-800-283-8415 or (505) 841-5287 or go to <http://www.tap.gcd.state.nm.us/contact-us/> for more information.

Family Tip

“Talking to other families is invaluable. They pretty much have learned on their own. Plus, they are more apt to talk freely about which services and lifestyles have worked for their individual family. Sometimes this can help you decide what might or might not work for your family. Ask lots of questions...of everyone! Get together with other parents!”

Assistive Technology (AT) Loan Banks

AT Loan banks allow you or your loved one, to “borrow” AT equipment to see how it might work for them. They typically require that a professional such as a therapist assist in the process to determine if the device is the right one for the need.

Assistive Bank of Loan Equipment Device Loan Program through GCD/NMTAP:

- It provides individuals with disabilities, and their service providers, an opportunity to borrow equipment to try out prior to purchase, as a temporary replacement of a device in repair or as a short-term accommodation allowing independent completion of activities in daily school, work, or home life.
- A device can be borrowed for 30-60 days, and it is preferred that a professional or qualified person assist in the use of any loaned equipment.
- An application is required which includes acknowledgement that the borrower accepts full responsibility for any equipment loaned, verification of disability and clear understanding that equipment will be returned at the end of the loan period.

The loan library is a statewide program designed to increase knowledge of access to and acquisition of assistive or adaptive technology for anyone with any disability, anywhere in the state, of any age. The loan library is centrally located in Albuquerque. All devices are visible and accessible via the NMTAP website.

For more information, please contact the staff at 505-841-4464. For more information visit their website: <http://www.tap.gcd.state.nm.us/> .

The Assistive Technology Loan Bank Program through DDSD Clinical Services:

The Assistive Technology Loan Bank Program offers therapists the opportunity to borrow equipment for evaluation and trial purposes free of charge. Equipment may be borrowed and tested for 30 days. This allows therapists to determine which devices work best for individuals with developmental disabilities. The items in the Loan Banks are for evaluation purposes only and are not to be loaned to individuals for daily use. You do not have to be receiving services through the DD Waiver to use the loan bank.

Talk to your Physical Therapist (PT), Occupational Therapist (OT) or Speech Therapist (SLP) about how the loan bank might help you or your loved one. For more information call 1-800-283-8415, contact them visit at their website at: <https://www.nmhealth.org/about/ddsd/pgsv/clinical/> .

Brochure for Clinical Services

<http://www.tap.gcd.state.nm.us/device-loans/>



NMTAP
New Mexico
Technology Assistance Program

Specialized Wheelchair and Custom Seating Clinic and Systems

Any New Mexican with a developmental disability may ask for assistance in obtaining a specialized wheelchair and/or custom seating system (molded seating and adaptive equipment.) A prescription from a physician is necessary to get the process started.

The Specialized Wheelchair Evaluation and Custom Seating Clinic is staffed by a physical therapist (PT) and experienced staff members. There is a screening process with a physical therapist (PT) who looks at the needs of the person.

The evaluation may be for a new wheelchair and seating system, or it can also be for modifications to an existing wheelchair. The clinic staff can also troubleshoot problems and repair existing wheelchairs and seating systems. For more information, contact the clinic at 505-222-4610 or go to their website at: <https://www.nmhealth.org/about/ddsd/pgsv/clinical/specialty/seating/> .

Flyer for the NM DOH Specialty Seating Clinic

<https://www.nmhealth.org/publication/view/marketing/4002/>



What Services Are Available For Persons On the DD Waiver?

Chapter 6



Services and Therapies

Some services are available based on age, while other services are available for all ages. Since therapies and other services are typically paid for through Medicaid for children/EPST, they are listed below as “for Adults.”

Once an individual is on the DD Waiver, a DD Waiver Case Manager will help explain and coordinate all services.

For more detailed descriptions of DD Waiver services, refer to the DD Waiver Standards at: www.health.state.nm.us/ddsd/regulationsandstandards/documents/DDW_Standardf.pdf

Services:

- **Case Management** – coordinates, facilitates, and monitors services provided by DD Waiver service providers. Services are provided a minimum of 4 times per year for children and 12 times per year for adults.
- **Respite** – paid caregivers either come to the house or take the person out and provide the family a break from providing care.
- **Goods and Services** – Requests may be made for services, supports or goods that support opportunities to achieve desired work outcomes, living arrangements, relationships, inclusion in community activities and work, as documented in the ISP. Requests must address the individual’s non-covered functional, medical, or social needs, and/or promote the desired outcomes in the ISP. Items or services under Goods and Services fall into the following categories:
 - **Membership/Fees.** Examples could be fitness memberships, tuition/classes, summer day programs, social membership; and
 - **Devices/Supplies.** Examples could be batteries for hearing aids and assistive technology devices, nutritional supplements, diapers, therapeutic wedges, positioning supports, instructional supplies, instructional books, or computers.
- **Personal Plan Facilitation** – A service that allows an individual and whomever they wish to assist them, to develop a personal plan. Personal Plan Facilitation can be a valuable service to help you decide how you want to use waiver funding. It can be a fun, interactive way to plan and set goals. Facilitators may use varying methods of planning, including PATH (Planning Alternative Tomorrows with Hope) plans. You may want to contact the providers listed and ask them to describe how they would provide this service for you. Ask your Case Manager or contact the DDSD Regional Office for more information.
- **Community Access** – services are designed to promote maximum participation in community life to support the individual in achieving his/her personal goals and to promote self-advocacy that will enhance an individual’s ability to control his/her environment. This service is available to children and adults.

