

New Mexico
Medicaid
Developmental Disabilities (DD)
Waiver
APPLICATION HANDBOOK

A Guide for Families and Individuals with Disabilities



What is the “DD Waiver?”
Where Do I Go? How Do I Apply?



Parents Reaching Out
Your One Stop Resource for a Stronger Family

Fall 2008

Tools to Navigate Medicaid DD Waiver Processes

For many families and individuals with disabilities, the process of applying for the DD Waiver can seem so complex and overwhelming that they hesitate to embark on the journey. We have developed two books to bring together accurate information and advice from families, advocates, case managers and agencies. The books provide a “road map” of sorts to families and individuals. Select the book that applies to your situation.

NM Developmental Disabilities (DD) Waiver Application Handbook addresses the steps to begin the application paperwork.

NM Developmental Disabilities (DD) Waiver Allocation Handbook addresses starting DD Waiver services once you have received notice of an available funding slot on the DD Waiver.

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

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

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

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Important Information to Remember

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

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

Address: _____

Date on Waiver Registration Form: _____

My Developmental Disabilities Supports Division (DDSD) Regional Office:

Phone #: _____ Eligibility Worker Name: _____

Address: _____

Introduction

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

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

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

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

Rules for waiver programs change frequently. Look to our website for any new information: www.parentsreachingout.org. Read and download a whole array of documents and fact sheets in our **Publications** section. For a snapshot view of the DD Waiver, see the DD Waiver Fact Sheet.



To talk to someone about the DD waiver, you may contact the state Developmental Disabilities Supports Division (DDSD) Regional Offices (see Appendix A). You may also want contact any of the following advocacy, information and referral organizations in New Mexico:

Parents Reaching Out, Family to Family Health Information Center	1-800-524-5176
Information Center for New Mexicans with Disabilities and BabyNet	1-800-552-8195
The Arc of New Mexico	1-800-358-6493
Independent Living Center	505-266-5022
New Mexico Protection and Advocacy	1-800-432-4682

Family Tip

"Don't wait to apply! If you think there is ANY chance you may EVER need ANY services, you need to apply! You can always refuse services later or just stay on the waiting list."

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 Developmental Disabilities Supports Division office to check where my daughter was on the waiting list. It was then that I discovered they had no record of her application.

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



A Quick Look at DD Waiver and the Application Process

The following description of the DD Waiver is meant to serve as a brief summary of the waiver and the application process. For more information and details, please refer to the entire **DD Waiver Application booklet**.

What is the Developmental Disabilities (DD) Waiver?

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

Who is eligible for the DD Waiver?

To qualify for services, the person must have a developmental disability, mental retardation (MR) or a related condition, need help with personal care (bathing, dressing, eating, etc), meet New Mexico financial requirements, and be a resident of New Mexico. Please see Chapter 2 for a more complete description. The Developmental Disabilities Supports Division (DDSD) Regional Offices will determine eligibility from medical and school information provided. If eligible, the individual receives a regular Medicaid card in addition to specialized services that are determined in an Individual Service Plan (ISP).

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

What services are available through the DD Waiver?

The services are spelled out in an Individual Service Plan based on the individual's needs. Some services for children, such as therapies and personal support services, become available due to the fact that the person now has a Medicaid card. Each person must choose a case manager who is responsible for developing the ISP and arranging for services.



What are the service options for children?

Services options for children differ from options for young adults or adults. Typically children receive therapy services with their Medicaid card, but the waiver may cover certain therapy services not covered by Medicaid or the child's school. Discuss these therapy options with your case manager. Service options for children include:

- Case Management
- Occupational Therapy (OT) for children
- Speech Therapy for children
- Physical Therapy (PT) for children
- Respite Care
- Behavioral Support Consultation
- Non-Medical Transportation
- Nutritional Counseling
- Personal Plan Facilitator
- Community Access
- Supplemental Dental Care
- Goods and Services
- Environmental Modification

For more detailed information regarding service options for children and adults, see Chapter 6 in this booklet and/or refer to the DD Waiver Service Standards online at www.health.state.nm.us/ddsd/regulationsandstandards/pg01standards.htm

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

There is a waiting list and it usually takes several years before an opening becomes available. Applying is a way to plan ahead.

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

- Your child and family may benefit from services that support active participation in their community.
- Your child may exhibit challenging behavior that can be helped by behavioral support.
- The family may benefit from respite care (child care).
- Children can receive funding for environmental modifications such as a wheelchair ramp for their home.
- Your child and family may benefit from a Personal Plan Facilitator who would provide a fun and creative process designed to assist in developing a clear vision for the future.



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

How do families apply for the DD Waiver?

You must complete an application form either at your local Income Support Division office (ISD) or over the phone with your DDS Regional Office. As proof of the date of application, ask for a copy of the completed application form once it has been date stamped. Keep the date stamped receipt in a safe place as proof of your registration.

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

Metro Regional Office:	Albuquerque	1-800-283-5548 (505) 841-5500
Northeast Regional Office:	Taos	1-866-315-7123 (505) 758-5934
Northwest Regional Office:	Gallup	1-866-862-0448 (505) 863-9937
Southeast Regional Office:	Roswell	1-866-742-5226 (505) 624-6100
Southwest Regional Office:	Las Cruces	1-866-742-5226 (505) 528-5180

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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. This act made an exception to, or waived the requirement of going into an institution to receive services and 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. The DD Waiver is designed to help children and adults in New Mexico with developmental disabilities to live in their home and community. The DD Waiver is administered by the Department of Health (DOH) Developmental Disabilities Support Division (DDSD).

Why Apply for the DD Waiver?

Once allocated to the DD Waiver, you or your loved one will be eligible for a Medicaid card that will qualify you to receive medical services through Medicaid, even if the family income is too much to qualify financially.

- The family may benefit from respite care, non-medical transportation and other support services supplied through the DD Waiver. You or your loved one may benefit from waiver services that encourage active participation in the community..
- A child may require more specialized services than are available through the public school special education program. These services may be available through the Waiver or through the state Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. EPSDT may be thought of as Medicaid for children.
- A child may exhibit challenging behaviors that can be helped by Behavior Supports Consultation through the Waiver
- 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.
- You may receive funding for environmental modifications such as a wheelchair ramp or accessible bathroom for their home through the DD Waiver.
- Registering for DD Waiver services can make you eligible for some programs and/or services, while you are waiting for DD Waiver.
- You may now choose the traditional waiver or Mi Via. There are differences between how services are determined and delivered on the traditional DD Waiver and the Mi Via Self-Directed Waiver. In the DD Waiver, there is an array of services that a person may choose from. In Mi Via, services and goods are received through an approved Service and Support plan (SSP) and budget. This plan is developed by you, a Mi Via Consultant and anyone you choose to invite to your planning meeting.
- Waiver funded services are not replacements for the family system, informal caregiver support or other community services, but are supplements to them.

Family Tip

"Realize that the wait will be years, not months. Join some parent groups. They offer a wealth of information. Parents Reaching Out is a great one. People at The Arc are knowledgeable concerning the DD Waiver. Other parents can make all the difference in the entire journey. You'll find strength and encouragement, not to mention information, from other families."

