

PROVIDER APPLICATION



HEALTH CARE
AUTHORITY

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION

Provider Enrollment Unit

MEDICALLY FRAGILE (MF) WAIVER

2540 Camino Edward Ortiz
Santa Fe, New Mexico 87507

Effective Date November 1, 2022
Revised October 1, 2025

Health Care Authority
Kari Armijo, Cabinet Secretary



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

Dear DDS Provider Applicant:

This provider application packet and the attached forms contain the necessary information needed to apply to become a provider for the Medically Fragile (MF) Medicaid Waiver Program.

All Medicaid Waiver Programs shall be subject to all Health Care Authority (HCA) regulations governing Medicaid Waiver Services. In addition, all Provider Agreements awarded shall be subject to the Developmental Disabilities (DD) and Medically Fragile (MF) Service Standards and other general provider requirements of the HCA.

For assistance in completing the application, please contact Tammy M. Barth at (505) 469- 8480 or via email at Tammy.Barth@hca.nm.gov.

Sincerely,

Jennifer Zwally

Jennifer Zwally, Director
Developmental Disabilities Supports Division
Health Care Authority

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I. OVERVIEW OF THE MEDICALLY FRAGILE (MF) MEDICAID WAIVER PROGRAM:

A. Overview of Waiver Program and Waiver Background Information

The Developmental Disabilities Supports Division (DDSD) of the New Mexico Health Care Authority (HCA) herein referred to as the DEPARTMENT administers provider enrollment for the Medicaid Medically Fragile (MF) Waiver. Recipients of Medicaid Waiver services must meet both financial and medical eligibility as determined by the New Mexico Health Care Authority in accordance with Medicaid Waiver Regulations.

The DEPARTMENT has the authority to approve individual program services based upon budgetary considerations and availability of approved waiver enrollment slots. The DEPARTMENT also has the authority to approve the area(s) and specific service(s) for authorized and approved waiver service providers. Medicaid Waiver services are not an "entitlement" for eligible Medicaid recipients.

Funding is not guaranteed to a provider under the Medicaid Waiver Program. Reimbursement for service(s) is based upon the recipient's selection of approved service providers as contained in an Individual Service Plan (ISP) and as approved by the DDSD and/or the Medicaid Third Party Assessor. Reimbursement for Medicaid Waiver Programs is based upon a Fee for Service. Reimbursement is at the established service reimbursement rates as shown in the Billing Rates Appendix 1.

B. Conflict of Interest

All DDSD Waiver Provider Agencies must avoid and mitigate any conflict-of-interest issues. This applies to the DD, MF and Supports Waiver providers. See NMSA 1978, § 45-5-311(A) (Uniform Probate Code). Affinity which stems solely from the caregiver relationship is not sufficient to satisfy this requirement.

A Case Management Provider Agency may not be a Provider Agency for any other Waiver services. A Case Management Provider Agency may not provide guardianship services to an individual receiving case management services from that same agency. Case Managers cannot serve on the board of a provider agency.

Affiliated agencies are defined as two or more service agencies providing DD, MF or Supports Waiver services that have a marital, blood, business interest or holds financial interest in providing direct care for individuals receiving Home and Community Based Services (HCBS). Affiliated agencies must not hold a business or financial interest in any entity that is paid to provide direct care for any individuals receiving HCBS services to prevent solicitation of services.

C. Medically Fragile (MF) Waiver Summary

The MF Waiver program is intended for individuals who have been determined prior to the age of twenty-two (22) to be both medically fragile and developmentally disabled or developmentally delayed or at risk for developmental delay. Individuals must meet the same level of care criteria required for institutional care and must meet all Medicaid eligibility criteria for income and resources as those served in an institutional care setting. Medically fragile is defined as a chronic physical condition, which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary and is characterized by one or more of the following:

- a) There is a life-threatening condition characterized by reasonably frequent periods of acute exacerbation that requires frequent medical supervision, and/or physician consultation and which in the absence of such supervision or consultation, would require hospitalization.
- b) The individual requires frequent time-consuming administration of specialized treatments, which are medically necessary.
- c) The individual is dependent on medical technology such that without the technology, a reasonable level of health could not be maintained. Examples include but are not limited to ventilators, dialysis machines, external or paternal nutrition support and continuous oxygen.

II. INSTRUCTIONS AND REQUIREMENTS

A. *Application Requirements*

Submit applications to DDS D with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances DDS D may request additional information from the applicant, which must be submitted within timelines determined by DDS D.