- **Therapies for children such as Physical Therapy (PT), Occupational Therapy (OT), Speech Language Therapy (SLP)** – Therapies through the waiver are limited and only covered when not covered by EPSDT or IDEA (school special education services). A child may request therapies with waiver funding if the therapy is not medically necessary and covered by EPSDT. This usually requires documentation from the therapist demonstrating that the therapy is not medically necessary. If the Medicaid state plan can cover a therapy or service, then it cannot be covered by waiver funding. The waiver is considered the “payer of last resort.” Contact your case manager for more information.
- **Environmental Modification** – Each individual on the DD Waiver is allowed \$7000, outside of their waiver budget, for a 5-year period to make physical adaptations (home modifications) to the home. The adaptations must have a direct medical or remedial benefit to the individual to ensure his or her health and safety or would enable the individual to be more independent in their home.
- **Non-medical Transportation** – DD Waiver approved agencies provide transportation (non-medical) for the individual in the community. This could include transportation to jobs, recreation, other DD Waiver services, etc.
- **Nutritional Counseling** – provide guidance on nutritional health - based on individual need, nutritional evaluation, supports and monitors.
- **Behavioral Support Consultation Services** – consist of a comprehensive positive behavioral support’s assessment of the individual’s behaviors, as well as the development, implementation, and management of the Positive Behavioral Supports Plan. Behavioral support consultation and training is provided to caregivers and/or staff, as well as the IDT team. Note: Behavior Therapy (BT) is a different service that focuses more on the individual only. It is available through *Value Options* for any individual receiving Medicaid services. Call Value Options at 1-888-251-7511 or visit their website at <http://www.valueoptions.com/newmexico/consumers.htm>.

For more information go to the: Medical Home Portal
<https://nm.medicalhomeportal.org/services/provider/19847>



EPSDT - Medicaid Health Services for Children

Persons who receive waiver services are eligible for the New Mexico Medicaid State Plan. Medicaid covers all the physical and medical health services included in the regular Medicaid program, like doctor visits, hospitalizations, pharmacy, laboratory services and DME (Durable Medical Equipment), e.g., diapers, under-pads, chair lifts, shower chairs.

For children under 21, it also covers Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. These services are available to any child receiving Medicaid benefits. EPSDT services must be ordered by a doctor or primary care provider (PCP) and be medically necessary. Often a prior authorization is required before a service can be provided. For more information on EPSDT, visit <https://www.hsd.state.nm.us/lookingforinformation/keeping-kids-healthy/>

Health services through EPSDT can be accessed after an initial appointment with a health professional such as your physician. Medicaid refers to this appointment as a *“tot to teen health check.”* Your doctor or PCP can make a referral for other medically necessary services through EPSDT such as physical therapy, occupational therapy, speech and language therapy, personal care services or private duty nursing.

What is a Centennial Care MCO?

Most children receiving Medicaid state plan benefits will be asked to select a Managed Care Organization (MCO). Children, who are on Centennial Care, must receive their EPSDT services through the MCO the family selects. Currently the MCO organizations in New Mexico include:

Presbyterian Health Plan, Inc.	Member Services 1-888-977-2333
Western Sky Community Care	Member Services 1-844-543-8996
Blue Cross/Blue Shield of NM	Member Services 1-866-689-1523

Native American children can receive their Medicaid coverage on a Fee for Service (FFS) basis unless they choose to “opt-in” to Centennial Care. To opt-in, the family actively chooses to sign up with an MCO. Families should carefully consider this option as care coordination is only available through the MCOs, and not through FFS. For assistance with FFS services, contact the Medical Assistance Division at 505-827-3112. For more details visit the site: https://www.hsd.state.nm.us/lookingforassistance/native_americans/.



EPSDT or Waiver funding?

- It is important to understand that some of a child's services will be paid for with waiver dollars and others will be paid for with EPSDT funding.
- Medically necessary therapies and services are covered by EPSDT funding, not waiver funding.
- Therapists and other health providers who work with a child must be willing to take Medicaid and be signed up with the same Centennial Care MCO as the child.
- Most therapies will be paid for by EPSDT.
- Waiver dollars may be used to pay for therapies that are not medically necessary but provide other benefits to the child such as community participation.
- This exception to the rule generally requires documentation from the therapist demonstrating that the service is not medically necessary.

Personal Care Services or Respite?

- Personal Care is a service that, if prescribed as medically necessary by a doctor or PCP, is available through EPSDT.
- Personal Care service hours, allowed under EPSDT, are based on the child's needs. Respite services are available through the waiver programs but not through EPSDT.
- Sometimes it is difficult to distinguish between Respite and Personal Care services (PCS).
- Respite is for the primary purpose of relieving the child's caregiver and is therefore not covered by EPSDT.
- Personal Care is provided because it is focused on the child's needs and is not intended to relieve the primary caregiver.

Who can provide Personal Care services?

- EPSDT Personal Care services must be provided by someone employed by an agency eligible to bill the Medicaid program for Personal Care services.
- Personal Care services may not be provided by a legally responsible relative, such as parents and stepparents of minor children.
- Other relatives may be employed by an agency and must meet the training and supervision standards required by the Medicaid program.
- For individuals 18-21 years of age, parents or other relatives may provide Personal Care services if they are not legally responsible for the person.
- If parents have guardianship of the 18–21-year-old, they would be legally responsible.

Who can help me find and coordinate my child's services?

- If a family is having difficulty navigating the health care system, they may request a Care Coordinator who can help coordinate medical services.
- For a child with special needs, this can be a valuable service. Contact your MCO provider to request this type of assistance.
- A Care Coordinator is different than your Case Manager.
- The Care Coordinator can help, on an as-needed basis, to ensure that your child's physical and medical health needs are identified, provided, and coordinated with all service providers.
- A Case Manager assists the family with the eligibility process and coordinates the IDT (Interdisciplinary Team) in the development of your Individualized Service Plan (ISP).
- Case Managers help to plan and implement the ISP and find providers.
- They are required to make a minimum of four home visits per year to children on the DD Waiver.