Waiver Programs in New Mexico:

The **Medicaid Developmental Disabilities Waiver (DD Waiver)** helps New Mexicans with developmental disabilities to live in their home and community. For qualification requirements see the *Chapter 2 - What is a Developmental Disability and How is it Determined?* The process of applying for the DD Waiver will be covered in detail in this book. Visit the following DDS website for more information on the DD Waiver: www.health.state.nm.us/ddsd/developmentaldisabilities/programddwaiverpg1.htm

The **Mi Via Self-Directed Waiver** is a Medicaid self-directed waiver designed to assist persons with disabilities and families who choose to direct their own services and support in their homes and communities. To be eligible for Mi Via, the person applying must be a New Mexico resident who is already receiving services or has received an allocation to one of the following Medicaid waiver programs: Disabled and Elderly (D&E) Waiver, DD Waiver, Medically Fragile Waiver, AIDS Waiver or the Mi Via Brain Injury List. For more information visit: www.MiViaNM.org

The **Medically Fragile Waiver (MF Waiver)** helps New Mexicans with a developmental disability and a medically fragile condition to live in their home and community. To qualify for services, 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. For more information, contact the Medically Fragile Program located in Albuquerque 505-841-2913 or toll free 1-800-283-8415. Visit their website at: www.health.state.nm.us/ddsd/medicallyfragilewaiver/programmfwwaiverpg5.htm

The **Disabled and Elderly Waiver (D & E Waiver)** helps New Mexicans who have a disability or are elderly with a disability to live in their homes. Waiver and Medicaid services are provided through a CoLTS (Coordination of Long Term Care Services) provider. To qualify for services, you or your loved one must: have a disability or be 65 years of age or older with a disability. To qualify a person must need help with personal care and daily living activities (bathing, dressing, eating, etc.); and be a resident of New Mexico. For more details and to apply, contact the Aging and Disability Resource Center at 1-800-432-2080. Visit : www.nmaging.state.nm.us/DandE_Program.html

The **Traumatic Brain Injury (TBI) short term trust fund** assists persons age 18 and older with a traumatic brain injury. Contact them by calling 1-866-451-2901 or visit the program website at: www.nmaging.state.nm.us/TBI_Program.html

It Helps to Know These Terms and Acronyms

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

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

DDSD – Department of Health (DOH), Developmental Disabilities Supports Division - You will usually communicate with your regional office. See Appendix A for contact information for your area. Visit their website at www.health.state.nm.us/ddsd

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

Mi Via – A self-directed waiver which allows you and your loved one to determine how funds are distributed based on the plan and budget you develop. You choose which services, goods (items) and supports are most beneficial and hire the people you want to provide these services and supports. You must receive an allocation to another waiver program or the Mi Via Brain Injury list before you can choose Mi Via. You cannot simply apply for Mi Via, except through the Mi Via Brain Injury list..

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

Registration Date – When you register for the waiver, you will receive a date stamped receipt. It is very important to keep this copy in a safe place. As slots on the Medicaid DD Waiver become available, those with the earliest dates are allocated first.

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.

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



Family Tip

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

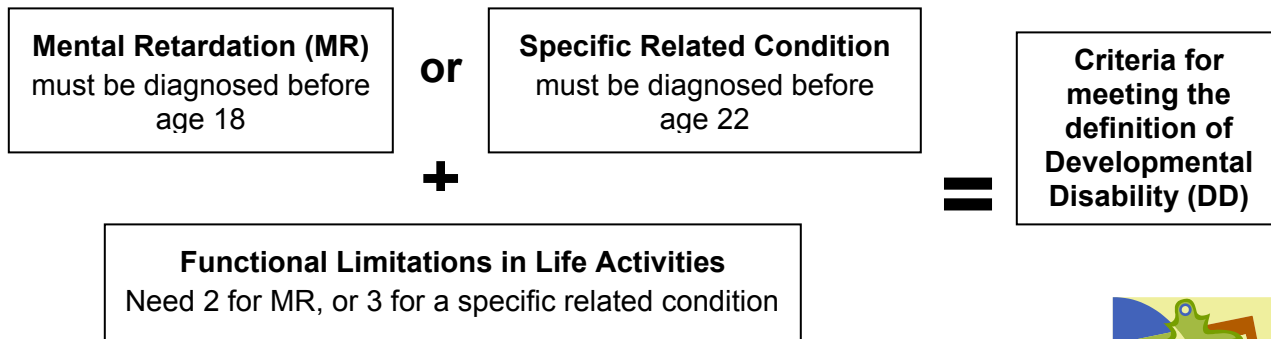
Chapter 2

WHAT IS A DEVELOPMENTAL DISABILITY AND HOW IS IT DETERMINED?



Definition for Developmental Disability (DD)

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



What does it mean to “meet the definition for Developmental Disability?” To be put on the Central Registry to await services through the DD Waiver, the individual must meet the criteria for the definition of DD. The individual must not only have a diagnosis of mental retardation *or* a related diagnosis, they must also have difficulty with everyday life skills. The standards state: ***“The individual must have Mental Retardation (MR) or a specific related condition, and have a Developmental Disability (DD).”***

- A specific related condition is “limited to Cerebral Palsy, Autism including Asperger’s Syndrome, seizure disorder, chromosomal disorder, including Down syndrome, syndrome disorder, inborn error of metabolism, or developmental disorder of brain formation.”
- Mental retardation (MR) applies if he/she has a diagnosis of mental retardation. “Mental retardation refers to significantly sub average 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 MR.
- There must be “substantial functional limitations [things they cannot do or have difficulty with] in the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.” See *Documenting Functional Limitations* in Chapter 3 for more information.
- If a child has a confirmed “related condition” but the applicant is too young to determine if there are deficits in adaptive behavior that will be chronic and long lasting, that application may be “**pended**” until information is available to document deficits. This information is usually available through evaluation reports when the child is of school age. If an application is pended and a match is made at a later date, the applicant will still keep their initial registration date.

For more detailed information regarding eligibility, visit the DDSD eligibility webpage at www.health.state.nm.us/ddsd/eligibility/eligibilitypg2.htm or refer to the DD Waiver Service Standards at www.health.state.nm.us/ddsd/regulationsandstandards/pg01standards.htm

Family Tip

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

Eligibility Criteria for State General Funds:

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

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

Eligibility Criteria for Service Under State General Funds:

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

Is attributable to a mental or physical impairment, including the result of trauma to the brain, or a combination of mental and physical impairments

Is manifested before the person reaches the age of 22

Is expected to continue indefinitely

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

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

Notes

Chapter 3

HOW TO APPLY FOR WAIVER PROGRAMS IN NM



If you move to another location, during any part of the application process, be sure to let your local Income Support Division (ISD) office and Developmental Disabilities Supports Division (DDSD) Regional Office know your new address and phone number.

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

How Do I Apply?

The first thing to learn about applying for the Medicaid DD Waiver, is how very important it is to keep good records. **Always keep copies of when you applied, and all the documents you receive, fill out, and/or send in.** You may want to keep a phone log (see Chapter 7 on Record Keeping) of calls you make or receive regarding the DD Waiver.

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

Family Tip

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

Step 1 – Registering

The first step in the application process is to register. The form used to register for the DD Waiver is the Waiver Services Registration Form, sometimes known as the MAD325. Be prepared to provide basic information such as the **name and social security number of the person applying for services**. The form does ask if the person applying is already receiving Social Security, Medicaid and/or SSI. Be prepared to answer. This form is fairly brief - only one page. *You may choose to register in one of two ways:*

1. Call or go in to the DDS Regional Office in your region. See Appendix A for how to find your area office. Tell them you would like to apply for the DD Waiver. They can fill out the Waiver Services Registration Form with you in the office or with you over the phone. If they fill it out over the phone, they will mail you a copy of the completed registration form. The Regional office can also mail you a blank Waiver Services Registration Form (MAD325) if that is more convenient.
2. You may choose to go to the Income Support Division (ISD) county office nearest you. This office is sometimes called the Welfare office, Medicaid office or Food Stamp office. The ISD office phone number can be found in Appendix B of this booklet, or under Human Services in the blue pages of your phone book. You may also call the ISD county office to ask that a Waiver Services Registration Form (MAD 325) be mailed to you.