B. *Where to Submit*

Applications may be submitted via mail, in-person or via email.

To submit via mail or in-person please send to:

HCA/DDS D/Provider Enrollment Relations Unit
2540 Camino Edward Ortiz
Santa Fe, New Mexico 87507

To submit via email, please send to both Tammy M. Barth and Theodore Jackson at:

Tammy.Barth@hca.nm.gov and Theodore.Jackson@hca.nm.gov

C. *Application Format*

Applications that do not conform to the required outline described in all sections may be returned.

1. It is the applicant's responsibility to ensure that all pages are numbered, and appropriate documents are included.
2. Submit only single-sided copies.
3. Do not staple, bind, or put your application in a three-ring binder. Instead, use paper clips, binder clips and/or rubber bands.
 - a. Policies, procedures and/or authoritative documents should cover aspects detailed in scoring criteria. Scoring criteria, applicable NMAC and service standards are listed under each scored policy in red. Responses cannot be a cut and paste from criteria or service standards. A thoughtful authoritative document is required.
 - b. Use separate pages for each authoritative document and section.
 - c. Number pages.

D. *DDS D Required Application Forms*

DDS D requires that the applicant submit forms and documentation as outlined below. Certain forms must be signed and dated by the applicant.

1. **Provider Information Sheet:** This form must be used as a cover page when the application is submitted.
2. **Service and County Request Form(s):** This form identifies the services and counties the agency is applying to provide. (See attached Regional Map)

3. Statement of Assurances Form

F. DDS Required Documentation for Medically Fragile Waiver

1. **Articles of Incorporation, LLC or Organization and current board members, if applicable.** The applicant must submit a current list of each board member's name, home address, phone number and email address.
2. **Combined Reporting System (CRS) Certificate** Proof of registration with the NM Taxation and Revenue Department.
3. **Proof of General or Professional Liability Insurance** (One-million dollar minimum), naming the Health Care Authority as an additional insured. **(New Providers, within 30 days of approval)**
4. **Proof of Surety Bond (Individual) or Fidelity Bond (Group) Insurance** (Ten-thousand dollar minimum) naming the Health Care Authority as loss payee. **(New Providers, within 30 days of approval)**
5. **Professional Licensure** All professional licensure and academic credentials for all hired and subcontracted personnel must be submitted for the following services:
 - Behavior Therapy
 - Case Management
 - Environmental Modification
 - Licensed Practical Nurses
 - Massage Therapy
 - Nutritional Counseling
 - Occupational Therapists
 - Physical Therapists
 - Registered Nurses
 - Speech Therapy
6. **Financial for Renewing Providers**
 - a. **New Providers are required to submit** a business plan, including anticipated expenses for a three (3) month period and most current, last three (3) bank statements or line of credit.
 - b. **Renewing Providers are required to submit:**
 - Annual tax return, current year end Profit and Loss Statement **OR** financial audit prepared by an accountant.
 - Description of the agency's current operating budget; including information about resources devoted to staff and Board training.

Please include short and long-term financial goals.

The applicant can show it has 3 months of operating costs available. The applicant can show routine and regular financial audits are conducted.

Identification of the percentage or amount of the agency budget devoted to staff (and Board, if applicable), training and technical assistance.

7. **Latest Quality Management Bureau (QMB) survey results, if applicable.** The applicant must submit their latest QMB survey Determination of Compliance Letter.
8. Please submit a list of licensed or certified professionals, in addition to any **licenses and/or certifications** the agency possesses.
9. Provide your agency's **Mission statement**.
10. Provide your agency's **Values**.
These are beliefs that guide the policies and practices of the organization. They will have to do with the person (e.g., directing one's life to the extent feasible, gaining community membership) but also regarding the conduct of the organization (e.g., culturally proficient, fair, transparent, fiscally responsible).
11. Provide the agency's **Organizational Chart** and brief position descriptions including management and supervisory positions.
The Organizational Chart and position descriptions should demonstrate how the positions relate to the service type, understanding of the service system, knowledge of the communities their individuals live in and what community options are available to them.
The applicant should show an administrative structure that provides support to staff including managing, monitoring, teaching, and improvement in practice.
12. Please provide your **director's resume**.