EPSDT

EARLY: Checking and identifying problems early

PERIODIC: Examining children's health at regular or periodic, age-appropriate intervals

SCREENING: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems

DIAGNOSTIC: Performing special or specific tests to follow up when a risk is identified

TREATMENT: Controlling, correcting or reducing health problems found.

Waiver Services Specific to Adults

Personal Care – paid caregivers come to the home to assist with caring for the person – doing their laundry, assisting with bathing, preparing meals, working on goals, etc. For children, this service is available through EPSDT.

Speech Language Therapy (SLP) – to assist with verbal and non-verbal communication, obtaining assistive technical devices like communication devices and environmental controls, and assisting with safe mealtimes.

Occupational Therapy (OT) – to work on sensory issues, small muscle issues, and activities of daily living. OT “helps people regain, maintain, develop, and build skills that are important for independence, functioning and health.”

Physical Therapy (PT) – to work on large muscle issues, assist in obtaining and monitoring the need for equipment like wheelchairs, shower chairs, and other large pieces of equipment. PT involves “the diagnosis and management of movement dysfunction and the enhancement of physical and functional abilities.”

Private Duty Nursing – provided by Registered Nurse (RN) or Licensed Practical Nurse (LPN). Based on individual need, supports and monitoring as needed. The nurse would come into the home to care for the medical needs of the individual. Children may access this service through EPSDT.

Supported Employment – includes self-employment, individual supported employment, group supported employment and intensive supported employment. Vocational assessments and Career Development Plans, as well as the individual’s personal definition of a meaningful day, shall be used to help guide the selection of employment outcomes for the individual. Provides assistance with locating, securing, and maintaining employment for individuals. Even individuals who are severely challenged with multiple disabilities can use this service. The staff person can do up to 90% of the work to support the individual, although the goal is to have the individual be as independent as possible.

Community Living Services – residential services to increase maintain, or promote the individual’s capacity for independent functioning, self-determination, self-advocacy, interdependence, productivity, and integration into the community.

Types of Community Living Services include:

- **Supported Living** – residential services that are available up to 24 hours a day, where the individual lives in a home setting with 1-4 other people.
- **Independent Living** – Residential services provided for individuals who need less than 24-hour support. Staff come to the person’s home on a regularly scheduled basis to assist in the learning, improving, and retaining of targeted daily living skills as specified in the ISP. Staff may assist with areas such as laundry, shopping, money management, etc.

- **Family Living Services** – The DD Waiver program pays an agency to hire a family member or community member to provide 24-hour services in their home or in the residence of the direct service provider. The individual is supported as part of a family unit. The person’s spouse may not be the direct service provider. The Family Living Direct Care provider is paid a “stipend” to provide services.

Substitute care is available for relief of the caregiver up to 1,000 hours per year. If the caregiver utilizes respite services in addition to substitute care, an hourly amount is deducted from the caregivers pay to pay for the respite.

- **Adult Habilitation Services** – provide supports to assist the individual in making her/his definition of a “meaningful day” a reality. This consists of daily activities that include choice-making and opportunities to be a part of the community, socialize, build skills, and do things that interest the person.

For more information go to the;
Administration for Community Living
<https://acl.gov/>



What is meant by the term “meaningful day”?

As part of the “meaningful day” initiative, an individual may use DD waiver services and supports to participate in activities of community life that others in the general population might choose. This includes purposeful and meaningful work, substantial and sustained opportunity for optimal health, self-empowerment and personalized relationships, skill development and/or maintenance, and social, educational and community inclusion activities.

What Services are available to Adults who select the Mi Via Self-Directed Waiver option?

All services are received through an approved Service and Support plan (SSP) and budget. This plan is developed by you, a Mi Via Consultant and anyone you choose to invite to your planning meeting. Each request on the plan must have a statement as to how and why this will help the participant's medical, functional and/or social needs. **In Mi Via, a participant may request any service available to adults through the traditional DD Waiver.**

Mi Via Participants have *eight additional* categories available to them known as **Participant-Delegated Goods and Services**. As with any request, you must describe in the plan how the service or good you are asking for addresses the person's medical, functional and/or social needs, and directly relates to their disability. The Mi Via Participant Guidebook gives examples from each category. In your plan you may request services or goods from the following categories:

Living Supports:

- Homemaker
- Home Health Aide
- Assisted Living
- Customized In-Home

Living Support Community Membership:

- Community Direct Support
- Employment Support
- Customized Community Support

Health & Wellness:

- PT, OT, SLP for Adults
- Private Duty Nursing
- Behavior Consultation

Other Supports:

- Environmental Mod.
- Emergency Response
- Transportation
- Related Goods e.g., Technology/Safety & Independence, household related goods

For more details regarding the Mi Via Self-Directed Waiver, visit the website: <https://www.nmhealth.org/about/ddsd/pgsv/sdw/> . On the website are publications that can help you decide if the traditional DD Waiver or the Mi Via Self-Directed Waiver is right for you. For general information you can call: 505-841-5510 or 505-841-5519

Why Is Record Keeping So Important?



Chapter 7



Why Keep Records?

It is very important to keep good records when you are applying for any program or service. The truth of the matter is that the system is very large, with lots of documentation, and sometimes things get lost. Your life will be much easier if you keep your own records. Do not rely on someone else to keep track of things for you. Some tips for keeping good records include:

- Fill out the “Important Information” box on the inside cover of this booklet. This will help you to keep DDSD and ISD contact information readily available.
- Always keep copies of all the documents you receive, fill out, and/or send in.
- Write down and/or have date stamped, any paperwork you submit.
- Keep a phone log of calls you make or receive regarding the DD Waiver. Write down what the conversation was about, and anything agreed upon.
- If you move at any time during the application process, be sure to inform your DDSD Regional Office and ISD office and give them your new address and phone number. Document that you did so.