If you go into the office, ask the person at the front desk for a Waiver Services Registration Form. At the top it should read "New Mexico Medicaid Waiver Services and ICF/MR Registration Form."



Fill out the form completely — remember the applicant is the person with a disability. If there is someone other than the Parent or Guardian that you would like all letters and correspondence to go to, fill in the Authorized Representative portion. **If you would like all correspondence to go to the Parent or Guardian, leave the Authorized Representative section blank.** DDSD will not accept applications with school personnel as the Authorized Representative. This is due to the fact that these individuals will likely move to new positions before an allocation becomes available.

You may fill out this form while you are at the ISD or DDSD office – this might save you a trip – or you can take it home and bring it back. You may choose to call the information into the DDSD Regional office once you have reviewed the form.

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

If you return the completed form to an ISD or DDSD Office, ask person at the desk to give you a stamped receipt form. The receipt form may be called by various names, e.g. Change Report, Receipt for Proof, etc. This form makes it easier for the office to track what you turned in, if it gets lost.

Keep the date stamped receipt with your records! If by chance your paperwork gets lost in the system, having this copy will be the proof you need to keep your original application date. If your paperwork is lost and you did not keep these records, you will be required to re-apply and consequently have a later registration date. This will delay an allocation to receive services. If you complete the form over the phone, they will send you a date stamped receipt.

Step 2 – The Application Packet and Completing Documents



If you turn in your Waiver Services Registration Form to the Income Support Division (ISD), they will send a copy to the Developmental Disabilities Supports Division (DDSD). The next step will be to furnish DDSD with documents that will help determine if you or your loved one meets the requirements for services.

After the DDSD office receives your Waiver Services Registration Form (MAD325), they will send you an **Application Packet** to fill out. **This does not mean that you are eligible for services yet**, but it does get the process started. Information from the packet will be used to help DDSD determine if you or your family member meets the definition for DD.

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

Family Tip

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

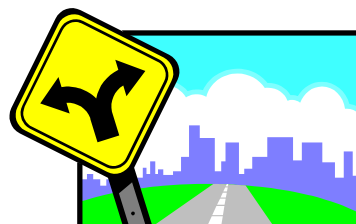
Why Apply For More than One Waiver Program?

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

A person could be receiving services through the D&E Waiver or Medically Fragile Waiver and still be on the waiting list for the DD Waiver. When funding becomes available for the DD Waiver, you can choose if you want to move to the DD Waiver. You may only receive services from one waiver at a time however. Apply for the D&E Waiver through the Aging and Disability Resource Center at 1-800-432-2080. For more information, visit the website www.nmaging.state.nm.us/DandE_Program.html.

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

- Disabled and Elderly (D&E) Waiver
- Developmental Disabilities (DD) Waiver
- Medically Fragile Waiver
- AIDS Waiver
- the Mi Via Brain Injury List



Mi Via is a Medicaid self-directed waiver designed to assist persons with disabilities and families who choose to direct their own services. You determine how funds are distributed based on the plan and budget you develop. You choose which services, goods (items) and supports are most beneficial and hire the people you want to provide these services and supports. The individual in Mi Via or in the case of a minor child, the child and his/her parents, are known as the "Participant." Contact Consumer Direct Personal Care (CDPC) at 1-866-786-4999 or in Albuquerque 505-884-3116 .to request an information packet or visit the Mi Via website at: www.MiViaNM.org.

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

A cover letter

Instructions for completing the Application Packet

A Central Registry Match for Services form

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

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

When Completing the Packet, Remember:

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

- Complete the *Central Registry Match For Services* form completely. You may write your own comments, concerns, and a summary of your situation on the last page or on a separate page.
- Be sure to include who the applicant lives with, their age and the relationship of the caregiver. Don't forget to fill out the age of the primary caregiver. *If caregiver is over 65, they are considered an "aging caregiver"*. A "caregiver" is the parent, or the person who acts primarily in that role, and the person the applicant lives with. Someone who provides daycare is not considered a "caregiver." If the primary caregiver is over age 65, you or your family member may receive services sooner.
- **Most families are used to focusing on the strengths of their family member, however this is a "deficit based" system.** This means that DDS needs to know what things the person **cannot** do, or the things that they have a difficult time with. The challenges and functional limitations of the individual must be thoroughly documented. For a related condition, there must be documentation showing that the disability is chronic and long-lasting. This may be painful for the family and individual, but necessary for eligibility purposes. (See *Documenting Functional Limitations*.)

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."
- Complete an *Authorization to Release Confidential Information (ARI)* form for every professional with documentation of the person's disability, e.g. doctors, schools, work program staff, therapists, etc. Make as many copies of the release form as necessary. This gives permission for them to supply the DDS Regional Office with documentation needed to determine eligibility.
- Send or take a completed ARI Form directly to each professional/organization with information. **Do not just send the release forms back the DDS Regional Office.** You may need to look up current phone numbers and addresses in the phone book or on the internet to know where to send the ARI forms. Some offices and agencies may have even changed their name.
- Request that evaluation reports, medical diagnosis assessments and progress reports be sent to the DDS Regional Office. Information submitted from professionals to DDS must include:
 - Diagnosis a developmental disability, as defined in Chapter 2 of this booklet.
 - Documentation that the disability began prior to age 22, for a related condition or before age 18 for Mental Retardation (MR)
 - Medical records (regarding the disability, not all the notes for every visit)
 - School records regarding the disability, such as school evaluations, therapist reports, IEPs, etc.
 - Other records written by a medical doctor, qualified school personnel, psychologist, psychiatrist or social worker.

- Make a copy of the completed Central Registry Match for Services Form for your records. This will save you time and effort if it happens to get lost somewhere.
- Return the completed *Central Registry Match for Services* form to your DDS Regional Office. You may hand deliver or mail the forms to DDS. Document in your records the date you returned the packet. You may send the form to DDS by registered or certified mail, or request a delivery receipt from the post office, but it is not required.

Following receipt of adequate documentation, DDS will determine if the criteria for the definition of Developmental Disability has been met.

If you do *not* send back the Central Registry Match For Services Form within the specified time, they will close your case. They will first send you a letter saying that they did not receive your Match for Services Form and asking once again that you send it to the DDS Regional Office. If they still do not receive your Central Registry Match for Services Form, they will close your case.

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

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

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

Requests for Additional Information

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

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

If the regional office does not receive the requested information within the given time frame, they will make the determination with the information they currently have.



Documenting Functional Limitations

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

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

Self-Care Describe any assistance that you or your family member needs to eat, dress, bathe, etc.

Self-Direction Describe difficulties with unstructured time and waiting, impulsiveness, and other problems which make it harder for you or your family member to take responsibility for him or herself.

Mobility Describe any assistance you or your family member needs to move from one place to another, such as a walker or wheelchair. Include any assistance needed to get on and off of the toilet and in and out of bed.

