

New Mexico
Medicaid
Developmental Disabilities (DD) Waiver
ALLOCATION
HANDBOOK

A Guide for Families and Individuals With Disabilities



How do we start services now that we have received an “allocation” to the DD Waiver?



Parents Reaching Out
Your One Stop Resource for a Stronger Family

Spring 2008

Why a Medicaid DD Waiver Handbook for Families and Individuals with Developmental Disabilities?

For many families and individuals with disabilities, the process of applying for the DD Waiver, officially known as the “Home and Community based Medicaid Developmental Disabilities (DD) Waiver”, can seem so complex and overwhelming that they hesitate to embark on the journey. This book is an attempt to bring together accurate information and advice from families, advocates, case managers and agencies, to provide a “road map” of sorts to families and individuals.

There are actually two books in this series, one entitled “**New Mexico Developmental Disabilities (DD) Waiver Application Handbook**”, that addresses beginning the application paperwork, and another book entitled “**New Mexico Developmental Disabilities (DD) Waiver Allocation Handbook**,” addressing starting DD Waiver services, once you have received notice of an available funding slot on the DD Waiver. Be sure you have the book that applies to your situation.

Hopefully families, advocates, self-advocates, school staff, social workers and agency personnel will be able to share these booklets with those who need information to navigate the sometimes complicated world of application and allocation to the Medicaid Developmental Disabilities (DD) Waiver. Contact Parent’s Reaching Out at 1-800-524-5176 for copies of either of these booklets.

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 find these boxes to be the most valuable part of this book.*

There were also 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 thank each of them for the time they dedicated to helping other families and individuals with disabilities receive this information. Special thanks to family member, Phyllis Shingle for compiling the material and the following people who devoted extra time and attention to the creation of this book:

- | | |
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Important Information to Remember

Find contact information for local ISD offices and LTSD Regional offices in Appendix A and B.

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

Address: _____

Date on Waiver Registration Form: _____

My Long Term Services (LTSD) Regional Office: Phone #: _____

Address: _____

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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 weren't 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 Long Term Services 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 office. 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 won't 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's worth it.

Patty

Parent



Chapter 1

WHAT IS A MEDICAID WAIVER?



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. Since this act made an exception to, or waived the requirement of going into an institution to receive services, it is referred to as a “**Waiver**”.

The 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.

Remember:

- There is a waiting list and it usually takes several years before an opening becomes available, so registering for the DD Waiver is good planning.
- The child may require more specialized therapy services than are available through the public school special education program and they may be available through the Waiver.
- Most individuals will be eligible for a Medicaid card that will qualify them to receive medical services through Medicaid, even if the family income is too much to qualify financially. There are upper income limits however for the family income.
- A child may exhibit challenging behaviors that can be helped by behavior therapy through the DD Waiver.
- Even though residential or employment services may not be appropriate for a child at this time, the family may benefit from respite care and other support services supplied through the DD Waiver.
- The individual may benefit from services available through the DD Waiver that help them enjoy active participation in their community.
- The individual can receive funding for environmental modifications such as a wheelchair ramp or accessible bathroom for their home through the DD Waiver program. There may also be non-medical transportation available with the DD Waiver.
- The family is involved in the planning and implementation of services when a child is allocated to the DD Waiver.
- Registering for DD Waiver services can make you eligible for some programs, while you are waiting for DD Waiver.
- Applying for Supplemental Security Income (SSI) may be encouraged, as another financial resource while you are waiting for services. To meet SSI requirements, the income of the entire family is considered, until the person turns 18 years old. After age 18, only the child’s income and assets are considered. The DD Waiver application process **does not** require you to apply for SSI.

It Helps to Know These Terms and Acronyms

DD Waiver – The Medicaid Developmental Disabilities Home and Community-Based Medicaid Waiver Program, otherwise known as the DD Waiver.

LTSD – Department of Health (DOH), Long Term Services Division - You will usually communicate with your regional office. See Appendix A for contact information for your area.

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

Registration – This is the first step in applying for the Medicaid DD Waiver. You would go to your local ISD office, get a one page Waiver Registration form, fill it out and turn it in to the ISD office. There is an eligibility process that follows.

Registration Date – When you turn in the Waiver Registration 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.

Eligibility – In order for an individual to receive services through the Medicaid DD Waiver Program, they must meet the required eligibility criteria. When you apply, DOH/LTSD will “screen” the information to be sure the person meets the requirements. After you receive notice that there is an open “funding slot” on the Medicaid DD Waiver, you will provide documentation showing the individual requires a certain level of care (medical eligibility), and the individual meets the financial requirements (financial eligibility).

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 waiting list.”

State General Funds – Limited state funded services administered by the NM Department of Health, Long Term Services Division for eligible persons. The services funded through State General Funds have different guidelines for eligibility than funds used to provide DD Waiver services.

Allocation - As money becomes available for services, persons on the Central Registry are offered services through the DD Waiver, by registration date. There are medical and income eligibility processes that follow.

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



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.**”

Waiver Programs Available in New Mexico:

- The Medicaid Developmental Disabilities Waiver Program (DD Waiver) helps New Mexicans with developmental disabilities to live in their home and community. To qualify for services, you or your loved one must have a developmental disability that occurred before the age of twenty-two, need help with personal care (bathing, dressing, eating, etc), and be a resident of New Mexico. The process of applying for the DD Waiver will be covered in detail in this book.
- The Medically Fragile Waiver Program (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, 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 such as bathing, dressing, eating, (There are specific requirements regarding a person having deficits in 3 out of 7 life areas.); and be a resident of New Mexico. Application for this program begins with the same Registration form as the DD Waiver. For more information, contact the Medically Fragile Program in Santa Fe 827-2428 or 1-877-696-1472.
- The Disabled and Elderly Waiver Program (D & E Waiver) helps New Mexicans who are elderly or have physical disabilities to live in their homes. 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 (bathing, dressing, eating); and be a resident of New Mexico. Apply for the D&E Waiver through the Aging and Long Term Services Department at 1-800-432-2080.
- The HIV/AIDS Waiver Program helps New Mexicans with HIV/AIDS to live in their homes. To qualify for services, you or your loved one must have a diagnosis of HIV or AIDS. For more information call 505-476-3628.
- The Brain Injury Service Fund, while not technically a “waiver”, provides services and supports to individuals age 18 and older, with a traumatic brain injury (TBI). To qualify for services you or your loved one must: 1) have a physician diagnosis, verified in writing, of TBI (must be ICD-9 code), and 2) be a resident of the state of NM. For more information, call the Brain Injury Association at 1-888-292-7415. Ask for an application packet or download it from their website. Contact the TBI Case Manager in your area to complete the packet with you. The TBI Case Manager will submit the application packet for funding.



The Medicaid Developmental Disabilities (DD) Waiver

In New Mexico the Long Term Services Division of the New Mexico Department of Health administers the Medicaid Developmental Disabilities Home and Community-Based Waiver program, otherwise known as the DD Waiver. This program is designed to serve children and adults in New Mexico with developmental disabilities who qualify for services. It helps New Mexicans with developmental disabilities live in their home and community.

To qualify for services, you or your loved one must have a developmental disability that occurred before the age of twenty-two, need help with personal care (bathing, dressing, eating, etc), and be a resident of New Mexico. The individual must have Mental Retardation (MR) or a related condition, and have a developmental disability. Look for more about the DD Waiver eligibility criteria in the section “Determining Eligibility After Allocation.”

More about the services:

- The Mission of the Long Term Services Division (LTSD) of the NM Department of Health is to provide a statewide system of community-based services and supports to improve the quality of life and increase independence of individuals with developmental disabilities and children with or at risk for developmental delay or disability and their families.
- Most of the needed services for New Mexicans with developmental disabilities are provided through the **home** and **community** based DD Waiver program.
- Developmental Disabilities Waiver funded services are not replacements for the family system, informal caregiver support or other community services, but are **supplements** to them.
- Services are provided in a culturally relevant manner, focusing on assisting people with developmental disabilities with their daily life and are usually provided in **natural environments**.
- Most Individuals receiving services through the DD Waiver receive a Medicaid card which will cover medical services through the Medicaid program, regardless of the family income. There are some very high upper income limits.
- The Medicaid DD Waiver program helps persons with developmental disabilities stay in their communities by providing services that promote **independence** and **achievement** of personal goals.



Chapter 2

We Received a Letter About an Allocation to the Medicaid DD Waiver... Now What?



What is an “Allocation?”

As money becomes available, persons on the Central Registry, are offered an opportunity to receive services through the Medicaid Developmental Disabilities (DD) Waiver. This chance to receive services is called an “allocation.”

Allocations from the Central Registry are made by the registration date, with those who have been waiting the longest to receive allocations first. Generally allocations are made once a year, however this could be changing soon. When an allocation becomes available for you or your family member, you will receive a packet with a letter from the Long Term Services Division (LTSD).

Your packet from the LTSD Regional Office will be sent out registered mail. You will have to sign saying you received it. You may have to go to the Post Office to pick it up. The packet will include:

1. A **cover letter** – called a “Letter of Interest” (even though it doesn’t these words on the letter). This letter will ask if you are still interested in receiving services through the DD Waiver. **If you wish to receive services**, you must follow the instructions on the cover letter and return the completed Primary Freedom of Choice, to begin the process. **You must send back the Primary Freedom of Choice by the date specified on the letter**, (about 30 days from the date the Letter of Interest is issued.) If you do not, your case will be closed.
 - You may receive letters from LTSD several times before there is actually an opening for services on the DD Waiver. LTSD periodically sends out “Keeping in Touch” letters, asking people on the Central Registry, if they are still interested in receiving services. Make a copy of each letter for your own records. You may want to send the letters back certified mail, so you can be certain of them receiving it, but it is not required. It is very important to send back each and every one of these letters, stating if you are still interested.
2. **Waiver Refusal Form** – If you do not want to receive services at this time, you would fill out this form and return it, instead of the Primary Freedom of Choice form.
 - You have the right to refuse services. If you choose to refuse services, you need to check the box on the Waiver Refusal Form, indicating you **do not** want to receive services and you understand you would need to start from the very beginning again if you decided you wanted services at a later date.
 - *You may also ask for a “hold”*, and continue waiting on the Central Registry. This means you do not want services **right now**, but want to stay on the waiting list. Check the box indicating you do not want services right now, but may at a later time. This means you will remain in “Allocation on Hold” status until you decide you would like to be considered for services through the DD Waiver again. When ready, you would write a letter or call the LTSD Regional Office to ask your status to be changed to “active” again. An “active” status does not mean you will be allocated immediately, it does indicate you are interested in services the next time the DD Waiver has openings.