III. MEDICALLY FRAGILE WAIVER AGENCY AUTHORIATIVE DOCUMENTS PER SERVICE TYPE

MF Waiver Providers must have current policies, procedures, standard operating procedure and/or any authoritative documents from the agency such as employee handbooks, agency manuals, etc. that assure applicable NMAC regulations and service standards are implemented. **They must be signed and dated by the agency Director.** Please provide the agency's documents that address the following. Please include document titles and use the grid below to provide page numbers where each numbered area is addressed.

The authoritative documents will need to adequately address all requirements listed below and the Agency should demonstrate that the authoritative documents are reviewed and/or updated at least every three (3) years by the Agency.

<p>Provide assurance for the following:</p> <p>The MF Waiver Environmental Modification Service Standards and Americans with Disabilities Act (ADA) requirements will be followed.</p> <p>The recommendations of the therapist and/or qualified individual's assessment that address the individual's disability and enable the individual to function with greater health, safety and independence in the home will be followed.</p> <p>How will the agency handle family requests for additional modifications beyond the allowed MF Waiver budget?</p> <p>Assure health, safety, and minimum disruption of occupants of the home while modifications are being completed.</p> <p>Assure at a minimum, a standard 1-year written warranty of the work completed, including both materials and labor, to the person, the guardian, homeowner, or other family members.</p> <p>Assurance of customer satisfaction with service and address how you will obtain customer input and agreement from the individual, family, therapist, and subcontractor.</p>	x					
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IV. OVERVIEW OF REVIEW PROCESS

A. Application Review Process

1. Each section will be scored and must achieve a passing score. A passing score is 100% of all possible points available for the area being scored.
2. Scoring is by committee/or subject matter expert.
3. The program manager reviews all MF Waiver applications. The Bureau of Behavioral Supports (BBS) reviews behavior service provider applications. Therapy Coordinators review the therapy service provider applications. After final review of the application, the application is then sent to the Committee Chair (PEU).
4. The Lead is responsible for pulling together the local committee comprised of appropriate committee members, including any additional staff needed for a particular review.
5. The Lead is responsible for sending a completely vetted application with one (1) finalized score sheet from the local Committee to the Committee Chair by the established deadline.
6. Providers must score at least 99% to receive a Provider Agreement. Applications may be approved/denied as a whole or by service type.
7. If less than 99% is received in the "Standard Program Description" area, a full application denial will be issued.
8. Individual service type, in conjunction with applicable authoritative documents, may also be approved/denied; however, denial by service type does not constitute a full denial. Anything scored less than 75% will be returned to the applicant through the following Remediation Process.

B. Remediation Process for Existing Medically Fragile (MF) Waiver Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair (PEU) to the provider. The provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient:
2. A second, written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDSD should be consistent across the State, regardless of which DDSD employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair. If the RFI is not returned or remains insufficient:
3. A third RFI will be issued by the Committee Chair in conjunction with a State-imposed Moratorium. The moratorium will remain in effect until the issue is remedied or through the transition process mentioned below. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient:
4. An application fee of five hundred dollars will be charged to the Provider for the additional review by the Committee Chair. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not

returned or remains insufficient:

5. A Denial will be issued by DDS. The denial will be issued by the Committee Chair for one year from the date the last person is transitioned out of the provider agency.
6. If a denial is issued, the transition process will begin immediately.

C. Remediation Process for New Providers

1. A first written Request for Information (RFI) will be issued by the Committee Chair to the provider; the provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
2. A second written RFI will be issued by the Committee Chair to the provider with a referral to obtain Technical Assistance (TA) by the Lead. The TA can be provided by the committee or the regional office. TA from DDS should be consistent across the State, regardless of which DDS employee is providing the TA. The Provider has ten (10) business days to return the second RFI to the Committee Chair.
3. If the RFI is not returned or remains insufficient a third RFI will be issued by the Committee Chair to the provider including the original referral for TA. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
4. An application fee of five hundred dollars will be charged by the Committee Chair to the Provider for the additional review. The Provider has ten (10) business days to return the RFI to the Committee Chair. If the RFI is not returned or remains insufficient.
5. A Denial will be issued by DDS. The Denial will be issued by the Committee Chair for one year from the date of denial.