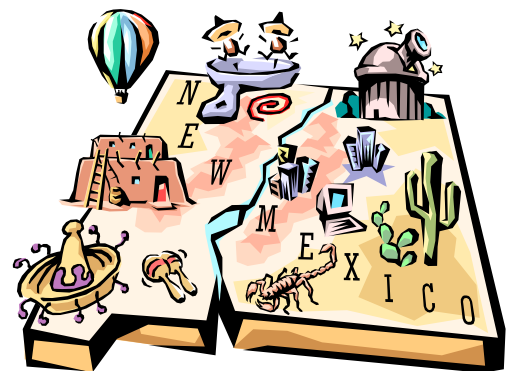
Learning Describe difficulties such as not being able to generalize skills and problem solve.

Receptive and Expressive Language Describe the difficulties you or your family member have with communication. Examples: using a communication board, little or no comprehensible speech, no ability to carry on a conversation, inability to express wants and needs.

Capacity for Independent Living Describe the difficulties you or your family member have which severely limit independent living such as: need assistance with shopping, cooking, cleaning, making and keeping appointments, following directions, running away, etc.

Economic Self-Sufficiency Describe the difficulties you or your family member have with finding and keeping a job, such as needing a job coach, inability to work full days, money management, nursing or personal care needs, etc.

For more detailed information, review the DD Waiver Service Standards at the website: www.health.state.nm.us/ddsd/regulationsandstandards/pg01standards.htm



Applying for Supplemental Security Income (SSI)

Applying for SSI may be encouraged, as another financial resource while you are waiting for services. The DD Waiver *application* process does not require you to apply for SSI however, once a person actually receives an allocation to the waiver, the Income Support Division (ISD) will require them to apply for SSI. To meet SSI requirements, the income of the entire family is considered, until the person turns 18 years old. After age 18, only the person's income and assets are considered. Even if the applicant does not qualify for SSI, they may still receive waiver services.

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

Family Tips

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

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

* * * * *

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

* * * * *

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

Chapter 4

WHAT'S NEXT?





Determination Decision

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

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

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

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

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

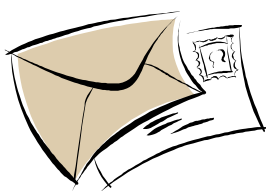
- Contact the DDS eligibility worker informally. It may be that some additional information could qualify you or your loved one.
- Formally request a “reconsideration” if you have new information for the DDS eligibility worker to consider
- If you do *not* have any new documentation, ask for a “second level review” with another person from DDS. Both actions must be taken within 30 days of the date of the determination letter
- If you do not agree with the determination, you may ask for a Fair Hearing with the HSD Fair Hearing Bureau within 90 days of the date of the determination letter. You may call (505) 827-8164 or 1-800-432-6217, and choose option 6 for the Fair Hearing Bureau. You may also write to:
Fair Hearing Section
New Mexico Human Services Department
Administrative Hearings Bureau
P.O. Box 2348, Santa Fe, NM 87504-23248
- You may want to contact Parents Reaching Out (1-800-524-5176) or The Arc of New Mexico (1-800-358-6493), to help you through the process.
- If you or your loved one did not meet the criteria for Developmental Disability (DD), or it has been more than 30 days past the date of letter of determination, you may apply again. You may get new or additional documentation regarding the disability that would help establish that there is a developmental disability.
- If you, or your family member, do not meet the definition for DD, the eligibility worker can assist with referrals to other programs you may be eligible for.

What is the Central Registry?

The Central Registry is a computer system with the names of everyone who has registered to receive services through the DD Waiver. It is used to decide who will be offered services through the Waiver next. Typically those who have been waiting the longest will receive services first. Since your place in line is saved by the date you turned in your Waiver Services Registration form, you can see why it is critical to keep a copy of your date-stamped receipt.



When time is of the essence, it is extremely important to avoid as many setbacks as you possibly can. If you lose your document with the date you registered, call your DDS Regional Office and ask them to give you the registration date they have on record for you. Write this down and keep it for your records.



DDS periodically sends out “Keeping in Touch” letters asking if you are still interested in receiving services through the DD Waiver. These letters are sent to the address you filled out for the Parent or Guardian on the initial Waiver Services Registration Form, unless you filled in a name and address of an Authorized Representative, in which case the letters will go to the Authorized Representative.

Family Tips

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

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

Remember that at allocation, you or your loved one must reside in New Mexico to be eligible for and receive services (NM-WA-0173.90.01)—an allocation letter will not be sent out of state.

* * * * *

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

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

Looking ahead...DD Waiver Allocation

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



Medical Eligibility

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

Financial Eligibility

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

Pre-service Letter

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

A Case Manager will assist you in collecting and submitting the necessary documentation for eligibility when the time comes. The second booklet in this series, “The New Mexico Medicaid Developmental Disabilities (DD) Waiver ALLOCATION HANDBOOK” can help guide you through that process.

What about Aging and Elderly Caregivers?

If a person on the Central Registry has a caregiver over age 65, they are considered an “aging caregiver.” A “caregiver” is the parent, or the person who acts primarily in that role, and the person with whom the applicant lives. Someone who provides daycare is not considered a “caregiver.” If the primary caregiver is over age 65, you or your family member may receive an allocation to the DD Waiver sooner. Be sure to fill out the age of the primary caregiver on the Match for Services Form and also on the Keeping in Touch letters that DDS sends out. If the caregiver is someone who is approaching 65, be especially careful to put that information on both forms. Also, if the caregiver is over age 65, families may want to contact the DDS Regional Office to make sure they don’t fall through the cracks.



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

What is Mi Via?

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



Who is eligible for Mi Via?

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

- Disabled and Elderly (D&E) Waiver
- Developmental Disabilities (DD) Waiver
- Medically Fragile Waiver
- AIDS Waiver
- the Mi Via Brain Injury List



Each of the waiver programs and the Mi Via Brain Injury list can be thought of as doors into Mi Via. Once you or your loved one receives an allocation to one of these programs you may choose Mi Via on your Primary Freedom of Choice (PFOC) form. If you are already receiving services through one of the waiver programs, you may choose to move to Mi Via at any time by contacting your state waiver program. If you are not satisfied, you may return to your original waiver. Mi Via Participants must meet the same medical and financial eligibility as any other person on the waiver they applied for.

If I choose Mi Via, who will help me?

You will work with a **Consultant** who assists with paperwork, submits your plan and budget for approval and answers questions. **Consumer Direct Personal Care (CDPC)** provides this service. Contact CDPC at 1-866-786-4999 to request an information packet, which includes the Mi Via Participant Guidebook, and/or visit the Mi Via website: www.mivianm.org.



Mi Via Participants also have a **Financial Agent, Public Partnerships (PPL)**, who will assist with hiring employees and paying vendors. They take care of all money issues like timesheets, payroll, taxes and other employer related requirements. They pay the people you hire, cut checks to the stores where you would choose to purchase goods and services and send a monthly spending report. Contact Public Partnerships at 1-866-393-3752 for more information. Once you are on Mi Via, extra copies of forms, timesheets and other information can be accessed through the website: www.publicpartnerships.com. Contact Public Partnerships first by phone for login information.

If you need additional help to implement your plan, you may budget for **Resource Facilitation**. Ask your consultant for more information on how this service might help you.

If your child has a brain injury, you may apply for Mi Via by calling the Aging and Disability Resource Center at 1-800-432-2080. The **Mi Via Brain Injury Hotline** is available to help with the eligibility process, questions and additional information. Contact them at 1-888-292-7415.