- If you receive a letter offering an allocation to the DD Waiver, it would be in your best interest to discuss all the options with your LTSD Regional Office and an advocate at The Arc of NM or Parent’s Reaching Out, **before refusing services or asking to put your allocation on hold.**
3. **Primary Freedom Of Choice** form – When you receive this form in the mail, you know that there is truly an opening on the Waiver. This form allows you to select a Case Management agency from those listed on the form. Your Case Manager will be the one to help guide and support you and your family through the DD Waiver process. You will want to select an agency that best suits the needs of you and your family.
 - The best way to choose an agency is to contact each agency and ask some questions regarding issues that are important to you. See the section entitled “What Do I Ask Potential Service Providers?” below. Take notes from your conversation with each service provider to help you make your decision.
 - Place an “X” in the box next to the agency you wish to choose and return the completed form to your LTSD Regional Office. Remember to put your full name, address and telephone number, so the agency can contact you.
 - It is important to note that the only information the Case Manager receives, regarding you and your family member, is a copy of the Primary Freedom of Choice form, and your allocation letter. They do not have copies of the documents you submitted when you filled out your initial application for the Medicaid DD Waiver.
 4. LTSD provides a **self-addressed envelope** for completed forms to send to the LTSD Metro Office.
 5. The packet also contains information for the LTSD Regional Offices, and the counties they serve, to help you identify your regional office. This information is also found in Appendix A of this booklet.



The Allocation Letter

After you return the Primary Freedom of Choice form, the LTSD Metro Office will send you an Allocation Letter to Offer Services Thorough the Medicaid DD Waiver. This letter states that funding is now available for you or your family member through the DD Waiver, and it is time to complete the financial and medical eligibility process.

- There should also be a blue ISD form enclosed that you will need to fill out and take to the ISD office. It says at the top “Application / Redetermination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals.” The LTSD Metro Office will send a copy of this letter to the LTSD Regional Offices, your local ISD office, the case management agency you have chosen, and the Medicaid Utilization Review (UR) Entity.

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!”

What Questions Should I Ask Potential Service Providers?

The first step is to ask yourself what is most important to you and your family member about an agency or service provider who will be providing services to you. Write down some items that might be important to you. Remember, you will be interacting often with these people and a good match will help ensure collaboration and teamwork. You can switch agencies when needed, but it does take time. It is best to stay with one case management agency however, at least until the individual’s eligibility paperwork is completed and they are receiving DD Waiver services.



As you talk to people within agencies, think of your conversation as being like a job interview. You are interviewing them to see if you want them to work for you. You can contact the agency directly and ask to speak with the director. You can also contact your LTSD Regional Office for answers to specific questions. They will not be able to vouch for or recommend one agency over another however. You can call the Division of Health Improvement (DHI), which is the division of the Department of Health (DOH) that investigates incidents and does provider reviews. They can be reached at 1-800-445-8542.

Asking other families about their experiences can also be very helpful. It’s important to remember that each situation is unique and a professional who works great with one individual may not be a good match for someone else.



The following section has some ideas of questions to ask. Select which questions are most important to you and your family member and mark those questions. Of course these are only ideas, you do not need to use them word for word or even use any of them. After these suggestions is some space to come up with your own questions about what is important to you and your family member.

Case Management Agency

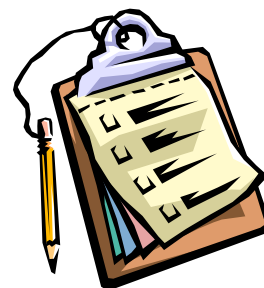
On the Primary Freedom of Choice form, you are asked to select a Case Management Agency or Provider. Check the questions below that apply to your situation that you might want to ask a Case Management Agency:

- Where are you located? Are you close to where I live?
- How long has your agency been in business?
- How will you help me to understand the DD Waiver process? What are my roles and responsibilities are? What are everyone else's roles and responsibilities?
- What can I expect you to do for me and my family member while you are providing service? Will you be looking for resources for me? Will you attend other meetings with me, such as school IEP meetings? Will you help take care of difficulties with staff or therapists, (such as staff not showing up or not trained, or therapists not showing up)?
- I am more comfortable working with someone who speaks my native language. Do you have a Case Manager who speaks _____ ?
- I would be more comfortable working with a Case Manager who was familiar with my (or my family member's) disability. Do you have a Case Manager who is familiar with my (or my family member's) disability of _____ ?
- How will you help me to develop and maintain my relationships with my family, friends and other connections in my community, also called "natural supports"? Can you give me an example of when you were able to help someone develop and maintain their friends and natural supports in the community, without giving any names of course?
- How will my family member and I be involved in planning my services?
- What can I do if I am unhappy about the way I am treated or the services I receive?
- (For a child under 18) If I choose to have less than 12 months of case management per year, how will you help me to plan for the months you are not working?
- What are your hours? How can I contact you? Phone? Pager? E-mail?

- How can you be reached after normal working hours?
- What is your staff turnover rate?
- How will you decide which Case Manager will best fit the needs of myself and my family member? What if it is not a good match?

Your Questions and Notes:

Therapists and Service Providers



On the Secondary Freedom of Choice form, provided by your Case Manager, you are asked to select the therapists and service providers you would like for services such as Respite, Community Membership, Support Employment, Day Habilitation, etc. Check the Questions below that you might want to ask:

- What type of services/programs do you provide and can you give me written information about them?
- Tell me about the training your respite/day habilitation employees receive. Will they be trained prior to working with my family member? What will this training consist of?
- Do you allow parents/family members/guardians to interview respite workers who will be working with their family member?
- How do you deal with issues of incompatibility, i.e. when someone turns out to not be a good match?
- How will my family member and I be involved in planning my services?
- Is there a wait for a specific therapist?
- Do you have therapists who are knowledgeable about _____? (examples: assistive communication devices, sensory integration, a specific disability, etc.)
- I live in a rural area, how will your agency help me to meet my needs?

- Will you be providing services in my home or another location?
- How will your services be individualized to meet my needs?
- What is your staff turnover rate? What is your plan and training of back-up staff? Do you have on-call staff?
- Do you check the background of your employees?
- Do you have a nurse on staff?
- If I need transportation, how can you help?
- How will you help me develop and maintain my friendships and natural supports? Can you give me an example of when you were able to help someone develop and maintain their friendships and natural supports in the community, without giving any names of course?
- What can I do if I am unhappy about the way I am treated, or the services I receive?
- How will the people who work with me respect my wants and wishes?
- What are your hours? How can I contact you? Phone? Pager? E-mail?
- How can you be reached after normal working hours?
- What is the group size for outings?
- Is your organization involved in community advocacy efforts? What advocacy and community groups are involved with your organization?
- For Homebased services, what training do you require the person providing homebased services, e.g. the parents, to receive? Who pays for it?



Your Questions and Notes:

Determining Eligibility After Allocation



Now that you have decided you are ready for DD Waiver Services, and you have completed the Primary Freedom of Choice form, it is time to complete the eligibility determination phase. Up to this point you have provided information demonstrating you or your loved one met the criteria for the DD Definition. Eligibility for services is different in that it is based on income (financial eligibility) and the “level of care” necessary to meet the needs of the individual (medical eligibility).

Below is the actual wording from the DD Waiver Service Standards regarding eligibility. The wording may seem somewhat technical. We include it so that individuals and families will know what eligibility for DD Waiver Services will be based upon. (See graphic below box.)

DD Waiver Eligibility Criteria:

1. The individual has a developmental disability, defined as a severe chronic disability, other than mental illness, that:
 - a. Is attributable to a mental or physical impairment, including the result of trauma to the brain, or a combination of mental and physical impairments;
 - b. Is manifested before the person reaches the age of 22;
 - c. Is expected to continue indefinitely;
 - d. 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,
 - e. 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.
2. The individual also has mental retardation or a specific related condition, limited to cerebral palsy, autism (including Asperger’s Syndrome), seizure disorders, chromosomal disorders (e.g. Down Syndrome), syndrome disorders, inborn errors of metabolism, and developmental disorders of brain formation.
3. The individual must also require a level of care provided in an Intermediate Care Facility for the Mentally Retarded (ICF-MF); (and,
4. meets all other applicable financial and non-financial eligibility requirements.

Please note that when the eligibility criteria in the box states: “The individual must also require a level of care provided in an Intermediate Care Facility...,” this does not mean the DD Waiver requires, or even suggests that the individual go into a facility to receive services. It is a home and community based program. The individual will be able to receive services in their own home and/or community. What this means is that in the medical eligibility segment, you will be asked to demonstrate that the individual needs as much medical assistance and help with major life activities as someone who might be living in a facility.

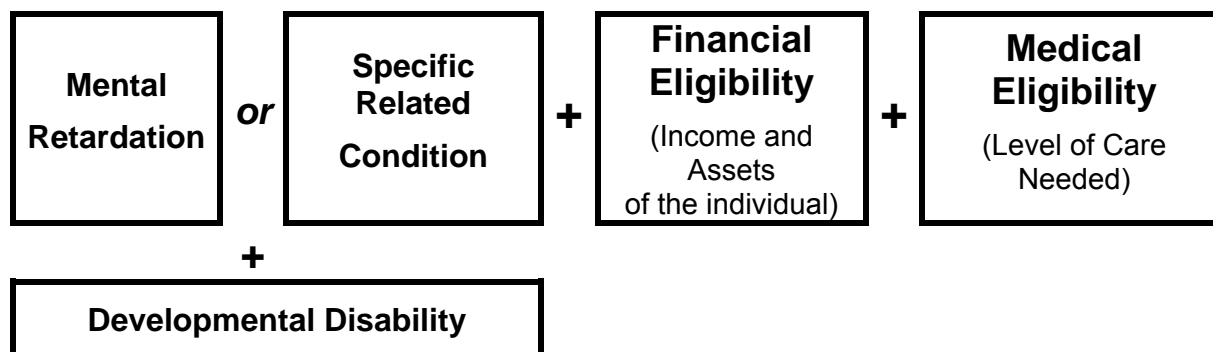
DD Waiver Eligibility Criteria

The DD Waiver Eligibility process is actually three pronged, meaning a person must meet all three tests before receiving services. Each piece will be discussed in this section. The three elements of the DD Waiver Eligibility Criteria are:

- 1) Meeting the Definition for Developmental Disability (DD),
- 2) Financial Eligibility, and
- 3) Medical Eligibility.



Meet the Definition for DD



Before receiving DD Waiver services, (and every year afterwards), you or your loved one will have to be determined medically AND financially eligible for the DD Waiver. This means you will be asked to provide copies of your medical and financial records. The DD Waiver Case Manager you have chosen will need to complete assessments and documentation of the ISP, before services can start.