Parents Reaching Out (PRO) has developed a notebook system for keeping records. They periodically provide workshops where families put together all the record keeping forms into one notebook. *Please contact Parents Reaching Out at 1-800-524-5176 to ask about attending a “Keeping It All Together” Record Keeping workshop.*



Family Tip

“It’s a long process and good record keeping is a must! Keep copies of everything you turn into DDSD or ISD. At times it can be very labor intensive to get through the process. Plan to spend a lot of time on the phone and going places to get copies.”

Phone Log

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Phone Log

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Glossary of Terms



Glossary of Terms

Aging Caregiver – the primary caregiver of someone waiting for services on the Central Registry, who is age 65 or over. The person waiting for services is given priority and may receive DD Waiver services sooner.

Allocation - As money becomes available, persons who are awaiting services on the Central Registry, are offered an opportunity to receive services through the Developmental Disabilities (DD) Medicaid Waiver. This chance to receive services is called an “allocation.” Allocations from the Central Registry are made by registration date. There is an eligibility process that follows.

Allocation Letter for the Medicaid DD Waiver – a letter from the DDS Intake and Eligibility Bureau stating that a position is now available for you or your family member to receive services on the Medicaid DD Waiver. Enclosed should also be documents to help you demonstrate medical and financial eligibility.

Allocation on Hold – When someone is offered an allocation, they may decide they do not want services right now but would like to stay on the Central Registry. Check the box on the Waiver Refusal form stating that you do not want services *right now*. Putting your “allocation on hold” will “save” your place on the waiting list until you decide you would like to be considered for a slot on the DD Waiver. When you would like to be considered for an allocation again, call or write DDS.

Application / Redetermination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals – a fairly lengthy form, usually printed on blue paper, used to help determine financial eligibility after a funding slot on the DD Waiver becomes available. Complete the form and take to your appointment with your Income Support Division (ISD) case worker. This form asks for the financial income and assets of the individual who is applying and also of the family.

ARA – An Annual Resources Allotment (specific annual budget amount) used in the DD Waiver, which is determined by age, where the person lives (at home or in the community), and the Level of Care (LOC). The ARA allows you and your family member to “purchase” services and supports from a menu of options. Within the ARA amount, you, and your Interdisciplinary Team (IDT) can determine how much of each service you would like to budget for. There are currently “caps” in place that limit certain services.

The Arc of NM – a state-wide advocacy organization for families and individuals of all ages with disabilities. Advocates and chapters are located in various communities around the state. Contact them at 1-800-358-6493.

Authorization to Release Confidential Information (ARI)– forms you receive in a packet from DDS after registering. Complete one of these for every professional with documentation of the person’s disability, e.g., doctors, schools, work program staff, therapists, etc. This gives permission for the doctor, hospital, school, or others to supply the DDS Regional Office with the necessary information to determine if the individual meets the criteria for developmental disability (DD). Send these directly to the professional you are asking to provide information to DDS.

Buck back - a packet submitted to the Medicaid Utilization Review (UR) agent, currently Comagine, may receive a “buck back” when the information that is submitted is incorrect or incomplete and requires clarification and/or additional information. Typically, the case manager has two weeks to respond, or Comagine can deny the requested services. A buck back can delay services.

Central Registry – Also known informally as the “wait list,” this is the database that includes all individuals who are eligible for the Medicaid DD Waiver services and awaiting services.

Central Registry Match For Services – a form you receive in a packet from DDS after turning in your Waiver Registration form. Fill out completely and return to the DDS Regional Office address. This form is used to help determine if the individual meets the criteria for developmental disability (DD) at the time of application.

Case Manager – The person who works through the Case Management agency you select from the Primary Freedom of Choice (PFOC) form. The DD Waiver case manager will be the one to guide and support you and your family member through the DD Waiver allocation process. For a more expanded explanation of the duties of a case manager, see the section on Case Management the Allocation booklet.

Consultant – The person who assists participants with the Mi Via Self-Directed Waiver. The consultant helps the participant understand the program requirements, develop their Service and Support Plan (SSP), and submits the plan to the state for approval. Every Mi Via participant must have a consultant. The consultant agency can also send out an information packet to anyone wanting more information on Mi Via.

Consumer – a term commonly used to refer to a person receiving services.

COTA – is a Certified Occupational Therapy Assistant who has graduated from a two-year program and certified as a COTA. They are qualified to work only under the supervision of a certified Occupational Therapist (OT).

DDS – Developmental Disabilities Supports Division - You will usually communicate with a regional office. See Appendix A for contact information for your area. This is a regional office in each of the regions, i.e., Metro Region (Albuquerque), Northwest Region (Gallup), Northeast Region (Taos), Southeast Region (Roswell) and Southwest Region (Las Cruces). DDS has a website at <http://www.health.state.nm.us/DDS>

Deficit based – a term referring to a system where they need to know all the things the person cannot do, or the things that they have a difficult time with. This may be particularly painful for the family and individual, but these limitations and challenges must be documented thoroughly, and written down on the forms, to help determine if the person is eligible for services.

Developmental Disabilities Medicaid Waiver Program (DD Waiver) – officially known as the Developmental Disabilities Home and Community-Based Medicaid Waiver program. This program helps New Mexicans with developmental disabilities live in their homes. To qualify for services, the person must have a developmental disability, mental retardation (MR) or a related condition, need help with personal care (bathing, dressing, eating, etc.), meet New Mexico financial requirements, and be a resident of New Mexico. Please see Chapter 2 for a more complete description. In this book, we refer to this program as the “DD Waiver.”

DD Waiver Individual Budget Plan - is a form that the DD Waiver case manager uses to help you develop the annual budget. It tells how much each service will “cost” you, per unit, out of your DD Waiver budget. Different types of therapies and services are paid different amounts.