What are the service options for children in Mi Via?

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



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



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

<ul style="list-style-type: none"> • Transportation • Household-Related • Resource Facilitation • Community Participation 	<ul style="list-style-type: none"> • Technology for Safety and Independence • Alternative Medicine and Therapies 	<ul style="list-style-type: none"> • Health-Related Services, Equipment and Supplies • Coaching/Education for Parent(s), Spouse
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How do families apply for Mi Via?

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

CDPC will contact you to set up an enrollment meeting and a planning meeting. After your planning meeting, your Service and Support Plan (SSP) and budget will be submitted to Lovelace for approval. Once the plan and budget are approved, you begin implementing them on the agreed upon start date, which is typically the first of a month. If you have questions or need more information about the Mi Via, contact the Information Center for New Mexicans with Disabilities at 1-800-552-8195. You may also call Parents Reaching Out. (1-800-524-5176) and ask to speak to a staff member in the Family to Family Health Information Center (F2FHIC).

What is an “Expedited” Situation?



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

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

- Death or sudden disability of the primary caregiver that makes continued care of the individual no longer possible, and an alternate primary caregiver is not available, or
- Substantiated abuse/neglect/exploitation, (the term “substantiated” refers to an investigation by Children Youth and Families Department (CYFD) or Adult Protective Services (APS), depending on the age of the individual, where there was found to be abuse, neglect, and/or exploitation) or,
- Current resources are inadequate to insure the health and safety of the individual. (DDDCST180)

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

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



What are my Rights and Responsibilities?

Rights:

You have the right to register for services and have your eligibility determined.

You have the right to accept State General Fund (SGF) services and remain on the Central Registry for the Developmental Disabilities (DD) Waiver Program.

You have the right to have your allocation placed on hold and remain on the Central Registry to be eligible for services through the DD Waiver at another time.

You have the right to refuse services through the DD Waiver.

You have the right to privacy and to know that information you provide is kept private.

You have the right to complain or disagree with eligibility decisions.

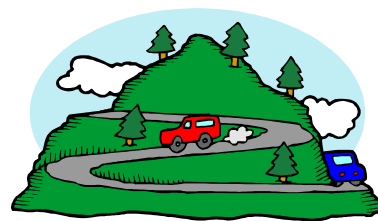
You have the right to appeal a denial of DD Waiver services. (This is outlined in the letter sent to you by the Income Support Division (ISD). The DD Waiver is a Medicaid program and therefore is bound by Medicaid's appeal processes.)



Responsibilities:

You have the responsibility to keep your DDS Regional Office informed of address and other changes taking place. (It is very important to keep this information current so you can be notified when funds are available for you to receive DD Waiver services.)

You have the responsibility to respond to annual mail inquiries to keep your name active on the Central Registry. (NMAC 26.3, NMAC26.4)



Family Tip

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

Chapter 5

ARE THERE RESOURCES WE CAN ACCESS WHILE WAITING FOR DD WAIVER SERVICES?



Resources While You are Waiting

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

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

Family Tip

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

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

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

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

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

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

Personal Care Option (PCO) for Adults



The Personal Care Option (PCO) program provides assisted care that helps individuals to avoid being placed in a nursing home and to achieve the highest level of independence in their own home. The personal care attendant may prepare meals, do light housekeeping, assist with errands and daily tasks, as well as provide assistance with bathing, medications, eating, mobility and communication. **PCO is available to adults, age 21 and over, who are receiving full Medicaid benefits and meet nursing facility level of care. If a person doesn't qualify financially for full Medicaid, they cannot apply for PCO.**

You do not have to apply or qualify for the DD Waiver, or any other waiver program to receive services through the PCO. You may receive PCO services while you are waiting for services. Also, only attendant care is covered, not nursing care. There is no waiting list but eligibility may take 60 days or more. Medicaid and PCO services are administered by a CoLTS (Coordination of Long Term Care Services) provider agency. Currently the CoLTS providers in New Mexico are Evercare (877-236-0826), website: www.evercarehealthplans.com and AMERIGROUP (800-600-4441), website: www.amerigroupcorp.com/Pages/Home.aspx

Consumer Directed PCO or Consumer Delegated PCO?

There are two types of PCO services: "Consumer Directed" and "Consumer Delegated." PCO agencies may provide both types or specialize in one type.

With **Consumer-Delegated** PCO, there is a PCO agency that does all the training, payroll, and hiring and firing of staff. The agency withholds taxes takes care of payroll. The agency hires a caregiver to provide assistance to the individual in need of care.

Under **Consumer-Directed** PCO, the individual "directs" their own care. They find, interview, hire, fire, train and schedule their own attendant and backup staff. The agency withholds taxes and takes care of payroll. This may be an appropriate choice for consumers who already know who they want to hire.

With either option, the caregiver may be a family member. The caregiver may not however, be a spouse or a minor child. The guardian or someone with power of attorney is also not allowed to be the hired caregiver, unless there is prior justification of the unavailability of other caregivers, and approval from Medicaid.

Persons wishing to apply for PCO services:

Contact a PCO agency in your area to check your Medicaid eligibility. Go to the website: www.nmaging.state.nm.us/PCO_program.html for details on the program and a list of PCO providers, their phone numbers, and what type of service they support.

Call the PCO Enrollment line at 1-866-364-3310 or 505-841-8407. This number is an automated system that will ask for your Medicaid Identification number and send an information packet and medical assessment (MAD 075) form to the address the ISD office or the Social Security Administration has on file for you. Make an appointment with your physician to complete the medical assessment (MAD 075) form. Fax this form back to the number on the form. A nurse assessor will make an appointment for an in-home visit with you to establish the medical eligibility. Contact the Aging and Disability Resource Center at **1-800-432-2080** with questions.

Behavioral Health Services

Some Behavioral Support Consultation Services may be available through State General Funds while you are waiting. This service provides a comprehensive positive behavioral supports assessment of the individual's behaviors, as well as the development, implementation and management of the Positive Behavioral Supports Plan. Behavioral support consultation and training is provided to caregivers and/or staff, as well as the DD Waiver team, if applicable. Contact your regional DDSD office for details.

You or your loved one may benefit from counseling or behavioral health therapy while you are waiting. This type of therapy is different than the waiver service of Behavioral Support Consultation, in that it is on-going therapy and focuses more on the individual and family. Behavioral health therapy is available through **Value Options NM (VONM)** for any individual receiving Medicaid services and who has a mental health diagnosis. The state of New Mexico has contracted with Value Options to manage behavioral health services and substance abuse.

How can you or your loved one get behavioral health care services?

To qualify for services, the individual must have a mental health diagnosis, for example: depression, Post Traumatic Stress Disorder (PTSD), Conduct Disorder. It can be in addition to a diagnosis of DD. Call the VONM Customer Service Line 24 hours a day, 7 days a week to.

- Get services
- Find a provider
- Answer questions about benefits
- Connect you to a care coordinator
- Connect you to a peer specialist or family peer specialist.

A referral from your primary care physician (PCP) is not needed to get behavioral health services, but it is important to tell your PCP about the behavioral health care you are getting. VONM has a Department of Recovery and Resiliency with people who are peer and family peer specialists. They can help get services, advocate, help to file a grievance or appeal, and provide training on various topics as requested. If you find a therapist you would like to work with, and who is contracted with NMVO, they may be able to help with the process.

What kinds of services are available?

The services you receive depend on your behavioral health needs, medical necessity, and on the funding source that is paying for the care. The term "consumer" is used to refer to the person receiving services.