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

To meet the criteria for Developmental Disability (DD), the individual must not only have a diagnoses of mental retardation, or another diagnosis such as Autism or Down Syndrome, they must also have difficulty with everyday life skills. **The official language states: “The individual must have mental retardation (MR) or a specific related condition, and have a developmental disability (DD).”** The following bullets describe the qualifications for the boxes in the graphic:

- **A specific related condition** is “limited to Cerebral Palsy, Autism (including Asperger’s Syndrome), seizure disorder, chromosomal disorder (e.g. Down Syndrome), syndrome disorder, inborn error of metabolism, or developmental disorder of brain formation.”
- **Mental retardation (MR)** applies if he/she has a level of retardation (mild, moderate, severe, and profound.) “Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.” It manifests before age 18. IQ tests are one method of measuring mental retardation.
- To qualify for the **Developmental Disability** portion of this test, there must be “substantial functional limitations [things they cannot do or have difficulty with] 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.”

Family Tip

"Start a binder or folder to keep all your records and copies in. It will save you loads of time later when someone is requesting something you know you have a copy of somewhere. Be as organized as you possibly can be" (See the chapter on Record Keeping for more ideas and tips.)

Medical and Financial Eligibility



Steps for determining medical and financial eligibility occur at the same time, but through separate agencies.

What this means for you is that you will be working on getting the paperwork completed and turned in for both eligibilities at the same time. You have to keep clear on who needs what documents. This involves some organization and some understanding of how it all works.

The DD Waiver Case Manager, whom you selected with the Primary Freedom of Choice form, will guide you through the process of collecting and completing assessments for **medical eligibility**. The purpose for determining medical eligibility is to demonstrate that the person needs a level of care that would warrant receiving services in an Intermediate Care Facility for the Mentally Retarded (ICF-MR). You will do this through providing records from medical professionals and answering questions regarding what this person cannot do for themselves or has difficulty doing in their everyday life.

The Medicaid Utilization Review (UR) agent, (currently Blue Cross/Blue Shield [BC/BS]), will make the determination, given the information packet the Case Manager submits, if a person is medically eligible for DD Waiver services or not.

The Medical Assistance Division (MAD) of the Income Support Division (ISD) office determines if the **financial** eligibility test has been met. This means you will need to provide documentation to the Income Support Division (ISD) showing that the **individual** applying for DD Waiver services does not have income and assets over a certain amount. The income amount is currently \$1672 per month, but as with any amount listed here, this can change over time.

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."



Medical Eligibility:

(Case Manager & Doctor)

- A DD Waiver Case Manager, from the case management agency you selected, will call you to set up an appointment to meet with you and your family member.
- The Case Manager will meet with you to gather information regarding you or your family member's overall health, developmental disability and its impact of his/her life, along with information on the individual's current support system. It is helpful to also have the person receiving services at the meeting with the Case Manager. The Case Manager will bring assessment tools and questionnaires, with questions for you and your family member to answer. These will document the person's needs and determine medical eligibility. These answers, along with medical documentation, will help to determine a Level of Care.
- Based upon assessment information, the *ICF/MR Long Term Care Assessment Abstract* form is completed and scored. This score is used to determine a "Level of Care" or LOC. This helps demonstrate the necessary criteria has been met. Medical eligibility for the DD Waiver is based on meeting the criteria for placement in an Intermediate Care Facility (ICF/MR). The Level of Care will usually be a 1, 2, or 3, with "1" being the level requiring the most care.
 - Currently this form requires your doctor's signature at the bottom. This may change however, as some families may find it takes longer than expected to obtain their doctor's signature. This can cause a delay in the process.
- You will be asked to make an appointment with your doctor for a physical examination. If you have a medical report from a physical examination *in the last year*, the Case Manager may use information from the prior physical, rather than having you get a new one.
- Keep in mind however, that after receiving DD Waiver services, you or your family member, will need to get a physical examination from your doctor each year.
- When you make the appointment with your doctor, be sure to tell them that it is for an annual physical and that you have paperwork for them to fill out. The case management agency may give you additional paperwork for the doctor to fill out, documenting the annual history and physical. Check with your DD Waiver Case Manager before going to the doctor. Documentation that the person's hearing, dental and vision has been checked may also be requested.
- Make a list of any medical records requested, including a medical history from your doctor and current evaluations from a doctor or a qualified professional from the school district. The evaluation(s) or assessments you will be asked for must have been done in the last three years. The medical history you submit should contain information regarding the person's disability, not all the notes your doctor has made over the years. Then provide the requested information to your DD Waiver Case Manager. You may need a psychosocial history, health and medical records, psychological or adaptive behavior evaluations, school IEPs, any other evaluations or assessments, Social Security Disability Determination, and/or documentation that the disability occurred prior to age 22.

- If you have a child receiving special education services through an Individualized Education Plan (IEP) in their school, someone from the school will usually do an evaluation every three years. This evaluation is sometimes called “a three year evaluation” or “a three year psych evaluation.” If it has been more than three years, request the school do an evaluation. The school evaluation is one of the documents you can use to help determine medical eligibility. Take copies of the evaluation(s) to your Case Manager. If your loved one is not in school, you would contact a doctor to request a current evaluation.



Financial Eligibility: (Income Support Division (ISD))

- Within 10 days of receiving your *Allocation Letter for the Medicaid DD Waiver*, a case worker from your local ISD office will send you a letter telling you when your appointment for income eligibility determination is scheduled. (Remember that the ISD case worker is not the same person as the DD Waiver Case Manager.) To determine financial eligibility, you will need to complete the *Application/Re-Determination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals* form you received from the LTSD office, and take it with you to your meeting with the ISD caseworker. The form is usually printed on blue paper and is fairly lengthy. Plan to spend some time filling it out.
- Some individuals may find it difficult to actually go to the ISD office. Contact your local ISD office to see you can give them the information from your completed *Application/Re-Determination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals Form* over the phone. The list of items to bring with you to your meeting with the ISD case worker will include:
 - Proof of citizenship – which could be a birth certificate, CIB (tribal census number for Native Americans) number, voter registration, or copy of a Social Security card.
 - Proof of income for the individual seeking DD Waiver services – usually 3 months worth of pay stubs, if applicable,
 - Supplemental Security Income (SSI) information, if any,
 - Financial statements from all bank accounts that belong to the applicant. They will need your last three full bank statements for savings and checking accounts.
 - Any documents regarding portfolios, stocks, bonds, mutual funds, burial funds, life insurance policies, or property owned by the person seeking DD Waiver services.
- If someone has a Power of Attorney or Guardianship, they will also ask for a copy of that document. Individuals who have trust fund, or an insurance policy that can be cashed in (considered resources), may not pass the financial eligibility test. Many times these types of resources can be transferred to Medicaid approved trusts/policies. Call The Arc of NM at 1-800-358-6493 for more information. See their pamphlet entitled “*Special Needs Trusts, Important Information You Need to Know to Protect Your Child with a Disability Now and in the Future.*” An attorney can also give you information and help you to set up a special needs trust.

- **Financial eligibility for the DD Waiver is based on the available resources and income of the *individual* with disabilities applying for services.** When filling out the form, the “applicant” is the person with a disability who is applying for services, even if he or she is a child.
- **When the person applying is a child, under age 18, you do need to fill out the section on the blue form asking for the financial information of the parents, even though the income of the parents will not be used to keep the person from receiving services on the DD Waiver.** This information will be used to determine if the parents’ income is such that the person could qualify to receive other benefits.
- If the individual is married, community property is considered as a resource. Otherwise, only the resources available to the individual (not the family) are considered.
- Make copies of anything you turn into the ISD office, for your own records. Again, ask for a date stamped receipt any time you turn something in.
- Meet with your ISD case worker at the ISD office at your scheduled time. When you go to your meeting with your ISD case worker, make sure you are on time, but be prepared to wait if they are running behind. Remember to bring all the documents listed.
- The ISD case worker will look over the form you have filled out and all the paperwork you have brought. He or she will make a list for you of anything else they will need to make a determination of financial eligibility. They will probably tell you to return the documents they still need, before a certain date. After you have turned in all the requested information, they will send out a letter telling you if you have been qualified as financially eligible or not. Remember to get a date stamped receipt for anything you turn in later.
- When you receive an allocation, the ISD office enters your information into their computer. If all the financial and medical eligibility information collected by the DD Waiver Case Manager is not submitted within 45 days, you will automatically receive a denial letter from Medicaid. **Since many packets are not completed and submitted within the 45 day time limit, families should not worry if they receive this first denial letter from Medicaid.**

Family Tip

“I was very concerned that my son would be denied services since my husband and I both work and we don’t qualify for Medicaid or SSI. I knew that they should base it on his income and not the income of the entire family. I was confused and concerned when the ISD form also asked for the income of the entire family.

First we received a denial letter from Medicaid. Then we received another letter from Medicaid saying we were approved. It was very confusing and scary, but I was glad my DD Waiver Case Manager had warned me this was probably going to happen.”

Chapter 3

WHAT IS AN INDIVIDUAL SERVICE PLAN (ISP) AND WHAT DO WE NEED TO KNOW ABOUT IT?

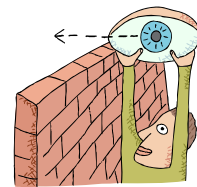


Developing the Individual Services Plan (ISP)

Once you are found to meet financial and medical eligibility criteria, your Case Manager will work with you to develop an Individual Service Plan (ISP). An ISP is developed by a team made up of the person receiving services, the Case Manager, parents, guardians and involved professionals. It describes what services are needed. After it is completed, the ISP is sent to Utilization Review (UR) agent (currently Blue Cross/Blue Shield) for approval. This ISP team is usually referred to as an Interdisciplinary Team (IDT). The DD Waiver Case Manager coordinates and facilitates the meetings to develop the plan. These meetings can be held at an agency, in your home or a mutually agreed upon place.

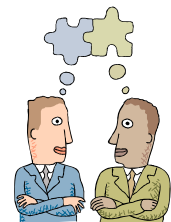
1. The first ISP meeting will probably not include all the professionals and therapists that will eventually be a part of the team. Before meeting to develop the ISP, the DD Waiver Case Manager will meet with you to discuss the services needed.

- The ISP form consists of several parts. One of the first tasks will be to develop “a personal vision statement.” This “vision” is the big, overall goal for the person to receive services, that all the other goals should be working towards.
- The Case Manager will discuss with you the needs of you or your family member, in several different areas of your life, including: work, play or recreation, and overall life needs. Goals will then be developed in each area.
- The ISP also includes a section on medical and psychological needs. Any medical information, medications, behavior plans, and/or crisis plans will go in this section.



2. Before planning the first ISP meeting, the DD Waiver Case Manager will give you a Secondary Freedom of Choice form with the names of the therapists and agencies available to work with you or your family member. Next to the name of each agency it should list the services they provide, e.g. Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (SLP), Behavior Therapy (BT), etc. Put an “X” next to the therapists or service providers of your choice, and sign the bottom of the form. Remember to list your complete mailing address and telephone number.

