



Dear Applicant and/or Guardian,

Thank you for your interest in New Mexico's Home and Community-Based (HCBS) Developmental Disabilities (DD) and Mi Via Waiver, or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

The following pages include: 1) Home and Community-Based Waivers and ICF/IID Application Form, 2) HIPAA Information, 3) Pre-Service Intake Bureau Contact List and 4) Pre-Service Intake Bureau (PSIB) Fact Sheet.

Please return the completed ***HCBS Waivers Application Form*** and any supporting documentation to the address or fax number listed for your region on the Pre-Service Intake Contact List on page 2 of this packet. Your application date will be the date the Pre-Service Intake Bureau of DDS received your completed, signed application packet.

Important: the application will not be considered complete without the following:

- **Applicant's Social Security number; Signed HIPPA Notice of Privacy Acknowledgment and In-Home Visit Acknowledgment; copies of documentation that support a diagnosis of an intellectual disability or a related condition as required per New Mexico Administrative Code (NMAC).**

For more information about the HCBS Waivers, visit our website at <https://www.hca.nm.gov/pre-serviceintake-bureau>.

If you need help completing this form, please contact the PSIB Pre-Service Specialist listed for your region. Contact information is listed on page 2 of this application packet.

Once we receive your completed application, your assigned Pre-Service Specialist will contact you to review the application and discuss next steps.

Si necesita ayuda o información en español, por favor llámenos al número 575-997-7980.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in registration or services, please call us.



Pre-Service Intake Bureau Contact List

METRO OFFICE

PRE-SERVICE MANAGER: Andrea Grider
5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
505-630-9555
Fax: 505-533-6077
andrea.grider@hca.nm.gov

METRO REGIONAL OFFICE PRE-SERVICE SPECIALISTS

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REGIONAL OFFICE PRE-SERVICE SPECIALISTS

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PSIB ADMINISTRATIVE SUPPORT

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PSIB Bureau Chief

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Home and Community Based Waivers and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Complete each section of page 3 and 4 of this form. Fill in each section as carefully and completely as you can and return the form to the Developmental Disabilities Supports Division (DDSD) office in your region. The address and contact information are located on the enclosed list.

For official use only: Date Stamp

Applications will not be accepted unless all sections are completed including the applicant's Social Security number, signed HIPAA and In-Home Visit Acknowledgment.

APPLICANT INFORMATION

Name-Last	First	M	Social Security Number or ITIN (required)	
Street Address	City	State	Preferred Language	
Zip Code				
Mailing Address	City	State	Date of Birth	
Zip Code				
County in which services are requested	Sex	M <input type="checkbox"/> F <input type="checkbox"/>	County of Residence	
Developmental Disabilities (DD) and age of onset	Email		Telephone Number	

Legal Guardian Information*

Self Parent Legal Guardian/Agency _____ Power of Attorney

A legal representative is a parent of a child under eighteen with legal authority to make decisions on the applicant's behalf; personal legal guardian; someone with power of attorney who has been authorized to make healthcare decisions; or any other person who is authorized by law to act for applicant. ***Anyone other than the applicant or parent(s) of a minor child MUST include copies of documents that provide evidence of legal authority to act on behalf of the applicant.**

Name-Last	First	Email
Mailing Address	City	State Zip Telephone Number

Authorized Representative

Write the name and contact information of the person designated by the applicant to assist or handle affairs related to the applicant's healthcare services or someone nominated by the applicant to be a point of contact if the applicant cannot be reached.

Name-Last	First	Relationship to applicant	Email
Mailing Address	City	State Zip	Telephone Number

I, _____, as the legal guardian of the applicant, give DDSD permission to discuss the status of the application with the person(s) listed above:

Signature: _____ Date: _____

HIPAA- A signed HIPAA acknowledgement is required to process this application.

HIPAA Notice of Privacy Practices Acknowledgment (REQUIRED)

By signing below, I acknowledge that I was received a copy of the New Mexico Health Care Authority Notice of Privacy Practices.