Services for children may include:

- Infant mental health services
- Inpatient services
- Comprehensive Community Support Services (similar to Case Management)
- Outpatient therapies (including behavioral therapy)
- Treatment Foster Care (short-term to stabilize)
- Residential Treatment Center Services (short-term to stabilize)

Services for adults may include:

- Outpatient therapies (including behavioral therapy)
- Inpatient services
- Comprehensive Community Support Services (similar to Case Management)
- Psychosocial Rehabilitation Services
- Intensive Outpatient Treatment
- Transitional Living Services (short-term to stabilize)
- Residential Substance Abuse Treatment
- Sexual Assault Services

Is there help with finding and coordinating services?

Care Managers are available to help you:

- Create a service plan
- Coordinate behavioral health services and other health services
- Work with other agencies to make sure that your other needs are met
- Talk to other providers, with your consent, to make sure you get the best possible care.

Specialized Care Coordinators are available to assist persons with complex needs, often those with dual diagnosis, such as DD and mental health issues. The Specialized Care Coordinators (SCC) are a team of counselors, social workers, and therapists who work to get the individual the services they need. They can assist with:

- Assistance to make appointments
- Referrals to providers for both mental health and substance abuse treatment
- Coordination of health care
- Crisis consultation and emergency services
- Assistance in accessing community services, including transportation for certain services.

If you would like to talk to an SCC or feel like this service might be helpful to you, please call the Customer Service Line. Contact Value Options New Mexico (VONM) by calling their bilingual Customer Service line at 1-888-251-7511. Visit their website at: <http://www.valueoptions.com/newmexico/>

The Self-Directed Family Support Program



The Self-Directed Family Support Program is a statewide program that provides resources, support and information to a limited number of persons with developmental disabilities and their families in New Mexico. The program is supported with money from State General Funds, through the Developmental Disabilities Supports Division (DDSD). It is currently administrated in partnership with the University of New Mexico, Center for Developmental and Disability (UNM CDD).

Due to budget limitations, only a limited number of persons are able to receive services under this program. Participants are referred from the Central Registry for the DD Waiver. Those people who are the closest to receiving DD Waiver Services will be invited to participate. Generally speaking, participation in the program is limited to two years

People who have been waiting for services the longest are sent an “invitation” to join the project. If you or you family member receive an “invitation,” you must send it back within the specified amount of time, usually about two weeks, to be included in the program. If you do not send back the invitation, the opportunity will be offered to the next person on the Central Registry.

Individuals and their families who participate with this program have an opportunity to “self-direct their services.” This means participants develop a personal plan and a budget for spending an annual budget of \$2600. Guidance for developing the plan and budget is provided by Family Resource Specialists who are available in each region of the state.

Family Tip

“Sometimes the wait was frustrating, as we waited almost seven years. DDSD was always helpful though, with updates and especially with the Self-Directed Family Support Program. We participated in the Self-Directed Family Support Program two times. We were contacted by DDSD and invited to participate. They were very helpful and sent us someone who helped us coordinate things. She helped us in so many ways.”

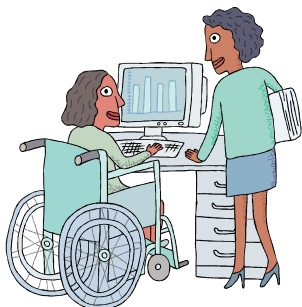
Participants purchase a broad range of services and items, such as: assistive devices, tuition fees, social supports, household supports, transportation/travel, health care, respite/personal care and individual necessities. The program is committed to providing supports that are easily accessible, flexible and respectful to individual priorities and needs.



Remember that receiving an invitation to participate in the Self-Directed Family Support Program does not mean you have received an allocation to receive services through the DD Waiver. It does mean you or your family member has an opportunity to participate in this particular program. If you choose to accept the invitation to participate in the Self-Directed Family Support Program, it will not affect your status on the Central Registry for the DD Waiver one way or the other. It is entirely your choice.

For additional information about this program, contact the UNM CDD at (505) 272-5641 or toll free at 1(866) 383-3820.

Assistive Technology (AT) Fund



Individuals with developmental disabilities may qualify for up to \$250 annually for low-tech assistive devices through the DOH DDSD Clinical Services Bureau. **You do not have to be receiving waiver services to request assistance from the AT Fund.**

An AT Device is defined as any item, piece of equipment, product, or system acquired commercially (off the shelf), modified, or customized, that is used to maintain, increase or improve functional capabilities of individuals with disabilities.

The intent of the fund is to encourage the development of low-tech augmentative communication, environmental access, mobility systems and other functional Assistive Technologies that are not covered by other funding sources and cannot be funded by other means. The first criteria for funding is that the item requested will be used in a functional activity. These activities include, but are not limited to, participation in mealtime, personal care, communication, recreation and mobility.

Anyone who is helping the individual with a developmental disability, including family members, advocates, or therapists may apply for funds on their behalf. An AT application and instructions may be downloaded from the following site.

www.health.state.nm.us/ddsd/ClinicalSvcsBur/DMEservices/DMELendingLibraryIndex.htm

The funding year for this project starts July 1 of each year. Applications may be submitted beginning May 15, six weeks prior to the new funding year. **Money is awarded early in the year, on a first come, first serve basis. Funds are exhausted quickly, so apply early.** Contact the AT Fund Coordinator at 1-800-283-8415 or (505) 841-5287 or by e-mail at AT.Coord@state.nm.us for more information or to apply.

Family Tip

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



Assistive Technology (AT) Loan Banks

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

Assistive Bank of Loan Equipment Device Loan Program (ABLE)

This program offers people with disabilities and their assisting special education personnel, DVR Counselors, Navigators, and case managers the opportunity to try out an assistive device prior to purchase. ABLE is operated by the New Mexico Technology Assistance Program (NMTAP). NMTAP is a program of the Division of Vocational Rehabilitation (DVR). The program provides for a 30-day review of the product. If you need more time, call to request a time extension. Requests are decided on a case-by-case basis.

For more information please contact the ABLE Device Loan Program Manager at 505-954-8535 or 1-800-866-2253. To download an application or for more information on what you would need to do to try out assistive technology (AT) before purchasing it, visit their website at www.nmtap.com/able.html.

The Assistive Technology Loan Bank Program through DDS Clinical Services:

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

Talk to your Physical Therapist (PT), Occupational Therapist (OT) or Speech Therapist (SLP) about how the loan bank might help you or your loved one. For more information call 1-800-283-8415, contact them by e-mail at AT.Coord@state.nm.us or visit their site at: www.health.state.nm.us/ddsd/ClinicalSvcsBur/DMEServices/DMELendingLibraryIndex.htm

Specialized Wheelchair and Custom Seating Clinic and Systems

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

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



The evaluation may be for a new wheelchair and seating system or it can also be for modifications to an existing wheelchair. The clinic staff can also troubleshoot problems and repair existing wheelchairs and seating systems. For more information, contact the clinic at 1-800-283-8415 or e-mail: AT.Coord@state.nm.us.

Chapter 6

WHAT SERVICES ARE AVAILABLE FOR PERSONS ON THE DD WAIVER?