Centennial Care for Community Benefits - helps New Mexicans who are elderly or have physical disabilities live in their homes rather than another setting. To qualify for services, you or your loved one must: either be 65 years of age or older or have a disability; need help with personal care (e.g., bathing, dressing, eating); and be a resident of New Mexico. Apply through the Aging and Long-Term Services Department at 1-800-432-2080, option 2.

Division of Health Improvement (DHI) - the division of the Department of Health that investigates incidents and does provider reviews. Contact DHI at 1-800-445-8542.

DVR - The purpose of the New Mexico Division of Vocational Rehabilitation (DVR) is to help people with disabilities to achieve a suitable employment outcome. DVR is part of the New Mexico Public Education Department and is supported by state and federal funds. Visit their website at <https://www.dvr.state.nm.us/>.

Eligibility – In order for an individual to receive services through the Medicaid DD Waiver Program, they must meet the medical and financial eligibility criteria.

Exception - A therapist can ask for more than the standard maximum number of hours. The therapist would develop a report with the justification or reasons for their exception request. The DD Waiver case manager and therapist would submit the paperwork to the DDSD Regional office for approval.

Financial Management Agency (FMA) – Mi Via participants have a company to assist them with hiring employees and paying vendors. They process timesheets and take care of employer-related requirements, such as employer taxes. They also pay the people a participant hires and cut checks to stores where a participant chooses to purchase goods and services.

ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities – An individual applying for the DD, or the Medically Fragile Waiver must meet the same admission criteria as someone entering an ICF/IDD facility. This is documented in the Level of Care (LOC) form completed by the physician.

IDT – The Interdisciplinary Team (IDT) consists of you and/or your family member, your DD Waiver Case Manager and all of the providers and therapists providing services. The IDT will meet at least twice a year, for an annual meeting and a six-month review meeting.

IEP – An Individual Education Plan that is developed for school age children by an IEP team including the parents, the student, teachers, therapists, and administrators.

Individual – for the purposes of this book, the “individual” is the person with a developmental disability who is applying to receive services.

Intake and Eligibility Bureau – The DDSD Intake and Eligibility Bureau takes applications for the DD Waiver over the phone or in person and based on documentation provided, determine if the registrant matches the definition for a developmental disability.

ISP – An Individualized Support Plan is a written record of what the IDT team develops at the annual meeting. The ISP will include the person’s vision, goals, and budget for the coming year.

ISD – Income Support Division – Sometimes called the Medicaid or Welfare office. See Appendix B for how to find your local ISD office.

ISD Caseworker – the person at the ISD office who will collect the information used to determine financial eligibility at allocation. They will tell you what forms and documents you need to get to them to determine if the individual is financially eligible.

Keeping in Touch letter – DDSD periodically sends out letters asking people who are waiting on the Central Registry if they are still interested in receiving services when an allocation comes available. Generally, DDSD will send these out each year you are on the Central Registry. Fill out and return to DDSD to keep your place on the waiting list.

Letter of Interest – a cover letter sent out with the Primary Freedom of Choice form, asking if you are still interested in receiving services through the DD Waiver. It is usually sent when there is an allocation

opportunity available. Not to be confused with the Keeping in Touch letters that DDSD sends out annually to everyone on the Central Registry.

LOC – Level of Care - To determine medical eligibility, your Case Manager will meet with you to gather information regarding your family member’s overall health, developmental disability, and the impact of his/her daily living skills, along with information on the current support system. An ICF/MR Level of Care (LOC) Long Term Care Assessment (also known as the MAD 378) form must be completed by your physician as well. This establishes if the person meets the criteria to receive services.

MAW Letter – Medical Assistance Worker letter from the ISD office indicating that a person meets the financial eligibility criteria. The MAW letter will not be issued until the ISD worker receives word that the LOC was approved indicating medical eligibility. Services cannot begin until the MAW letter has been issued.

Medicaid Card – When a person is allocated to the DD Waiver, they also become eligible for a Medicaid card to use for medical purposes, e.g., doctor visits, hospitalizations, dental work, eyeglasses, etc.

Medicaid Utilization Review (UR) agent – The UR agency for the DD Waiver is currently Comagine. They will make the determination, given the information packet that the DD Waiver case manager submits, if an individual is eligible for DD Waiver services or not.

Medical eligibility - The DD Waiver case manager will guide you through the process of completing and compiling assessments for medical eligibility. Typically, the case manager will complete an assessment, your doctor will complete and sign a Level of Care (LOC) abstract and a copy of your history and physical will be sent to the Medicaid Utilization Review (UR) agent. They will review the information and make the determination based on the information packet submitted.

Medical Assistance Division (MAD) – The division of ISD that processes your initial registration form, along with any information regarding financial eligibility. Many ISD forms are called MAD with a number after it, e.g., MAD 381 is the blue form.

Medically Fragile Waiver Program (MF Waiver) - helps New Mexicans with a developmental disability and a medically fragile condition live in their homes. To qualify for services, you or your loved one must: have a medically fragile condition that requires extensive medical treatment and daily skilled nursing care; be at risk for or have a developmental delay or disability that began before the age of twenty-two (22); need help with personal care (bathing, dressing, eating); and be a resident of New Mexico. Application for this program begins with the same Registration form as the DD Waiver. Contact the Medically Fragile Program at 505-841-2913 or 1-800-283-8415.

Mi Via Self-Directed Waiver – A waiver designed to assist persons with disabilities and families who choose to direct their own services and support in their homes and communities. To be eligible for Mi Via, the person applying must be a New Mexico resident who is already receiving services or has received an allocation to one of the following Medicaid waiver programs: DD Waiver, Medically Fragile Waiver, For more information visit: <https://www.nmhealth.org/about/ddsd/pgsv/sdw/> .

Natural environment – the place or environment where a person who did not have a disability might be, e.g., living in their own home, instead of in an institution. Service providers are often encouraged to provide a service in the natural environment instead of having them come into an office.