- As with choosing a Case Manager, you will want to select the therapists and agencies that best suit the needs of you and your family. The best way to choose a service provider is to contact each agency and ask some questions regarding things important to you. See the section entitled “What Do I Ask Potential Service Providers?” Take notes from your conversation with each service provider.
- Once you choose a therapist or service provider, they will contact you about setting up a time to discuss services. Each therapist will want to do an initial evaluation to help them know how they can best help. After they do the initial evaluation, they will work with you and your family member to decide goals for the therapy sessions.



- If you are unhappy with a therapist or service provider, you may change agencies or therapists. You would ask your DD Waiver Case Manager for another Secondary Freedom of Choice form to fill out and then wait for it to be approved. It is usually more helpful to try and work out any misunderstandings however. Ask the provider about their grievance procedure and what you should do if you are unhappy with their services.

Family Tip

"From my experience, I would tell families to look for someone in your community who was already on the DD Waiver. Invite them to come to your ISP meeting, for support and to help address questions you might have. I felt very out numbered, much like I used to feel in my son's IEP meetings at school. I feel you should always seek out advocacy and support. Take a support person with you until you learn the ropes."

3. Each year the IDT team, that includes you and your family member, will meet to develop an ISP for the coming year. Each therapist and service provider will develop, with input from you and your family member, goals in their area of the ISP.



- During the ISP meeting the Case Manager will take notes on the discussion and help facilitate development of goals for the coming year.
- The DD Waiver also requires **six-month review meetings**, to look at how everything is going and see if any changes need to be made to goals or how services are delivered. This meeting is also coordinated by the case management agency. Typically the agency will call you to tell you that it is time for your annual ISP meeting or your six-month review meeting and ask when they can schedule a time.
- ISP meetings must take place two times per year, and two months prior to a budget renewal date, to prevent a lapse in service.
- If things change during the year, you can have a meeting to make changes to your plan. Contact your DD Waiver Case Manager to discuss changes and schedule a meeting. It is good to remember it takes some time for changes to be approved however.

Family Tip

"I didn't understand what was going on in the meetings until probably my third or fourth ISP meeting. I finally started asking questions like: "What do you mean by this?" and "What is that?" I think Case Managers do so many meetings that sometimes they forget to explain what is going on so that we can understand. Tell families to ask lots of questions and have the Case Manager explain anything you don't understand. **I think there should be workshops for families to learn how the process works, just like we have workshops to learn about I.E.P.s for special education!**"

4. The Case Manager will collect all the reports from the therapists and providers, along with the goals developed at the team meeting. The Case Manager will typically meet with you and your family member to develop the Annual Resource Allotment (ARA) budget. At this time you will decide how much of each therapy and service you would like to “purchase” with DD Waiver funds.
5. The ISP will include a page summarizing how many hours you plan to use each therapy or services, along with which agencies you have selected. The Case Manager will use a form called “*DD Waiver Individual Budget Plan*” to work out the services you want to “purchase.” See the section on *Annual Resource Allotment (ARA)* in Chapter 3, for more information on budget amounts.
 - The DD Waiver Individual Budget Plan page will tell you how much each service will cost you, per unit, out of your DD Waiver budget. Different types of therapies and services providers are paid at different rates. See Appendix C for a sample form. Keep in mind that the rate for each therapy and service will change over time. Your DD Waiver Case Manager will have current information on therapy or service “costs”.
 - Therapists can ask for “Center Based” hours and “Client Location” hours. Center Based hours are typically used to plan, complete reports and do paperwork. If a therapist provides services at their “center” or business office, or within one mile of the therapist’s office location, these are also considered Center Based hours. Client Location hours are usually the face-to-face time they will spend with you or your family member, away from their office. Providers and therapists are paid less per hour for center hours than for client hours.
6. The ISP should reflect the services needed to support the person’s personal vision, cultural preferences and choices about where and whom they live with, where they work, how to use their free time, the type of services received, daily routine, desired relationships, and things they want to learn. The ISP must also comply with state regulations and guidelines.
7. A packet submitted to the Medicaid Utilization Review (UR) agent, may receive a “buck back” when the information submitted is incorrect or incomplete; requires clarification and/or additional information is needed. The Case Manager will receive notice of the buck back and has two weeks to respond, or the UR agent can deny the requested services. Some of the reasons for a buck back include
 - transposing numbers,
 - if a service is budget for more than the capped (limited) amount, or number of units,
 - if there is insufficient documentation to support the need for service,
 - if there is a mistake in the codes submitted, or
 - any error in completing the paperwork
8. Schedule with the therapists and service providers, for when each service will be provided. Write it down on your calendar. Scheduling at least a month in advance can help to avoid miscommunications.

9. Write down contact information for each member of the DD Waiver team, e.g. names, the agency they work for, work phone numbers, alternate phone numbers, pager numbers, email addresses, etc. You may want to post this information by your phone and put a copy in your files. Keep this updated as things change. Having all this information on one piece of paper will help you to be able to contact members of your team when you need to, such as if you need to re-schedule an appointment.



Family Tip

"DD Waiver services and therapies should not center on just getting services. They should be used to make a better life for the individual. Plan to use the Waiver services and therapies to support your loved one in being a part of their community. A respite person could take someone to their scout meetings, their music lessons, their sports activities, the Elks Club, fishing, a dance, art classes, church meetings, etc.

Therapists could focus on getting someone ready for a community event that they would like to participate in, e.g. a swimming or sporting event. **Be creative!** Help your ISP team think beyond just getting services! Set meaningful goals. Talk about things in the community you would like to be a part of."



Your Questions and Notes:

What is an Annual Resource Allotment (ARA) and How Does it Work?



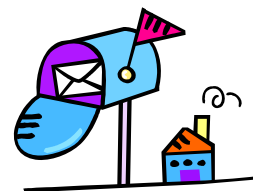
The Annual Resource Allotment (ARA) provides a specific annual budget amount that can be used to pay for services and supports from a menu of options defined by LTSD. Within the ARA amount, you and your Interdisciplinary Team (IDT) can determine how much of each service is needed, and develop the budget accordingly. For more information on available services, please refer to Chapter 4 - What Services are Available Through the Medicaid DD Waiver Program?

Within the Developmental Disabilities Waiver ARA, there are basically five categories:

- **Children**, under age 18,
- **Young Adults**, between the ages of 18 and 22, who are not using waiver residential services (Community Living Supports),
- **Young Adults in Community Living Support Services**, between the ages of 18 and 22 and using residential services,
- **Adults**, age 22 or older, who are not using residential services (Community Living Supports) and
- **Adults in Community Living Support Services**, age 22 or older, who are using residential services.

Different individuals may receive different amounts in their budget, depending on their situation. The ARA amount is determined by:

- **Age** – Children, birth to age 18, will be assigned different budget amounts than a young adult, between 18 and 22, or an adult, age 22 or older. There are also different rules that apply to services, depending on if the individual is a child or an adult.
 - The ARA budget amounts are lower for adults age 18-21, than for those 22 and over, because young adults continue to be eligible for special education services through the public schools until their 22nd birthday. Therefore, in theory, they should not need to purchase as many day program services through their ARA. However if a young adult receiving Community Living Supports is not enrolled in public school, they may access the category for Adults 22 and over, level of funding.
 - Children whose 18th birthday occurs part way through their “ISP year”, may choose to continue with services under the children’s category until their annual ISP date, or they may choose to transition to the Young Adult category immediately.
- Residential Service status – an individual who lives at home will receive a different budget amount than someone who is receiving Community Living Supports, out in the community.



- Level of Care (LOC) score – Determining the Level of Care is part of the Medical Eligibility segment. The Level of Care will usually be a 1, 2, or 3, with “1” being the level requiring the most care.
 - The budget amount caps, or amounts, for each “level of care” were set using five year’s worth of payment data to determine how much was spent to meet the needs of adults and children on the DD Waiver.

Family Tip

“I have found that, especially during the “transition” years when a young person is in an 18-22 year old school program, it is best for IEP teams and ISP teams to meet and plan together. I understand that the coordination of school transition services and DD Waiver services is new territory for most folks, but we did this for my daughter and both teams learned a lot from each other. Working together will help both teams effectively plan for adult life and independence. It can also help to smooth out the process and bridge the “gaps” in services and supports, since both teams will be working with DVR.”

The ARA budget gives you the freedom to pick and choose what services you want and how much of each service you need. As a parent of a child under 18 years of age you might feel that you only need respite and speech therapy (as an example), so you could ask for what you feel your child needs of the two services. You would of course, include the required case management for as many months that you feel are necessary.

You and your family member can choose what services you need and when you want the services. You don’t have to have the same amount of respite or therapy each month, or even each year. An example could be that a child might need more respite and/or therapy services during the summer than they need during the school year.

You could schedule therapy every week, every other week or once a month, depending on your schedule and the therapists’ schedule. Another example could be that one year you might choose to have a lot of speech therapy, to address current issues, and the next year you choose to invest the majority of your budget into behavior therapy. **If you decide at some point in time that you no longer need a service, it can be taken out of your budget.** Be honest with your DD Waiver Case Manager about what your needs are.

Services such as case management, respite and therapies are calculated as part of the budget. Community Living supports, environmental accessibility adaptations and adaptation consultants are **not paid** out of the individual’s ARA budget funds. Children are not eligible for Community Living Supports, unless an exception is granted by LTSD.

Notes:

Case Management



Currently only one service is required to be included in the ISP and ISP budget. It is Case Management. According to the DD Waiver service standards, “Case Management services are intended to support the individual in pursuing their desired life outcomes by facilitating access to supports and services.”

Case Managers responsibilities include:

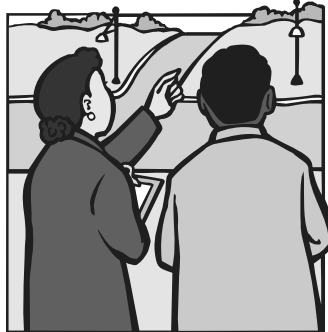
- facilitating the initial assessments and eligibility determination,
- collecting reports from service providers,
- organizing and facilitating team meetings,
- Coordinating and monitoring service delivery, (including how the ARA budget is spent down. This is very important because if the individual uses all the funding in the ARA prior to the end of the ISP year, funding for services will terminate until the beginning of the next ISP.)
- submitting documentation and revisions to Blue Cross/Blue Shield,
- coordinating, submitting and advocating for revisions and exceptions when necessary,
- monitoring the health and safety of the individuals,
- advocating on behalf of the individual, as needed,
- promoting informed decision-making and self-advocacy,
- maintaining a current and complete primary record of services, and
- Helping you and your family member through the process.

Case Managers are required to visit with the individual receiving services “face-to-face” every month for which you have “purchased” case management services. Each month “purchased” is about \$260 out of the budget. This may change over time as the rates change.

In the Young Adult and Adult categories you must “purchase” with DD Waiver money, a minimum of 12 months per year. The Young Adult category refers to individuals age 18-22, who are still attending school. The Adult category refers to individuals over age 18, who are not in school, or individuals over age 22.