Services and Therapies

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

Once an individual is on the DD Waiver, a DD Waiver Case Manager will help explain and coordinate all services. More detailed descriptions of services and therapies are included in the second book in this series, entitled “*New Mexico Developmental Disabilities (DD) Waiver Allocation Handbook.*”



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

Services:

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



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



EPSDT - Medicaid Health Services for Children

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

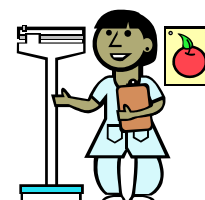


For children under 21, it also covers Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. These services are available to any child receiving Medicaid benefits. EPSDT services must be ordered by a doctor or primary care provider (PCP) and be medically necessary. Often a prior authorization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

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

What is a Salud MCO?

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



Presbyterian Health Plan	Member Services 1-888-977-2333 Intake Coordinator 1-866-672-1242
Molina	Member Services 1-800-580-2811 Intake Coordinator 1-800-344-9594 xt. 181120
Lovelace Community Health Plan	Member Services 1-888-232-2750 Case Management Intake Coordinator 1-877-894-4783xt. 26660
Blue Cross/Blue Shield Blue Salud	Member Services 1-866-689-1523 1-866-689-1523

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



EPSDT or Waiver funding?

It is important to understand that some of a child's services will be paid for with waiver dollars and others will be paid for with EPSDT funding. Medically necessary therapies and services are covered by EPSDT funding, not waiver funding. Therapists and other health providers who work with a child must be willing to take Medicaid and be signed up with the same Salud MCO as the child.

Most therapies will be paid for by EPSDT. Waiver dollars may be used to pay for therapies that are not medically necessary but provide other benefits to the child such as community participation. This exception to the rule generally requires documentation from the therapist demonstrating that the service is not medically necessary.

Personal Care Services or Respite?

Personal Care is a service that, if prescribed as medically necessary by a doctor or PCP, is available through EPSDT. Personal Care service hours, allowed under EPSDT, are based on the child's needs. Respite services are available through the waiver programs but not through EPSDT.

Sometimes it is difficult to distinguish between Respite and Personal Care services (PCS). Respite is for the primary purpose of relieving the child's caregiver and is therefore not covered by EPSDT. Personal Care is provided because it is focused on the child's needs and is not intended to relieve the primary caregiver.

Who can provide Personal Care services?

EPSDT Personal Care services must be provided by someone employed by an agency eligible to bill the Medicaid program for Personal Care services. Personal Care services may not be provided by a legally responsible relative, such as parents and stepparents of minor children. Other relatives may be employed by an agency and must meet the training and supervision standards required by the Medicaid program.

For individuals 18-21 years of age, parents or other relatives may provide Personal Care services if they are not legally responsible for the person. If parents have guardianship of the 18-21 year old, they would be legally responsible.

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

If a family is having difficulty navigating the health care system, they may request a Salud Care Coordinator who can help coordinate medical services. For a child with special needs, this can be a valuable service. Contact your Salud provider to request this type of assistance.



A Salud Care Coordinator is different than your DD Waiver Case Manager. The Salud Care Coordinator can help, on an as-needed basis, to ensure that your child's physical and medical health needs are identified, provided and coordinated with all service providers.

A DD Waiver Case Manager assists the family with the eligibility process and coordinates the IDT (Interdisciplinary Team) in the development of your Individualized Service Plan (ISP). Case Managers help to plan and implement the ISP and find providers. They are required to make a minimum of four home visits per year to children on the DD Waiver.

Waiver Services Specific to Adults

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

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

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

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

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

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

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

Types of Community Living Services include:

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



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

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

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

What is meant by the term “meaningful day”?

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



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

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



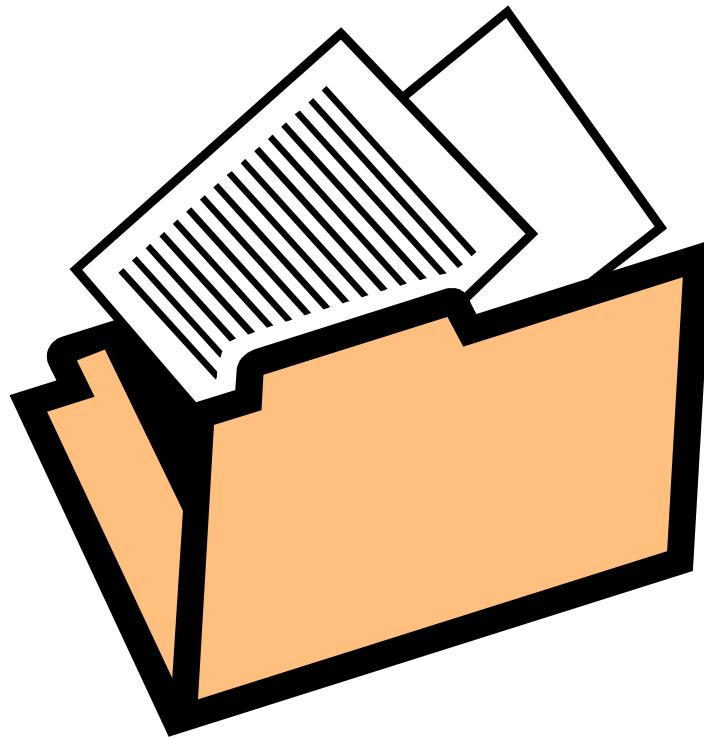
Mi Via Participants have **eight additional** categories available to them known as **Participant-Delegated Goods and Services**. As with any request, you must describe in the plan how the service or good you are asking for addresses the person's medical, functional and/or social needs, and directly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

- Transportation
- Household-Related
- Resource Facilitation
- Community Participation
- Technology for Safety and Independence
- Alternative Medicine and Therapies
- Health-Related Services, Equipment and Supplies
- Coaching/Education for Parent(s), Spouse and others close to you

For more details regarding the Mi Via Self-Directed Waiver, visit the website: www.MiViaNM.org or contact Consumer Direct Personal Care at 1-866-786-4899 to request an information packet. On the website are publications that can help you decide if the traditional DD Waiver or the Mi Via Self-Directed Waiver is right for you.

Chapter 7

WHY IS RECORD KEEPING SO IMPORTANT?



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 keep track of things for you. Some tips for keeping good records include:

- Fill out the "Important Information" box on the inside cover of this booklet. This will help you to keep DDSD and ISD contact information readily available.
- Always keep copies of all the documents you receive, fill out, and/or send in.
- Write down and/or have date stamped, any paperwork you submit.
- Keep a phone log of calls you make or receive regarding the DD Waiver. Write down what the conversation was about and anything agreed upon.
- If you move at any time during the application process, be sure to inform your DDSD Regional Office and ISD office, and give them your new address and phone number. Document that you did so.
- UNM Continuum of Care Project, through the NM Department of Health, has a small portable booklet called "CHUMS," to keep essential medical information in. Individuals and families can request a "CHUMS" from the UNM Continuum of Care Project at (505) 925-2387 or toll free at 1-877-684-5259.

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 DDSD or ISD. At times it can be very labor intensive to get through the process. Plan to spend a lot of time on the phone and going places to get copies."



Phone Log

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Phone Log

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Date: _____ Time: _____ Person called: _____

Agency: _____ Phone Number: _____

Summary of Conversation _____

Glossary of Terms



Glossary of Terms

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

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 AIDS.

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

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

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

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

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

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

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

Buck back - a packet submitted to the Medicaid Utilization Review (UR) agent, currently 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. Typically 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 that includes all individuals who are eligible for the Medicaid DD Waiver services and awaiting services.

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

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

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 1-877-684-5259.