Natural Supports – the people and organizations from the community that persons without disabilities might have for support, e.g., friends, family, neighbors, church organizations, club members, sports team members, etc.

Notice of Privacy Acknowledgement – a form you receive from the DDS Regional Office stating that they did give you a copy of their Notice of Privacy Practices. Sign and return to DDS with your Match for Services form.

Participant – A person receiving services through the Mi Via Self-Directed Waiver.

Personal vision – an overall, very general goal that is developed for the ISP. All other goals developed should look toward and support this goal.

Primary Care Physician (PCP) – the physician you have chosen as your main doctor. When you begin receiving Medicaid, be sure to specify who you want your PCP to be, or they will assign one. Most HMOs will only change doctors effective at the beginning of each month. Call the phone number on your Medicaid card for more information.

Primary Freedom of Choice (PFOC) – the form you receive from the Developmental Disabilities Supports Division (DDS) Regional office when you have been offered an allocation to the DD Waiver. On this form you make two or three choices: 1) ICF/IID or community-based services, 2) DD Waiver or Mi Via Waiver, 3) If you choose the DD Waiver, select a case management agency to work with.

PRO – Parents Reaching Out is a state-wide non-profit advocacy organization that offers workshops and support to all families, including those with children with disabilities and/or special healthcare needs. Call 1-800-524-5176 for more information.

Provider – an agency or person who provides services to individuals on the DD Waiver and other programs. With the family and individual, they keep progress notes, develop goals and work towards ISP goals. To become an approved DD Waiver provider, an agency must fill out a lengthy application package for the state and then receive approval.

PTA – is a Physical Therapy Assistant who has graduated from a two-year program and certified as a PTA. They are qualified to work only under the supervision of a certified Physical Therapist (PT).

Receipt form – A simple form you fill out at ISD when you turn copies and documents into the ISD office. The receptionist will give you a copy of the receipt form. Your dated copy will serve as a receipt that you turned in paperwork on a certain date. This is important when you need to get a document to them by a specified date. These forms can usually be found at the front desk. They are often called by different names, including “Change form” and “Receipt for Proof.” Keep for your records.

Registration – This is the first step in applying for the Medicaid DD Waiver. You may contact the DDS Regional office and complete the one-page Waiver Registration Form over the phone or pick up the form at your county ISD office. Once the form is turned in or completed over the phone, a Match for Services packet is sent to you for you to complete and return. A copy of the registration form you completed over the phone should be enclosed in the packet you receive.

Registration Date – The date you complete the Waiver Registration Form over the phone or return it to the ISD office. If you turn in the form to the ISD office, you will ask for them to stamp all copies with the current date, including your receipt copy. As slots on the Medicaid DD Waiver become available, those with the earliest dates are allocated first.

Secondary Freedom of Choice – A form, given to you by the DD Waiver case manager, and used to select the service provider agencies and therapists you would like to work with. It lists all the agencies available to provide services, along with what services they provide in your area. If you need to change agencies, you

will fill out another Secondary Freedom of Choice form and sign at the bottom. The case manager will submit it for approval.

Service Providers – agencies that provide therapies and other services for the person on the DD Waiver. See Provider.

State General Funds – Limited assistance from the NM Department of Health Developmental Disabilities Supports Division for eligible persons. The funding under State General Funds may have different guidelines than funds that are used to provide DD Waiver services. Individuals waiting for services on the Central Registry may be eligible for certain programs that use State General Funds.

SSDI – Supplemental Security Disability Income – A cash assistance program for individuals with disabilities, based on medical and financial need. There are limits on what a person can earn while receiving SSDI. Typically, if a person is receiving SSDI, they will have Medicare instead of Medicaid.

SSI – Supplemental Security Income – A cash assistance program from Social Security based on medical need and income eligibility which includes a Medicaid Card. It is not part of the Medicaid Waiver's, but individuals may receive benefits from both programs. There are limits on what a person can earn while receiving SSI.

SSP – A Service and Support Plan is used in the Mi Via Self-Directed Waiver to document the medical, functional, and social needs of the participant. The SSP is developed by the participant, the consultant and anyone else the participant wishes to include in the planning process.

Third Party Assessor (TPA) – The TPA determines medical eligibility for participants on the Mi Via Self-Directed Waiver. They also approve the Service and Support Plan (SSP) and budget. Currently Comagine has the contract with the state to provide this service. Contact them at: 866-962-2180.

Wait List – computerized list of all the individuals who have registered and applied for the DD Waiver. They have matched the definition Developmental Disability and are awaiting services. The list is kept on the Central Registry.

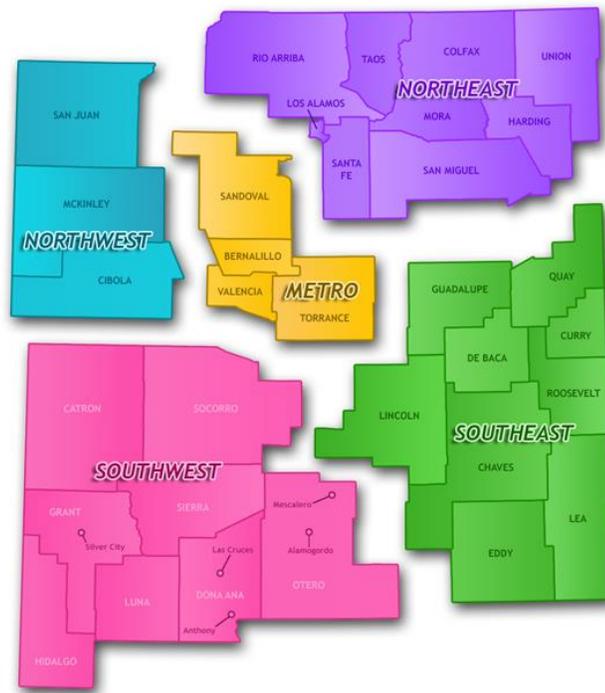
Waiver Refusal Form – You have the right to refuse an allocation to the DD Waiver when you are offered one. To refuse DD Waiver services, check the box stating that you are refusing services. If you change your mind at some point, you will need to start at the very beginning again. If you do not want services at this time but would like to continue waiting on the Central Registry, check the box pertaining to putting the allocation on hold.