In the Children’s category, birth to age 18, you can “purchase” anywhere from four to twelve months of service. You must purchase a minimum of four (4) months per year however. If you would like your DD Waiver Case Manager to be more available to help you and your family member, you might want to purchase more months, e.g. 9 or 12 months. The first year is usually a learning experience, and some families like purchasing the entire 12 months so they can enjoy the freedom to call their DD Waiver Case Manager at any time.

If less than 12 months of case management are purchased, it you might want to decide which months the Case Manager will be “working” for you. This can be changed at any time however, if something comes up. Families can also re-distribute money on their budget to increase their case management at any time. It does take time to get a change in the budget approved however.



Family Tip

“I have found it very helpful to have my DD Waiver Case Manager and various therapists come to my child’s IEP at school. This helps them to be aware of the goals we are working on at school and helps us have a more coordinated vision for my son, one that everyone is working on. My Case Manager has also been helpful in taking notes for me at the IEP. We’ve talked about having a team meeting that included the IEP team and the ISP team, so they could all be on board with the same vision. We haven’t done it yet, but we think it would be beneficial.”

Notes:



Chapter 4

WHAT SERVICES ARE AVAILABLE THROUGH THE MEDICAID DD WAIVER?



Services and Therapies Available Through the DD Waiver



When it is time to select therapists and provider agencies, your DD Waiver Case Manager will give you a Secondary Freedom of Choice form. This form will list the agencies currently available to provide services in your area. The Case Manager cannot vouch for, or recommend, one provider agency or therapist over another, but they can tell you who provides what service, e.g. some agencies allow their staff to provide transportation, and some agencies do not.

- If an agency is “on moratorium” and not accepting new clients, it may not be listed or available. An agency can put itself on moratorium, if they feel they are serving all the people they can at this time, or the state can impose a moratorium on an agency. Due to this type of variability, you may find that the agencies and therapists listed on the Secondary Freedom of Choice form can change from month to month.
- The best way to select an agency is to call them directly and ask them about the issues you are concerned about. See the section entitled “What Questions Should I Ask Potential Providers?” You might also want to talk to other families who are receiving services from potential providers, about what their experiences have been. Keep in mind however that each situation is unique, and someone who works great with one person may not be a good match for another.
- You will then select the therapists and agencies you would like, by checking the box next to the name of the agency. Then sign the bottom of the form and return it to the Case Manager. Remember to put your full name and telephone number.
- If the person receiving services is receiving prescription medications, someone will be required to monitor the medications. A physician, psychiatrist or behavior therapist can monitor these medications.
- Therapy services and supports are to be developed and implemented using a “Participatory Approach”. Therapy providers must be familiar with this approach and philosophy. The “Participatory Approach” asserts that no one is too severely disabled to benefit from therapy services, assistive technology and other supports that promote participation in life activities.
- Sometimes the people who work directly with your family member (direct-care staff) do not attend ISP meetings, although according to the DD Waiver Service Standards, they are required to attend. The DD Waiver Service Standards state: “The Provider Agency should also make arrangements for Direct Support Staff person, who knows the individual best, to attend the IDT meetings.” If you want someone who works directly with your family member to attend an ISP meeting, contact the agency ahead of time, and speak with the service coordinator to officially request the direct care person attend. Many times the person working with the individual directly can give more meaningful input into the development of ISP goals.

- Many service provider agencies will have a “service coordinator” person who makes sure services are running smoothly through their particular agency. They could be responsible for scheduling services such as respite staff, for example. The responsibilities will vary from agency to agency. The service coordinator is not the same person as the DD Waiver Case Manager. The service coordinator is usually the person from a service provide agency who attends ISP meetings.

Some available services are determined by age, while other services are available for all ages. Once an individual is allocated to the DD Waiver, a DD Waiver Case Manager will help explain and coordinate all the other necessary services.

More expanded, technical descriptions of therapies can be found in the DD Waiver Service Standards. We have selected portions of therapy descriptions from the DD Waiver Service Standards to include in this booklet, even though the language is somewhat technical. This information is included to help families and individuals make more informed choices. **Descriptions or statements within quotes are from the DD Waiver Service Standards.**



Family Tip

“It is wonderful to look at all these services you are eligible for, but if you live in a rural area, they may be limited or not available at all. There may not be anyone to offer a certain therapy that you need, or perhaps there isn’t an agency in town who wants to provide that service. Talk with your Case Manager about what is available where you live.”

Services available for All Ages:

- **Case Management** – coordinates, facilitates and monitors services provided by DD Waiver service providers. See the section entitled Case Management in Chapter 3.

- **Respite** – paid caregivers either come to the house or take the person out and provide the family a break from providing care.

Respite service is a “flexible family support service.” Respite’s main purpose “is to give the primary caregiver time away from their duties.” Respite providers “can also assist the individual in activities of daily living.”

- **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.

Personal Care can be provided “...in the individual’s home, the provider’s home and may occur in a community setting of the family’s choice, e.g. a community center, swimming pool, or park.” Personal Care is to “...assist the individual with activities of daily living, to maintain and/or improve personal care skills, self-help and daily living skills. Services range from furnishing total personal care to assisting and enhancing the individual’s skills and abilities in this area.

- **Speech Language Therapy** – to assist with verbal and non-verbal communication, obtaining assistive technical devices like communication devices and environmental controls, and assisting with safe meal times. Speech therapy “...involves the non-medical application of principles, methods and procedures for the diagnosis, counseling, and instruction related to the development and disorders of communication including speech fluency voice, verbal and written language, auditory comprehension, cognition, swallowing dysfunction, oral pharyngeal or laryngeal, sensorimotor competencies.” Speech Therapy services “...are intended to:
 1. Improve or maintain the individual’s capacity for successful communication or to lessen the effects of individual’s loss of communication skills.
 2. Improve or maintain the individual’s ability to eat foods and to drink liquids with minimal risk of aspiration or other potential injuries or illness related to swallowing disorders.”
- **Occupational Therapy** – 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.”

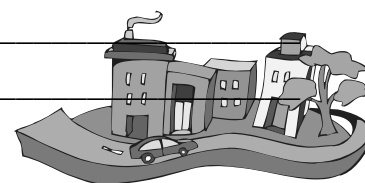
You may choose to use a Physical Therapy Assistant (PTA) or a Certified Occupational Therapy Assistant (COTA). These are persons who have graduated from a two year program and certified as a PTA or a COTA. They are qualified to work under the supervision of a certified therapist only. They do not have the degree or certification as licensed in Physical Therapy (PT) or Occupational Therapy (OT). A certified OT or PT would help you develop appropriate goals, consult with the Assistant and do supervisory visits. Benefits to selecting a PTA or COTA include: 1) they may be more available to provide services; and 2) their services are less costly to your budget. Certified OTs and PTs, who are taking new clients, can be difficult to find, especially in rural areas.

- **Nutritional Counseling** – provide guidance on nutritional health - based on individual need, nutritional evaluation, supports and monitors.
- **Behavioral Therapy** – to assist in understanding problem behavior and offer prevention and intervention strategies. BT includes “assessment/evaluation, development, implementation and management of the behavior support plan (BSP), treatment and caregiver/staff training and consultation.” See the section in Chapter 4 entitled “Behavior Therapy.”
- **Private Duty Nursing** – provided by Registered Nurse (RN) or Licensed Practical Nurse (LPN) at doctor’s discretion 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. Private Duty Nursing services are “activities, procedures, and treatment provided to treat a physical condition, physical illness or chronic physical disability.”

- **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. “Non-Medical Transportation services enable individuals to gain physical access to non-medical community services and resources, promoting individual opportunity and responsibility in carrying out ISP activities.”
- **Environmental Accessibility Adaptation** – Each individual on the DD Waiver is allowed \$7000 for a 5-year period to modify their homes or residence, “to ensure health, welfare and safety, or to enhance the individual’s level of independence. The equipment/adaptations are required due to the individual’s illness, impairment or disability and are identified in the Individual Service Plan. Adaptations may include repairs to existing equipment or modifications.” Examples of adaptations include: modifying bathrooms, widening hallways, doorways, ramps, lifts, roll in showers, alarm or signaling systems, voice activated devices, etc. These modifications must be done by DD Waiver approved contractors. However, the adaptations may not be used for the individual’s employment site or for vehicles and this cost is not taken out of the ARA budget amount.
- **Adaptation Consultant Services** – provides technical assistance and oversight to Environmental Accessibility Adaptations, to ensure proper design and implementation of the adaptation. The consultant is currently paid 15% of the total cost of the environmental adaptation project. This is not included in the ARA budget amount however. Providers for these services may be selected from the Secondary Freedom of Choice list, available from the DD Waiver Case Manager, in the same manner that other service providers are selected.



Notes:



Services Specific to Children: (birth – age 18)

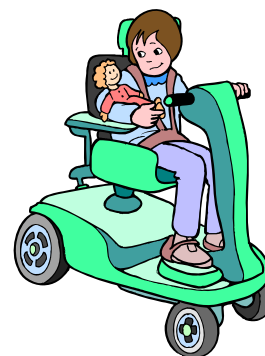
- **Community Access for Children** – is to support the family in understanding and promoting their child's development and independence. It includes information and training to the child's natural supports, including extended family members, peers, and other community members. Services should promote the skill building necessary for the child to participate successfully in family and community life. A Community Access Coach provides support for and facilitates community participation by the individual. They may also arrange the following "enhancement options":



- **Peer Mentorship** – where children of similar age or older act as "role models" to help in promoting interaction with other children and increasing appropriate social skills.
- **Stipends** – may be provided to "purchase informational materials (e.g. videos, books), fees, admission to events and activities" that support the individual's ISP goals. There is an annual cap of \$750.00.
- **Information and Training** - supports the family in achieving their goals for the child. It should promote "the development of skills that will assist the child with access to and participation in typical activities and functions of community life. For example, recreational and leisure skills, travel training, money management, pre-vocational exploration, and social skills." A developmental assessment is required when this option is used.
- **Family Counseling** – addresses the social/emotional and/or behavioral development of the child and the family. A licensed practitioner may be hired to provide family counseling.

Family Tip

"Accessing 'Community Access' services can be difficult. Currently very few people, including Case Managers, understand what it is or how to get it. You also have to have a "Community Access Coach" in order to receive the services. In some regions around the state there are no 'Community Access Coaches' available. This means we cannot get these services, even though we need it."





Family Tip

"Since most all of the therapies and meetings were at my house, it was difficult at times to know if these people were *guests* that I needed to arrange my schedule around or *employees* who needed to schedule around my time. I used to clean my house before each one came, adjust my schedule to meet their needs and offer refreshments as a good hostess should. I was exhausted from *hosting* all these people! Families should not feel that they have to clean their house or play hostess to the therapists and providers. Most professionals will understand this. If they don't understand, feel free to explain it to them."