CoLTS – Coordination of Long Term Services - a program that manages health care and long-term services for Medicaid recipients who are receiving services through the D&E waiver, PCO, the Brain Injury Mi Via waiver or have both Medicaid and Medicare. These individuals may have received their Medicaid benefits through a Salud! MCO program in the past. Currently the CoLTS providers in New Mexico are: Evercare (1-877-236-0826, website: www.evercarehealthplans.com) and AMERIGROUP (1-800-600-4441, website: www.evercarehealthplans.com).

Consultant – The person who assists participants with the Mi Via Self-Directed Waiver. The consultant helps the participant understand the program requirements, develop their Service and Support Plan (SSP) and submits the plan to the state for approval. Every Mi Via participant must have a consultant. The consultant agency can also send out an information packet to anyone wanting more information on Mi Via. Currently the state contracts with Consumer Direct Personal Care (CDPC) (1-866-786-4999 or 505-884-3116; Fax: 1-866-786-4955) to provide this service. They are sometimes known as the Consultant Contractor Agency (CCA).

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

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

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

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

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

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

Disabled and Elderly Waiver Program (D&E Waiver) - helps New Mexicans who are elderly or have physical disabilities live in their homes rather than another setting. To qualify for services, you or your loved one must: either be 65 years of age or older or have a disability; need help with personal care (e.g. bathing, dressing, eating); and be a resident of New Mexico. Apply 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. Contact DHI at 1-800-445-8542.

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

Eligibility – In order for an individual to receive services through the Medicaid DD Waiver Program, they must meet the medical and financial eligibility criteria. See For more information, see the second booklet in this series, *DD Waiver 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 DDSD Regional office for approval.

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

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

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

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

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

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

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

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

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

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

Letter of Interest –a cover letter sent out with the Primary Freedom of Choice form, asking if you are still interested in receiving services through the DD Waiver. It is usually sent when there is an allocation opportunity available. Not to be confused with the Keeping in Touch letters that DDSD sends out annually to everyone on the Central Registry.

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

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

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

Medicaid Utilization Review (UR) agent – The UR agency for the DD Waiver 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. Typically the case manager will complete an assessment, your doctor will complete and sign a Level of Care(LOC) abstract and a copy of your history and physical will be sent to the Medicaid Utilization Review (UR) agent. They will review the information and make the determination based on the information packet submitted.

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

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

Mi Via Self-Directed Waiver – A waiver designed to assist persons with disabilities and families who choose to direct their own services and support in their homes and communities. To be eligible for Mi Via, the person applying must be a New Mexico resident who is already receiving services or has received an allocation to one of the following Medicaid waiver programs: Disabled and Elderly (D&E) Waiver, DD Waiver, Medically Fragile Waiver, AIDS Waiver or the Mi Via Brain Injury List. For more information visit: www.MiViaNM.org

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

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

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

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

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

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

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

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

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

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

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

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

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

Secondary Freedom of Choice – A form, given to you by the DD Waiver case manager, and used to select the service provider agencies and therapists you would like to work with. It lists all the agencies available to provide services, along with what services they provide in your area. If you need to change agencies, you would fill out another Secondary Freedom of Choice form and sign at the bottom. The case manager will submit it for approval.

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

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

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

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

SSP – A Service and Support Plan is used in the Mi Via Self-Directed Waiver to document the medical, functional and social needs of the participant. The SSP is developed by the participant, the consultant and anyone else the participant wishes to include in the planning process. The form can be downloaded from the Mi Via website at <http://www.mivianm.org/publications.htm>

Notes

Appendix A

Developmental Disabilities Supports Division (DDSD)

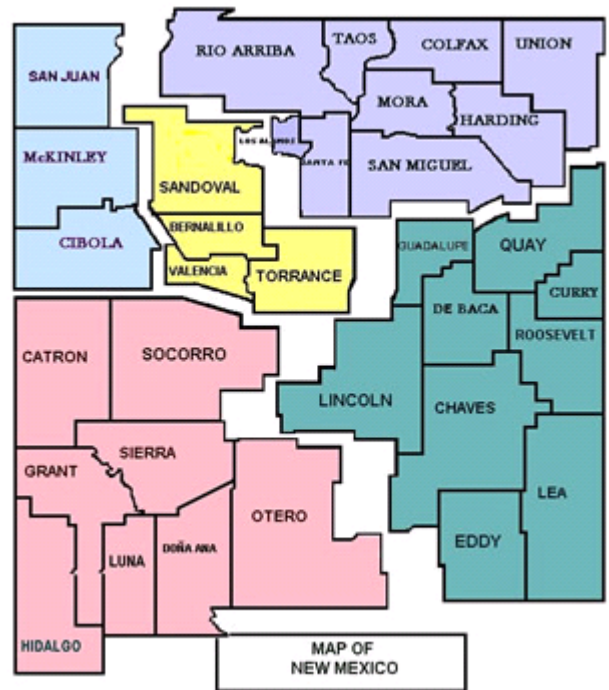
Contact Information

Appendix A

Developmental Disabilities Supports Division (DDSD) Regional Offices

Contact Information

www.health.state.nm.us/DDSD



Southwest Regional Office

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

Metro Regional Office

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

Northeast Regional Office

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

Southeast Regional Office

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

Northwest Regional Office

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

Appendix B

Income Support Division (ISD)

County Offices Contact Information

Income Support Division (ISD) County Offices

For the most current information, visit:
hsd.state.nm.us/isd/fieldoffices.html

Bernalillo County (Albuquerque Area)

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

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

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

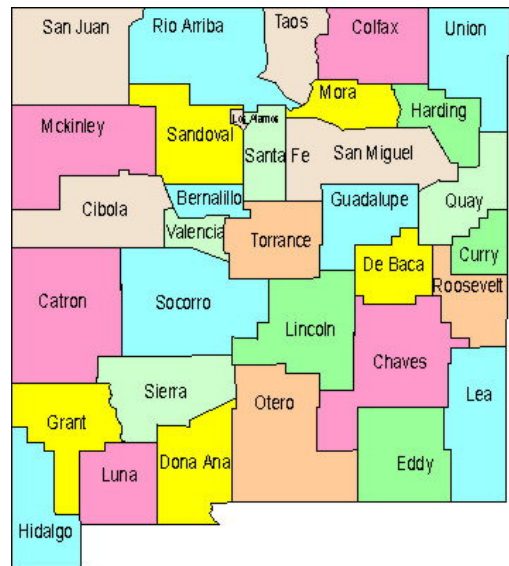
1041 Lamberton Place NE
Albuquerque, NM 87125
Mon-Fri 7:30 AM to 5:00 PM
P.O. Box 25287
Albuquerque, NM 87125
(505) 841-7700
(505) 841-7757

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

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

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

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



Catron County

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

Chaves County (Roswell Area)

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

Cibola County (Grants Area)

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

Colfax County (Raton Area)

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

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

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

[De Baca County](#)

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

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

*If you live in the east-side of Las Cruces
(East Doña Ana Area)*

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

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

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

If you live in the Anthony Area

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

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

If you live in the Artesia Area

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

If you live in the Carlsbad Area

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

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

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

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

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

[Harding County](#)

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

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

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

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

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

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

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

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

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

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

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

[Mora County](#)

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

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

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

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

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

[Rio Arriba and Los Alamos Counties](#)

If you live in the Española Area

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

If you live in the Tierra Amarilla Area

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If you live in the Belen Area

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

If you live in the Los Lunas Area

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

Notes

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!