Required: Signature of Applicant or Legal Guardian

Date



Home and Community Based Waivers and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

DDSD Service Standards				
In-Home Visitation Acknowledgment (REQUIRED): In accordance with DDSD's mission to provide service free of abuse, neglect, and exploitation, anyone approved to receive services is subject to mandatory in-home visitation by trained State of NM staff to promote health and safety of the individual. All Service Providers must comply to facilitate these visits.				
By signing below, I acknowledge upon approval, I will be subject to mandatory in-home visitation.				
Signature of Applicant or Legal Guardian			Date	
Name & Relationship of Individual Completing This Form				
Write the name of the person who completed and submitted this form, signature, relationship to the applicant and the date the form was completed.				
Printed Name	Signature	Relationship to Applicant	Date	
DOCUMENTATION (Applications will not be processed without supporting documentation)				
The documentation needed to determine whether an applicant meets the Home and Community Based Waiver criteria are as follows:				
<ul style="list-style-type: none"> Intellectual Disability: If you are applying for the Home and Community Based Waivers (HCBS), Developmental Disabilities (DD) or Mi Via Waivers for a diagnosis of intellectual disability, the application must include a comprehensive diagnostic report(s) from a licensed qualified professional with IQ and Adaptive behavior scores. This document must verify the intellectual disability diagnosis. Related Condition: If you are applying for the HCBS, DD or Mi Via Waivers for a condition related to intellectual disability, include a comprehensive diagnostic report from a licensed, qualified practitioner. The related condition diagnosis must be verified in the document(s) or in the results of the genetic testing and include IQ and/or Adaptive Behavior scores (within the past 3 years). Documentation must also include confirmation of substantial functional limitations in three or more areas of life within the past 12 months. 				
The requested information may be found in the following documents:				
<ul style="list-style-type: none"> Educational evaluations Individual Education Plan (IEP) Medical Records 	<ul style="list-style-type: none"> Multidisciplinary Evaluation Team (MET) Review of Existing Evaluation Data (REED) 	<ul style="list-style-type: none"> Neuropsychological/Psychological Evaluations Autism Spectrum Disorder Evaluation 		
Please mail or fax this application, along with supporting documentation to your regional office listed below and on the contact sheet. For questions, please contact the Pre-Service Specialist listed for your region found on the Contact Sheet.				
Metro (Bernalillo, Sandoval, Torrance, Valencia County) 5300 Homestead Rd. NE, Suite 230, Albuquerque, NM 87110	Northeast (Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union County) 2914 E. Hwy 66, Gallup, NM 87301	Northwest (Cibola, McKinley, San Juan County) 2914 E. Hwy 66, Gallup, NM 87301	Southeast (Chavez, Curry, De Baca, Eddy, Guadalupe, Lea, Lincoln, Quay, Roosevelt County) 726 South Sunset, Suite B, Roswell, NM 88203	Southwest (Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra, Socorro County) 1170 N. Solano Dr., Suite G, Las Cruces, NM 88001
It is the applicant/legal guardian's responsibility to notify the Pre-Service Specialists in the regional office of any change of address or phone number.				
Si necesita ayuda o información en español, por favor llámenos al número 575-997-7980.				
If you are a person with a disability and you require this information in an alternative format or require a special accommodation to complete the application, please call us.				



New Mexico Health Care Authority

P.O. Box 2348, Santa Fe, NM 87504-2348

www.hca.nm.gov

HCA Privacy Officer: (800) 283-4465

HCA.HIPAA@hca.nm.gov

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

<p>Your Rights</p>	<p>You have the right to:</p> <ul style="list-style-type: none"> ◆ Get a copy of your health and claims records ◆ Correct your health and claims records ◆ Request confidential communication ◆ Ask us to limit the information we share ◆ Get a list of those with whom we've shared your information ◆ Get a copy of this privacy notice ◆ Choose someone to act for you ◆ File a complaint if you believe your privacy rights have been violated <p>◆ See page 2 for more information on these rights and how to exercise them</p>
<p>Your Choices</p>	<p>You have some choices in the way that we use and share information as we:</p> <ul style="list-style-type: none"> ◆ Answer coverage questions from your family and friends ◆ Provide disaster relief ◆ Market our services and sell your information <p>◆ See page 3 for more information on these choices and how to exercise them</p>
<p>Our Uses and Disclosures</p>	<p>We may use and share your information as we:</p> <ul style="list-style-type: none"> ◆ Help manage the health care treatment you receive ◆ Run our organization ◆ Pay for your health services ◆ Administer your health plan ◆ Help with public health and safety issues ◆ Do research ◆ Comply with the law ◆ Address workers' compensation, law enforcement, and other government requests ◆ Respond to lawsuits and legal actions <p>◆ See pages 3 & 4 for more information on these uses and disclosures</p>

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities.

Get a copy of your health and claims records

- ◆ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- ◆ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We reserve the right to charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- ◆ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- ◆ We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- ◆ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ◆ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- ◆ You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- ◆ We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- ◆ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you make the request, who we shared it with, and why.
- ◆ It’s our responsibility to include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- ◆ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- ◆ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ◆ We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- ◆ You can complain if you feel we have violated your rights by contacting us using the information on page 1 or contacting the current Medical Assistance Division Compliance Officer at (800) 283-4465.
- ◆ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- ◆ We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described in the Responsibilities section, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- ◆ Share information with your family, close friends, or others involved in payment for your care
- ◆ Share information in a disaster relief situation

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- ◆ We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- ◆ We can use or share your information for health research.