Services Specific to Adults (age 18 and over):

- **Adult Day Habilitation Services** – provides access to the community, opportunities to socialize, build skills, work on crafts, etc.
- **Individual Supported Employment** – staff assist 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. Another goal is to develop other "natural" (non-paid) friends and supports within the work setting.

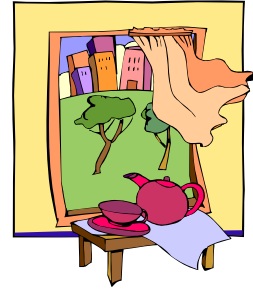
Individual Support Employment "may include, but is not limited to, competitive jobs in the public or private sector, cottage industry setting and self employment. Each ISP must specify natural supports available to the individual and address related training for the employer's staff that will be providing support."

- **Group Supported Employment** – the individual works in a group environment completing jobs as contracted. An example could be working on a janitorial crew or a yard working crew. It would offer "on-site supervision of persons with developmental disabilities who are working as a group in a community-based employment setting, including employment by the provider agency."
- **Community Membership** – 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. Community Membership services can be one to one (1:1) or more, however the group size is limited to one staff person for each three persons (1:3). Supports are provided in an integrated setting engaging in activities with adults without disabilities. Community Membership may only be provided between 9:00 a.m. and 3:00 p.m. unless the Community Living service provider agrees to an alternate schedule in writing. It does not include activities that would normally be part of an individual's residential life.

Family Tip

"I have found that a personalized handout about my son is very helpful for respite workers. That way, I don't have to repeat myself every time there is a new staff person. I list my son's interests, his daily routine, what he likes to eat, how to calm him, etc. The ISP has a lot of this information, but it is cumbersome to read. Workers tell me they like my handout much better."

- **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.” There should be at least 30 hours per week of planned activities outside the residence. Services are available up to 365 days a year, but do not include the time when an individual is at work, school, habilitation or other day program. Costs for room and board are the responsibility of the individual and may be paid through SSI funds or personal funds. There are four types of Community Living Services. They include:
 - **Supported Living** – residential services where the individual usually lives in a home setting with 1-4 other people, in a “group living model.” The needs of the individual and the goals stated in the ISP would determine the amount of time staff would be present. Some individuals will need awake-at-night staff and some will not. Staff would be “on-call” around the clock, seven days a week however. Transportation, nursing, and nutrition are all included in this service.
 - **Supervised Living** – residential services where the individual receives services in a licensed facility where “five or more individuals with developmental disabilities live.” Staff persons are present around the clock, seven days a week, to provide maximum support. Transportation, nursing, and nutrition are all included in this service. Some individuals will need awake-at-night staff and some will not. The provider should be licensed as an Adult Residential Care Facility.
 - **Assisted Living Supports** – staff come to help at the person’s home, on a regularly scheduled basis to provide some support with daily living skills (laundry, shopping, money management, etc.) Support can be from 10-80 hours per week. Assisted Living Supports are for people who need less than 24-hour staff support per day. It is provided in homes where there are “three or fewer (1-3) individuals with developmental disabilities.”
 - **Homebased Services** – The DD Waiver program pays an agency to hire a family member or community member to provide services in a home setting, working on specific goals, as identified in the current service plan. An example of a community member could be a college student as a roommate for an individual receiving homebased services.



- There must be clear justification as to why homebased services are the most appropriate for this individual. Other forms of supports and services such as personal care and respite must have proven ineffective before a request for homebased services can be approved. This means that an individual is required to try other services through the DD Waiver before they can qualify for homebased services.
- The family or community member actually becomes an employee of the agency providing the homebased service. The agency is reimbursed around \$2000 per month by the state, and then pays the family or community member. As employees of the agency, you will be asked to undergo the same background screening and training as any other employee. There is also a large amount of paperwork involved, that the family or community member is responsible for.
- There are a series of trainings a person planning to provide the homebased services is required to attend. If both parents plan to provide the services, both will be required to attend. The trainings address issues from medications to first aid to filling out paperwork, and must be completed before beginning homebased services. There is also a home inspection as part of the process.
- An individual receiving homebased services can still receive respite, day-habilitation, supported employment, therapies, etc. The agency is “responsible to provide or arrange up to 672 hours of Respite for each direct support provider per year.” The agency “will allow the direct support provider to select a respite provider outside the agency.”
- The criteria for approval of a request for homebased services are fairly strict. Ask your DD Waiver Case Manager or LTSD Regional Office for more information.

Family Tip

“My experience with homebased services has been that the interpretation seems to be blurred from one region to another. Many times it is not even being offered as an option, only as the last resort. It seems that the Case Manager should be the one to help the family advocate for Homebased services, if that is what is appropriate, since she is the only one without a vested interest in where you get services. I know homebased is not for everyone, but it can be a great option for the families and individuals that choose it.”

Effective Behavior Therapy and Your Family



Behavior therapy should strive to build on and add to your ability to support your loved one with respect to confusing, complex, and challenging behavior. The therapist can play many roles.

First, remember that the Behavior Therapist (BT) is a consultant to you and your family, someone who gives you helpful advice. An effective BT will observe and interact with your loved one and your family, in a variety of settings. They will form an impression of what factors might be related to the problem behaviors. These factors will include communication issues, comfort, medical factors, self-regulation, asserting control, stress management, social factors and other functions that the behavior addresses or satisfies. You and your family member will then receive guidance, advice and support in using strategies that may include modifying the places the person spends time, the pace and type of activities and tasks involved and interactions on the part of those supporting you or your family member.

In some instances, the therapist may provide counseling/therapeutic services directly to you or your loved one, if necessary. Finally, the therapist should act as an ally and asset to the larger team of people involved with you or your family member. This includes school personnel, respite providers, other therapists, and family members. The therapist will also offer training, problem-solving and on-going support to the DD Waiver team.

Families may want to ask the following questions about the behavior therapy services they receive:

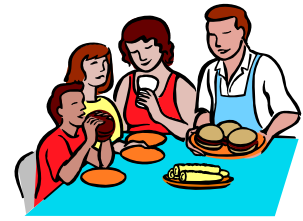
- Does the BT know my loved one?
- Does the BT have good ideas about what factors may start, encourage, and reward problem behavior?
- Does the BT have good ideas about what factors prevent, weaken or change problem behavior?
- Are the strategies the BT recommends focused on changing the factors that make the behavior more likely to occur, enhancing your child's quality of life, and teaching different skills that replace rather than just reduce the problem behavior?
- Are the plans and strategies free from restrictive, punitive measures?
- Do the recommendations you receive from the BT include ways to organize rooms, activities, and the way people interact with your child? Are the expectations realistic for home, school and other settings?
- Is the behavioral support a regular part of all aspects of your child's support, instead of something that just occurs with the BT?

If the answers are satisfactory, over time you should expect the following:

- Your loved one will be exposed to and have opportunities to engage in an expanding range of family, community, and school experiences, if they choose.
- Your family member's behavior is changing in positive ways and problem behavior is becoming less frequent and intense.
- Your family and those supporting the individual will have enhanced strategies and capacity to respond to episodes of problem behavior.

What is the “Assistive Technology Expense Fund (ATEF)?”

Individuals with developmental disabilities may qualify for up to \$250 annually for low-tech assistive devices. The Assistive Technology Expense Fund was established by the New Mexico Department of Health in 1997 to support the “Participatory Approach” philosophy that all persons, regardless of their degree of disability should have access to Assistive Technology and other supports that would help the individual participate more actively physically and communicatively in daily activities and in achieving individual goals. **This program is not a part of the DD Waiver Program.**



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.

If the individual needs assistance in applying, anyone who is a member of the person’s ISP Team or personal advocate may apply for funds on behalf of the individual. It is not necessary that the individual receive funding from the DD Waiver or any of the other NM Waivers. Those submitting applications are encouraged to remember that other sources of funding should be explored before applying for ATEF monies. The ATEF is not meant to replace any other means of funding such as personal or family funds, School supports, Medicaid, Medicare, etc.

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. The funds are exhausted quickly, so apply early.** Contact the AT Fund Coordinator, at 1-800-283-8415 or (505) 841-5233 for more information or to apply.

Notes:



Self-Determination and Self-Directed Services



Self-determination refers to a movement that encourages individuals with developmental disabilities, with the support of family and friends, to achieve meaningful lives in their communities. Self-determination calls for individuals to live in their own homes, with who they want, participate and contribute in their communities as they choose, develop relationships and friendships, and be fully included in all aspects of life.

New Mexico does not yet have a self-directed waiver option. However, it is on its way. When it becomes available, you should have the opportunity to choose a self-directed option or the traditional waiver services. With a self-directed waiver, you should have more flexibility in what services you purchase and who you purchase them from. You may hire your own direct support staff, rather than depend on the provider agency to provide you with staff. You will have more freedom in where you live because your support is not dependent upon where an agency provides the services. You can customize a schedule of support and assistance to suit what you do and when you want to do it. You should be able to purchase goods and services from generic community resources. And if you are not sure you can do all this by yourself, you can get as much help as you want from those in the new support roles.

Self-directed services allow the individual to have authority and responsibility over an allocation of waiver funds to budget and control as they need to arrange the services that will help them get the life they want, instead of having a provider agency manage these services.

A tool for self-directing services would be an individual budget, which is the spending plan an individual develops for how they will use their allocation funding. The new roles for self-directing services include 1) a person who is community resource specialist, and helps the individual arrange to purchase the services and support in their budget, and 2) a fiscal intermediary, who is a financial manager and will process payroll for staff hired by the person. They will also make other expenditures as the individual authorizes. Through self-directed services, an individual can make use of personal or family resources and access community resources to get the life they want. These resources can be supplemented with waiver funded services. In this way, the need for waiver funded services does not supplant the natural resources and supports that individuals already have to rely upon.

In order to fully realize the promise of self-determination, individuals with disabilities must be able to self-direct their services. Freedom and full citizenship are only possible if individuals can get the services they need without being subjected to provider-controlled environments. Self-directing their services is how this can happen.

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 be notified of any actions taken.
- You have the right to participate in planning services and discussing changes in the services you receive.
- You have the right to refuse services. You also have the right to ask for a “hold”, to stay on the Central Registry. If you receive a letter offering an allocation to the DD Waiver, it would be in your best interest however to discuss all the options with your Regional LTSD office and an advocate before deciding to refuse services or you’re your allocation on hold.
- You have the right to select from among the programs providing services in your region and you may change providers at any time.
- 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 services.
- You have the right to appeal a denial of 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.