Developmental Disabilities Supports Division (DDSD) Contact Information

Appendix A



Developmental Disabilities Supports Division (DDSD) Regional Offices



Contact Information

www.health.state.nm.us/DDSD

Southwest Regional Office

1170 N Solano Drive Suite G
Las Cruces NM 88001
(505) 528-5180
Toll Free (866) 742-5226
FAX (505) 528-5194

Northeast Regional Office

224 Cruz Alta, Suite B
Taos, NM 87571
(505) 758-5934
Toll Free (866) 315-7123
FAX (505) 758-5973

Northwest Regional Office

2918 East 66
Gallup, NM 87301
(505) 863-9937
Toll Free (866) 862-0448
FAX (505) 863-4978

Metro Regional Office

5301 Central Ave. NE Suite 1700
Albuquerque, NM 87108
(505) 841-5500
Toll Free (800) 283-5548
FAX (505) 841-5546

Southeast Regional Office

726 B. South Sunset
Roswell NM 88203
(505) 624-6100
Toll Free (866) 895-9138
FAX (505) 624-6104

Income Support Division (ISD) County Offices Contact Information

Appendix B



Income Support Division (ISD)

County Offices

For the most current information, visit:

hsd.state.nm.us/isd/fieldoffices.html

Bernalillo County (Albuquerque Area)

If you live in the Northeast part of the County/City

4330 Cutler NE
Albuquerque, NM 87176
Mon-Fri 7:30 AM to 5:00 PM
P.O. Box 36090
Albuquerque, NM 87176
(505) 222-9200
(505) 222-9652

If you live in the Northwest part of the County/City

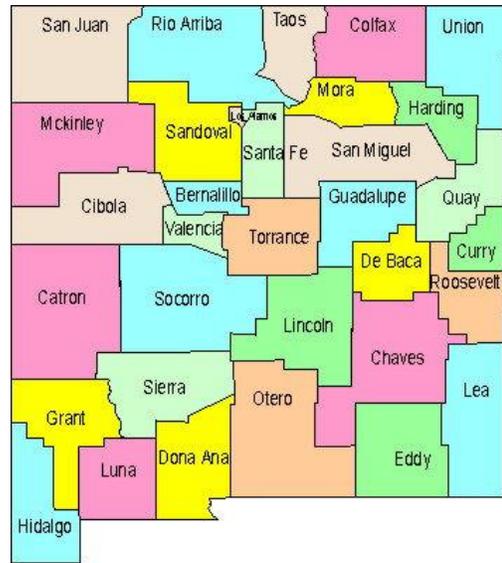
1041 Lamberton Place NE
Albuquerque, NM 87125
Mon-Fri 7:30 AM to 5:00 PM
P.O. Box 25287
Albuquerque, NM 87125
(505) 841-7700
(505) 841-7757

If you live in the Southeast part of the County/City

1711 Randolph Rd SE
Albuquerque, NM 87106
Mon-Fri 7:30 AM to 5:00 PM
P.O. Box 19310
Albuquerque, NM 87119
(505) 841-2600
(505) 841-2105

If you live in the Southwest part of the County/City

3280 Bridge St. SW
Albuquerque, NM 87121
Mon-Fri 7:30 AM - 5:00 PM
P.O. Box 12355
Albuquerque, NM 87195
(505) 841-2300
(505) 841-2381



Catron County

1014 N. California Street
Socorro, NM 87801
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box LL
Socorro, NM 87801
(505) 835-0342
(505) 835-9478

Chaves County (Roswell Area)

1701 S. Sunset
Roswell, NM 88203
Mon-Fri 8:00 AM to 5:00 PM
(505) 625-3000
(800) 824-8971
(505) 625-3099

Cibola County (Grants Area)

900 Mount Taylor Ave.
Grants, NM 87020
Mon-Fri 7:00 AM to 5:00 PM
P.O. Box 1390
Grants, NM 87020
(505) 287-8836
(505) 285-6278

Colfax County (Raton Area)

1233 Whittier Street
Raton, NM 87740
Mon-Fri 8:00 AM to 5:00 PM
(505) 445-2308
(505) 445-2218

[Curry County \(Clovis Area\)](#)

3316 North Main Street
Suite A
Clovis, NM 88101-3756
Mon-Fri 8:00 AM to 5:00 PM
(505) 762-4751
(505) 763-0493

[De Baca County](#)

620 Historic Route 66
Santa Rosa, NM 88435
Mon-Fri 8:00 AM to 5:00 PM
(505) 472-3450
(505) 472-3425

[Doña Ana County \(Las Cruces/Anthony Area\)](#)

If you live in the eastside of Las Cruces (East Doña Ana Area)

2121 Summit Court
Las Cruces, NM 88011-8238
Mon-Fri 8:00 AM to 5:00 PM
(505) 524-6568
(505) 524-6510

If you live in the west-side of Las Cruces (West Doña Ana Area)

655 Utah
Las Cruces, NM 88001-6006
Mon-Fri 8:00 AM to 5:00 PM
(505) 524-6500
(505) 524-6509

If you live in the Anthony Area

220 Crossett Lane
Anthony, NM 88021
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 4130
Anthony, NM 88021
(505) 882-5781
(505) 882-4728

[Eddy County \(Artesia/Carlsbad Area\)](#)