Comply with the law

- ◆ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Address workers’ compensation, law enforcement, and other government requests

- ◆ We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- ◆ We can share health information about you in response to a court or administrative order, or in response to a subpoena.

There are federal and state laws that may protect or restrict certain types of health information from use or disclosure, such as information regarding HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually transmitted diseases and reproductive health, and child or adult abuse or neglect.

Our Responsibilities

- ◆ We are required by law to maintain the privacy and security of your protected health information.
- ◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ◆ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ◆ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: contact us using the information on page 1 or contacting the current Medical Assistance Division Compliance Officer at (800) 283-4465.

Changes to the Terms of this Notice

- ◆ We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- ◆ Marketing purposes
- ◆ Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- ◆ We can use your health information and share it with professionals who are treating you.

Example: A specialist sends us a request for your diagnosis and treatment plan so he can further treat you.

Run our organization

- ◆ We can use and disclose your information to run our organization and contact you when necessary.
- ◆ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- ◆ We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

What are the Home and Community-Based Services (HCBS) Waivers and Intermediate Care Facility?

The Health Care Authority (HCA) through the Developmental Disabilities Supports Division (DDSD) provides Home and Community Based (HCBS) Waivers, the Developmental Disabilities and Mi Via Waivers, to, individuals with intellectual and developmental disabilities by providing a comprehensive system of person-centered community supports so that individuals live the lives they prefer, where they are respected, empowered, and free from abuse, neglect, and exploitation.

Who is eligible?

HCBS services are intended for eligible recipients, who meet the definition of developmental disability in accordance with the New Mexico Administrative Code (NMAC) 8.290.400. In general, to match the definition of a developmental disability, the individual must have a developmental disability limited to intellectual disability (ID) or a related condition (RC) as determined by HCA/DDSD through the Pre-Service Intake Bureau (PSIB).

Intellectual Disability (ID):

An individual is considered to have an Intellectual Disability if they have significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

Related Condition (RC):

An individual is considered to have a related condition if they have a severe, chronic disability that meets all of the following:

- Is attributable to a condition, other than mental illness, found to be closely related to ID because this condition results in limitations in general intellectual functioning or adaptive behavior similar to that of persons with ID and requires similar treatment or services,
- Is manifested before the individual reaches age twenty-two (22),
- Is likely to continue indefinitely, and
- Results in substantial functional limitations (adaptive behavior ≤ 70) in three or more areas.

How do I apply?

The first step in the process is to complete HCBS ICF/IDD Application Packet which is available on-line at <https://www.hca.nm.gov/pre-service-intake-bureau/> or from your local DDSD office.

The date the completed application is received by Pre Service Intake Bureau establishes the official Central Registry application date. After Pre Service Intake Bureau receives the



Applying to New Mexico's Home and Community Based (HCBS) Waivers Frequently Asked Questions (FAQS)

application and supporting documents, a Pre-Service Specialist will contact you and let you know whether the information is complete, and they can determine whether the individual meets the NMAC criteria or if additional information is needed.

If determined eligible, you will receive a “Yes Match” letter confirming your name has been placed on the Allocation Schedule for the next allocation group based on your Central Registry application date.

Are there services available while I am on the Allocation Schedule?

While your name is on the Allocation Schedule for the next Allocation group, there may be other services available, including Intermediate Care Facility (ICF) and State General Funds (SGF):

- An Intermediate Care Facility (ICF) for Individuals with Intellectual Disabilities (ICF/IID) provides, in a residential setting, ongoing evaluation, planning, supervision, treatment to help individuals with intellectual disabilities function at his or her greatest ability. To find out more information about ICF/IID services, locations, and admission information, contact the ICF/IID Program Coordinator at 505-623-1916.
- State General Funds (SGF), are a limited number of services and supports available to individuals who have completed the HCBS application and eligibility process and are on the Allocation Schedule with PSIB. To find out more information, and what services may be available, contact the SGF Manager at 575-932-8160.

What Happens Next?

- When funding becomes available, eligible applicants will receive two documents by mail: a Letter of Interest (LOI), which notifies you that you may proceed with the next steps in the process, and the Primary Freedom of Choice (PFOC) form, which allows you to select your case management/consultant service provider. These letters will be mailed to the address listed for you in the PSIB Central Registry, so it is essential to stay in regular contact with your Pre Service Specialist to ensure your information remains current.