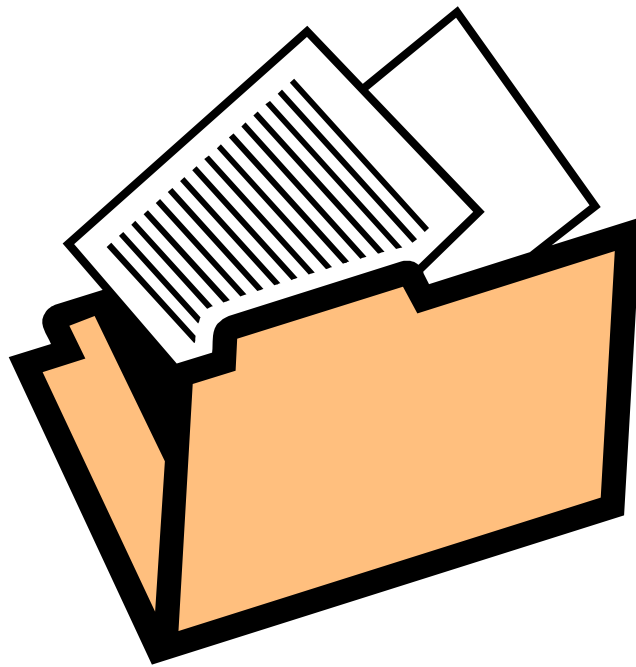


Responsibilities:

- **You have the responsibility to keep your regional office and Case Manager informed of address and other changes taking place.** Keeping them informed allows them to help you plan for changes and keep services and supports flexible and adjustable.
- You have a responsibility to be an active member of the team. This means sharing information, taking part in developing your individual plan, and participating in achieving your goals.
- **You have the responsibility to respond to mail inquiries annually to keep Waiver services.** (NMAC 26.3, NMAC26.4) You will periodically receive letters, called “Keeping in Touch” letters from the LTSD Regional Office asking if you are still interested in services when a slot becomes available. Always respond promptly to these inquiries

Chapter 5

RECORD KEEPING



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. Don't rely on someone else to be keeping 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 LTSD 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, the date you submit any paperwork.**
- Always get a dated receipt for anything you turn into the Income Support Division or Long Term Services Division.
- Keep a phone log of calls you make or receive regarding the Medicaid DD Waiver. Write down what the conversation was about and anything you agreed upon.
- If you move at any time during the application process, be sure to inform your LTSD Regional Office and Income Support Division office, and give them your new address and phone number. Document that you did so.
- UNM Continuum of Care Project, through the NM Department of Health, has a small portable booklet called "CHUMS," to keep essential medical information in. Families can request a "CHUMS" from the UNM Continuum of Care Project at 505-272-5215.
- 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 Record Keeping workshop.*

Family Tip

"It's a long process and good record keeping is a must! Keep copies of everything you turn into LTSD 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: _____

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Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Medicaid DD Waiver Checklist and Quick Reference

This section is meant to serve as a quick reference as you navigate the Medicaid DD Waiver “application” process. For more in-depth information, please read the chapter that applies to that particular topic. Please note that there are actually two books in this series, one entitled “**New Mexico Developmental Disabilities (DD) Waiver Application Handbook**”, that addresses beginning the application paperwork, and another book entitled “**New Mexico Developmental Disabilities (DD) Waiver Allocation Handbook**” addressing starting DD Waiver services, once you have received notice of an available funding slot on the DD Waiver. Be sure you have the appropriate booklet for your situation. Contact Parents Reaching Out (PRO) at 1-800-524-5176 to obtain copies of either of these booklets.

Fill out the “**Important Information to Remember**” box at the front of the booklet with the names and phone numbers of your local Income Support Division (ISD) office and your Long Term Services Division (LTSD) Regional office. See Appendix A and B for statewide information. As you go through the steps for determining eligibility and starting services, fill in a date for each item. Good documentation is essential!



Allocation and Eligibility

(Letter of Interest, Primary Freedom of Choice and Allocation Letter)

Date

1. _____ Receive a cover letter, sometimes called a “Letter of Interest” and a Primary Freedom of Choice form from LTSD.
2. _____ Write down in your records the date you received the above papers from LTSD.
3. _____ Select a Case Management agency from those agencies listed on the Primary Freedom of Choice form by putting an “X” in the box next to your chosen agency. For tips on selecting a Case Management agency, see the section “What Questions Should I Ask Potential Service Providers?” in Chapter 2.
4. _____ Return the Primary Freedom of Choice form to the LTSD Regional Office.
5. _____ If you would like to refuse services, check the box on the Waiver Refusal Form indicating you do not want to receive DD Waiver services.
6. _____ If you would like to be put your allocation on “hold,” and remain waiting on the Central Registry, check the box on the Waiver Refusal Form indicating you do not want services right now, but would like to stay on the Central Registry.
7. _____ Receive a copy of Allocation Letter for the Medicaid DD Waiver, stating that that a position is now available for you or your family member on the DD Waiver. Along with this letter should also be the ISD blue form you need complete and take to the ISD office. It says at the top: Application / Redetermination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals.

Medical Eligibility

(Case Manager and Medical Doctor)



Date

13. _____ Receive a call from the Case Management Agency that you selected. Set up an appointment to meet with your Case Manager.
14. _____ Meet with your Case Manager from the agency you selected, to start working on the Level of Care (LOC) information.
15. _____ Collect evaluation documentation and reports. If the person is a child, under age 18, contact the school to get a copy of an evaluation that was conducted in the last three years. If they do not have one, request they do an evaluation. If the person is over 18, you may need to contact the medical office that provided an evaluation.
16. _____ Obtain copies of you or your loved one's medical records documenting the disability.
17. _____ If you have medical records of a physical exam within the past year, make copies of those records for your Case Manager. Otherwise, make an appointment with your Primary Care Physician (PCP) for a physical exam. Obtain papers from your Case Manager for your doctor to complete.
18. _____ Return completed paperwork to your Case Manager. Make copies of anything you turn in to your Case Manager.

Developing the ISP and Getting Started with Services

(Case Manager and team)

Date

1. _____ Meet with your DD Waiver Case Manager to develop a "personal vision" and determine which services are needed.
2. _____ Complete the Secondary Freedom of Choice form listing all the therapists and agencies available to provide services in your area. See the section "What Questions Should I Ask Potential Service Providers?" in Chapter 2.
3. _____ Schedule a time for each of the therapists you selected to do an evaluation. Each therapist will then write up a report with recommended goals, based upon their assessment and your input, as to what you or your family member would like to work on as a part of the plan.
4. _____ Work with each therapist and service provider to develop goals based on the needs and preferences of you or your family member.



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 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 LTSD Regional Office 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 the blue form you will need to fill out and take to the ISD office:

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 LTSD.

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 an Income Support Division case worker in your area. 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) 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.

Assessment - a collection of tests that look at the strengths and challenges of a person. Once allocated to the DD Waiver, therapists will do an assessment, or evaluation, of the needs, strengths, and challenges of the person, with regard to their particular area of expertise, e.g. a Speech Therapist might do tests for articulation and communication skills.

Authorization to Release Confidential Information – forms you receive in a packet from LTSD 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 LTSD 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 LTSD.

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

Central Registry – Also known informally as the “waiting list,” this is the computerized list of 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 LTSD after turning in your Waiver Registration form. Fill out completely and return to the LTSD 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 form. The DD Waiver case manager will be the one to guide and support you and your family member through the DD Waiver process. For a more expanded explanation of the duties of a case manager, see the section on Case Management in Chapter 3 of the Allocation booklet.

CHUMS – a small, portable booklet for keeping basic medical information that you might need for all doctor visits, developed through The UNM Continuum of Care Project, through the NM Department of Health. Families can request a “CHUMS” from the UNM Continuum of Care Project at 505-272-5215.

Close your Case – if you do not complete and return the paperwork that LTSD sends you, within the time they give you, they will close your case. This means that if you would still like to receive services, you would have to start the application process from the beginning again.

Consumer –a term commonly used by professionals referring 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).

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, you or your loved one must have a developmental disability that began before the age of twenty-two, need help with personal care (bathing, dressing, eating, etc), and be a resident of New Mexico. (In this book, we refer to this program as the “DD Waiver.”)

DD Waiver Individual Budget Plan - is a form 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.

Disabled and Elderly Waiver Program (D & E Waiver) - helps New Mexicans who are elderly or have physical disabilities live in their homes. 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 (bathing, dressing, eating); and be a resident of New Mexico. Apply for the D&E Waiver through the Aging and Long Term Services Department at 1-800-432-2080.

Division of Health Improvement (DHI) - the division of the Department of Health that investigates incidents and does provider reviews. They can be reached 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.

Eligibility – In order for an individual to receive services through the Medicaid DD Waiver Program, they must meet the eligibility criteria. When you apply, DOH/LTSD will “screen” the information to be sure the person meets the requirements for DD. After you receive notice that there is an open “funding slot,” or allocation, on the Medicaid DD Waiver, you will be asked to provide documentation showing the individual requires a certain level of care (medical eligibility), and the individual meets the financial requirements (financial eligibility). See the section Determining Eligibility After Allocation in Chapter 2 of the Allocation booklet.

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 LTSD Regional office for approval.

HIV/AIDS Waiver Program - helps New Mexicans with a HIV/AIDS live in their homes. To qualify for services, you or your loved one must have a diagnosis of HIV or AIDS.

IDT – The Interdisciplinary Team 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.

ISP – An Individualized Support Plan is what the IDT team develops at the annual meeting. It 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 information to determine financial eligibility. They will tell you what forms and documents you need to get to them to determine if the individual is financially eligible or not.

Keeping in Touch letter – LTSD 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 LTSD will send these out each year you are on the Central Registry. Fill out and return to LTSD 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 LTSD sends out annually to everyone on the Central Registry. Please note: this letter no longer says “Letter of Interest” at the top, even though it is still referred to as such.

LOC – To determine a Level of Care (LOC), 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. This helps demonstrate that the necessary criteria has been met to receive services.

LTSD – Long Term Services 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). LTSD has a website at: <http://www.health.state.nm.us/ltsd>

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, eye glasses, etc.

Medicaid Utilization Review (UR) agent – The UR agency is currently Blue/Cross Blue Shield (BC/BS). 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.

Medicaid Waiver Services Registration Form – a one-page registration form from your local Income Support Division (ISD) office, used to start applying for services on the DD Waiver or the MF Waiver. Fill out and return to your local ISD office.

Medical eligibility - The DD Waiver case manager will guide you through the process of completing and compiling assessments for medical eligibility. The Medicaid Utilization Review (UR) agent, will make the determination, given the information packet that the case manager submits, if a person is medically eligible for DD Waiver services or not.

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. We do not use these designations in this booklet as the numbers are apt to change.

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 in Santa Fe at 827-2428 or 1-877-696-1472.

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.

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 LTSD Regional Office stating that they did give you a copy of their Notice of Privacy Practices. Sign and return to LTSD with your Match for Services form.

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 doctor 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 someone. 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 – the form you receive from the Long Term Services Division (LTSD) Regional office when you have been offered an allocation to the DD Waiver. It lists all the case management agencies that offer services in your area. You place an “X” next to the case management agency of your choice.