If you live in the Artesia Area

108 N. 16th
Artesia, NM 88210
Mon-Fri 8:00 AM to 5:00 PM
(505) 748-3361
(505) 746-6123

If you live in the Carlsbad Area

2324 West Pierce Street
Carlsbad, NM 88220
Mon-Fri 8:00 AM to 5:00 PM
(505) 885-8815
(505) 887-0550

[Grant County \(Silver City Area\)](#)

3088 32nd Street
Bypass Road
Suite A
Silver City, NM 88061
Mon-Fri 8:00 AM to 5:00 PM
(505) 538-2948
(800) 331-7311
(505) 538-0241

[Guadalupe County \(Santa Rosa Area\)](#)

620 Historic Route 66
Santa Rosa, NM 88435
Mon-Fri 8:00 AM to 5:00 PM
(505) 472-3459
(800) 824-8971
(505) 472-3425

[Harding County](#)

3112 Hot Springs Blvd.
Las Vegas, NM 87701
Mon-Fri 8:00 AM to 5:00 PM
(505) 425-6741
(505) 454-0256

[Hidalgo County \(Lordsburg Area\)](#)

109 Poplar St.
Lordsburg, NM 88045
Mon-Fri 8:00 AM to 5:00 PM
(505) 542-3562
(800) 331-7311
(505) 542-3226

[Lea County \(Hobbs Area\)](#)

2120 N. Alto
Suite D
Hobbs, NM 88240
Mon-Fri 8:00 AM to 5:00 PM
(505) 397-3400
(505) 393-2529

[Lincoln County \(Ruidoso Area\)](#)

26387 Hwy 70
Ruidoso, NM 88346
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 606
Ruidoso, NM 88346
(505) 378-1762
(505) 378-2204

[Luna County \(Deming Area\)](#)

910 E. Pear
Deming, NM 88031
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 818
Deming, NM 88031
(505) 546-0467
(505) 546-9326

[McKinley County \(Gallup Area\)](#)

2907 E. Aztec Avenue
Gallup, NM 87301
Mon-Fri 8:00 AM to 5:00 PM
(505) 863-9545
(800) 825-7442
(505) 722-0991

[Mora County](#)

3112 Hot Springs Blvd.
Las Vegas, NM 87701
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 1348
Las Vegas, NM 87701
(505) 425-6741
(505) 454-0256

[Otero County \(Alamogordo Area\)](#)

2000 Juniper Avenue
Alamogordo, NM 88310
Mon-Fri 8:00 AM to 5:00 PM
(505) 437-9260
(800) 826-4468
(505) 443-3098

[Quay County \(Tucumcari Area\)](#)

421 W. Tucumcari Blvd.
Tucumcari, NM 88401
Mon-Fri 8:00 AM to 5:00 PM
(505) 461-4627
(505) 461-2983

[Rio Arriba and Los Alamos Counties](#)

If you live in the Española Area

228 Paseo de Oñate Street
Española, NM 87532
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 2125
Española, NM 87532
(505) 753-2271
(505) 753-5826

If you live in the Tierra Amarilla Area

17345 Chama Highway
Tierra Amarilla, NM 87575
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 816
Tierra Amarilla, NM 87575
(505) 588-7103
(505) 588-7369

[Roosevelt County \(Portales Area\)](#)

1028 Community Way
Portales, NM 88130
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 1090
Portales, NM 88130
(505) 356-4473
(505) 359-2142

[Sandoval County \(Rio Rancho/Bernalillo Area\)](#)

830 Camino Del Pueblo
Bernalillo, NM 87004
Mon-Fri 7:30 AM to 5:00 PM
P.O. Box 430
Bernalillo, NM 87004
(505) 867-3357
(800) 926-9425 (505) 867-9492

[San Juan County \(Farmington Area\)](#)

101 W. Animas
Farmington, NM 87499
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 5250
Farmington, NM 87499
(505) 566-9600
(800) 231-6667 (505) 566-9655

[San Miguel County \(Las Vegas Area\)](#)

3112 Hot Springs Blvd.
Las Vegas, NM 87701
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 1348
Las Vegas, NM 87701
(505) 425-6741 (505) 454-0256

[Santa Fe County \(Santa Fe Area\)](#)

2542 Cerrillos Road
Santa Fe, NM 87505
Mon-Fri 8:00 AM to 5:00 PM
(505) 827-1932
(800) 231-8081 (505) 827-1940

[Sierra County \(T or C Area\)](#)

102 Barton Street
T or C, NM 87901
Mon-Fri 8:00 AM to 5:00 PM
(505) 894-3011
(800) 560-3011 (505) 894-1021

[Socorro County \(Socorro Area\)](#)

1014 N. California St.
Socorro, NM 87801
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box LL
Socorro, NM 87801
(505) 835-0342
(800) 245-9571 (505) 835-9478

[Taos County \(Taos Area\)](#)

145 Roy Road
Taos, NM 87571
Mon-Fri 8:00 AM to 5:00 PM
145 Roy Road
Taos, NM 87571
(505) 758-8804
(505) 758-1012

[Torrance County \(Moriarty Area\)](#)

109 Tulane Ave
Moriarty, NM 87035
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 400
Moriarty, NM 87035
(505) 832-5026
(800) 335-7293
(505) 832-4882

[Union County \(Clayton Area\)](#)

834 Main Street
Clayton, NM 88415
Mon-Fri 8:00 AM to 5:00 PM
(505) 374-9401
(505) 374-2853

[Valencia County \(Belen/Los Lunas Area\)](#)

If you live in the Belen Area

100 N. 5th Street
Belen, NM 87002
Mon-Fri 8:00 AM to 5:00 PM
P.O. Box 259
Belen, NM 87002
(505) 864-5200 (505) 864-5247

If you live in the Los Lunas Area

445 Camino Del Rey
Los Lunas, NM 87031
Mon-Fri 8:00 AM to 5:00 PM
(505) 222-0800
(505) 222-0888