PRO – Parents Reaching Out to Help. A state-wide advocacy organization that offers workshops and support to families of children with disabilities. 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 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 would go to your local ISD office, get a one page Waiver Registration Form, fill it out and turn it in to the ISD office. There is an eligibility process that follows.

Registration Date – When you turn in the Waiver Registration 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 would fill out another Secondary Freedom of Choice form and sign at the bottom. The case manager will submit it for approval.

Service Providers – The 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 Long Term Services 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.

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 DD Waiver but individuals may be receiving both programs. There are limits on what a person can earn while receiving SSI.

Waiting List – Officially known as the “Central Registry,” this is the computerized list of all the individuals who have registered and applied for the DD Waiver. They have met the definition Developmental Disability and are awaiting services.

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 changed your mind at some point, you would 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.

Appendix A

Long Term Services Division (LTSD)

Contact Information

Appendix A

Long Term Services Division (LTSD) Regional Offices

Contact Information

<http://www.health.state.nm.us/ltsd>

Southwest Regional Office

Scott Doan, Program Manager

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

**Charlene Cain, Program
Manager**

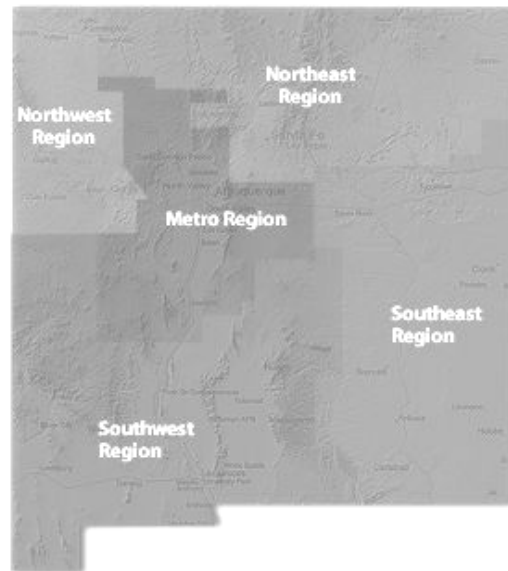
224 Cruz Alta, Suite B
Taos, NM 87571
(505) 758-5934

Toll Free (866) 315-7123
FAX (505) 758-5973

Northwest Regional Office

**Crystal Wright, Program
Manager**

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



Metro Regional Office

David Murley, Program Manager

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

Southeast Regional Office

Kay Bhakta, Program Manager

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

Appendix B

Income Support Division (ISD)

County Offices Contact Information

Income Support Division (ISD)

County Offices

Contact Information

Bernalillo County (Albuquerque Area)

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

Mailing Address:

4330 Cutler NE

P.O. Box 36090

Albuquerque, NM 87125

Telephone: 222-9200 Fax: 222-9650

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

Mailing Address:

1041 Lamberton NE

PO Box 25287

Albuquerque, NM 87125

Telephone: 841-7700 Fax: 841-7757

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

Mailing Address:

1401 William, SE

P.O. Box 543

Albuquerque, NM 87102

Telephone: 841-2600 Fax: 841-2105

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

Mailing Address:

1401 Old Coors Rd, SW

P.O. Box 12355

Albuquerque, NM 87195

Telephone: 841-2300 Fax: 841-2381

Catron County

Mailing Address:

302 Park Avenue, SW

P.O. Box LL

Socorro, NM 87801

Telephone: 835-0342 Fax: 835-9478

Chaves County (Roswell Area)

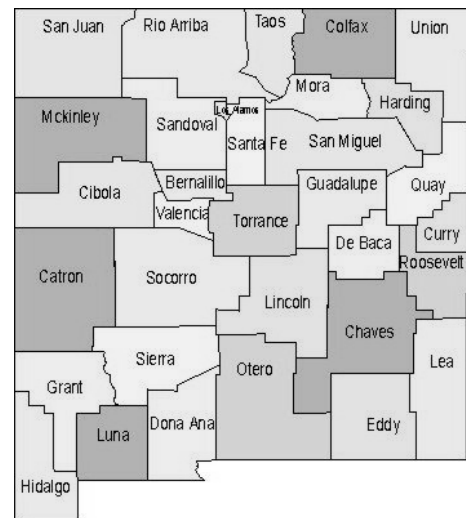
Mailing Address:

625-3099

1701 S. Sunset

Roswell, NM 88203

Telephone: 635-3000 Fax: 625-3099



Cibola County

(Grants Area)

Mailing Address:

900 Mount Taylor Ave.

Grants, NM 87020

Telephone: 287-8836 Fax: 285-6278

Colfax County

(Raton Area)

Mailing Address:

1900 Hospital Drive, Suite A

Raton, NM 87740

Telephone: 445-2308 Fax: 445-2218

Curry County (Clovis Area)

Mailing Address:

1621 Sutter Place

Clovis, NM 88101

Telephone: 762-4751 Fax: 763-0493

De Baca County

Mailing Address:

200 Lake Drive

Santa Rosa, NM 88435

Telephone: 472-3459 Fax: 472-3425

Doña Ana County (Las Cruces/Anthony Area)

If you live in the east-side of Las Cruces

Mailing Address:

East Dona Ana

2121 Summit Court

Las Cruces, NM 88011

Telephone: 524-6568 Fax: 524-6510

Doña Ana County (Las Cruces/Anthony Area)

If you live in the west-side of Las Cruces

Mailing Address:
West Dona Ana
655 Utah
Las Cruces, NM 88001
Telephone: 524-6500 Fax: 524-6509

If you live in the Anthony Area

Mailing Address:
220 Crossett Lane
P.O. Box 4130
Anthony, NM 88021
Telephone: 882-5781 Fax: 882-4728

Eddy County (Artesia/Carlsbad Area)

If you live in the Artesia Area

Mailing Address:
108 N. 16th
Artesia, NM 88210
Telephone: 748-3361 Fax: 746-6123

If you live in the Carlsbad Area

Mailing Address:
2324 West Pierce Street
Carlsbad, NM 88220
Telephone: 885-8815 Fax: 887-0550

Grant County (Silver City Area)

Mailing Address:
1422 Highway 180 East
Silver City, NM 88061
Telephone: 538-2948 Fax: 534-3422

Guadalupe County (Santa Rosa Area)

Mailing Address:
200 Lake Drive
Santa Rosa, NM 88435
Telephone: 472-3459 Fax: 472-3425

Harding County

Mailing Address:
3112 Hot Springs Blvd.
Las Vegas, NM 87701
Telephone: 425-6741 Fax: 454-0256

Hidalgo County (Lordsburg Area)

Mailing Address:
109 Poplar St.
Lordsburg, NM 88045
Telephone: 542-3562 Fax:

Lea County (Hobbs Area)

Mailing Address:
2120 N. Alto - Suite D
Hobbs, NM 88240
Telephone: 397-3400 Fax: 393-2529

Lincoln County (Ruidoso Area)

Mailing Address:
P.O. Box 1400
Ruidoso, NM 88345
Telephone: 257-6165 Fax: 257-6961

Luna County (Deming Area)

Mailing Address:
910 E. Pear
P.O. Box 818
Deming, NM 88031
Telephone: 546-0467 Fax: 546-6876

McKinley County (Gallup Area)

Mailing Address:
2907 E. Aztec Avenue
Gallup, NM 87301
Telephone: 863-9545 Fax: 722-0991

Mora County

Mailing Address:
3113 Hot Springs Blvd.
Las Vegas, NM 87701
Telephone: 425-6741 Fax: 454-0256

Otero County (Alamogordo Area)

Mailing Address:
2000 Juniper
Alamogordo, NM 88310
Telephone: 437-9260 Fax: 443-0465

Quay County (Tucumcari Area)

Mailing Address:
421 W. Tucumcari Blvd.
Tucumcari, NM 88401
Telephone: 461-4627 Fax: 461-2983

Rio Arriba County (Española Area)

Mailing Address:
228 Onate Street / P.O. Box 2125
Española, NM 87532
Telephone: 753-2271 Fax: 753-5826
Mailing Address:
17345 Chama Highway / P.O. Box 816
Tierra Amarilla, NM 87575
Telephone: 588-7103 Fax: 882-7369

Roosevelt County (Portales Area)
Mailing Address:
1028 Community Way
P.O. Box 1090
Portales, NM 88130
Telephone: 356-4473 Fax: 359-2142

Sandoval County (Rio Rancho/Bernalillo Area)
Mailing Address:
830 Camino Del Pueblo
P.O. Box 430
Bernalillo, NM 87004
Telephone: 867-3357 Fax: 867-9492

San Juan County
(Farmington Area)
Mailing Address:
101 W. Animas
P.O. Box 5250
Farmington, NM 87499
Telephone: 325-1831 Fax: 599-9658

San Miguel County (Las Vegas Area)
Mailing Address:
3112 Hot Springs Blvd.
P.O. Box 1348
Las Vegas, NM 87701
Telephone: 425-6741 Fax: 454-0256

Santa Fe County (Santa Fe Area)
Mailing Address:
2542 Cerrillos Road
Santa Fe, NM 87502
Telephone: 827-1932 Fax: 827-1940

Sierra County (T or C Area)
Mailing Address:
102 Barton Street
T or C, NM 87901
Telephone: 894-3011 Fax: 894-1021

Socorro County (Socorro Area)
Mailing Address:
1014 N. California St.
P.O. Box LL
Socorro, NM 87801
Telephone: 835-0342 Fax: 835-9478

Taos County (Taos Area)
Mailing Address:
Cruz Alta Rd & Gusdorf
Mary Medina Bldg.
P.O. Box HH
Taos, NM 87571
Telephone: 758-8804 Fax: 758-1012

Torrance County (Moriarty Area)
Mailing Address:
109 Tulane Ave
P.O. Box 400
Moriarty, NM 87035
Telephone: 832-5026 Fax: 832-4882

Union County
(Clayton Area)
Mailing Address:
834 Main Street
Clayton, NM 88415
Telephone: 374-9401 Fax: 374-2853

Valencia County (Belen/Los Lunas Area)
Mailing Address:
109 N. 5th St.
P.O. Box 259
Belen, NM 87002
Telephone: 864-5200 Fax: 864-5247

Parents Reaching Out

Your One Stop Resource for a Stronger Family

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 twenty five years. Our staff and Family Leadership Action Network volunteers 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 where ever 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 Information and Resource Center (NMPIRC)

NM Parent Training and Information Center (NMPTIC)

NM Family to Family Health Information Center (NMF2FHIC)

Parents Reaching Out

1920 B Columbia Drive, SE
Albuquerque, NM 87106
1-505-247-0192 ♦ 1-800-524-5176
www.parentsreachingout.org

From I-25—take the Gibson Blvd Exit 222 and go East on Gibson. Turn left at the third stop light (Girard). Turn left on Vail. Go one block to Columbia. Turn left on Columbia. Parents Reaching Out is on the east side of the street. Welcome!