D. Term of Agreement

1. **For providers of services which require accreditation:**
 - a. New providers will be awarded two (2): one (1) year provisional Provider Agreements. This will allow time for the agency to obtain accreditation as required by DDS.
 - b. Providers that are subject to review by the Quality Management Bureau will be surveyed six months from the date of service to an individual on the MFW.
 - c. Renewing providers will receive up to a three (3) year term based on scoring and on the recommendations of the DDS personnel.
 - d. The Provider Agreement will never exceed the accreditation term.
2. **For providers of services which do not require accreditation:**
 - a. New providers will receive a one (1) year provisional term.
 - b. Renewing providers may receive up to a three (3) year term depending on the scoring and recommendations received by DDS personnel.

3. **For renewing providers**, the Term of the Agreement may be impacted by agency referrals to the Internal Review Committee (IRC), the number of corrective action plans implemented within the previous twenty-four (24) months and number of plans demonstrating closure with any deficiencies or findings. Corrective action plans include but are not limited to:
 - a. Individual Quality Review (IQR) findings.
 - b. Corrective and Preventive Action Plans related to reporting of Abuse, Neglect and Exploitation (ANE).
 - c. Plan of Correction (POC) related to Quality Management Bureau (QMB) compliance surveys.
 - d. Civil Monetary Penalties (CMP), Performance Improvement Plans (PIP), and Statewide Imposed Moratoriums related to Regional Office Contract Management.
 - e. Directed Plans of Corrective Active (DCA) related to Internal Review Committee.

V. DDSD CONTACT INFORMATION

Community Programs Bureau
Provider Enrollment Relations Unit
Tammy M. Barth, Manager
2540 Camino Edward Ortiz
Santa Fe, NM 87507
Phone: (505) 469-8480
Fax: (505) 476-8894

Metro Regional Office
Michael Driskell, Regional Office Director
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 595-4458
Toll Free: (800) 283-5548
Fax: (505) 841-5546

Northeast Regional Office
Kim Hamstra, Regional Office Director
224 Cruz Alta, Suite B
Taos, NM 87571
Phone: (505) 423-2484
Toll Free: (866) 315-7123
Fax: (575) 758-5973

Northwest Regional Office
Aaron Joplin, Regional Office Director
355 S. Miller Avenue
Farmington, NM 87401
Phone: (505) 478-3035
Toll Free: (866) 862-0448
Fax: (505) 326-3148

Southeast Regional Office
Guy Irish, Regional Office Director
726 B. South Sunset
Roswell, NM 88203
Phone: (575) 246-0024
Toll Free: (866) 895-9138
Fax: (575) 624-6104

Southwest Regional Office
Isabel Casaus, Regional Office Director
1170 N. Solano Drive, Suite G
Las Cruces, NM 88001-2369
Phone: (575) 932-8221
Toll Free: (866) 742-5226
Fax: (575) 528-5194

Bureau of Behavioral Supports
Gabriel Vigil, Bureau Chief
5300 Homestead, Suite 223
Albuquerque, NM 87110
Phone: (505) 900-4365
Main Line: (505) 841-5532
Fax: (505) 841-5554

Clinical Services Bureau
Melissa McBride, Bureau Chief
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 231-2304
Toll Free: (800) 283-8415
Fax: (505) 841-2987

Medically Fragile Waiver
Melissa McBride, Bureau Chief
5300 Homestead, 2nd Floor
Albuquerque, NM 87110
Phone: (505) 670-8954
Fax: (505) 841-2987

Community Inclusion - Employment
Alix Dean, Supported Employment Lead
2540 Camino Edward Ortiz
Santa Fe, NM 87507
Phone: (505) 819-7346

APPENDIX 1

MEDICAID REGULATIONS

Go to the NM Health Care Authority website at:

[Medical Assistance Division - New Mexico Human Services Department \(nm.gov\)](#)

1. Medicaid Eligibility Home and Community Based Waiver Services
2. Benefit Description
3. Income and Resource Standards
4. Recipient Policies

Chapter 314 Home and Community-Based Services, Waivers and Providers

[Program Rules - New Mexico Human Services Department \(nm.gov\)](#)

Medically Fragile Waiver

MF WAIVER SERVICE STANDARDS

Go to the NM Health Care Authority website at:

[Medically Fragile Waiver - New Mexico Human Services Department \(nm.gov\)](#)

BILLING RATES MF WAIVER

Go to the NM Health Care Authority website at:

[Fee for Service - New Mexico Human Services Department \(nm.gov\)](#)

DDSD SAMPLE PROVIDER AGREEMENT

Go to the NM Health Care Authority website at:

[Developmental Disabilities, Medically Fragile and Supports Waiver Provider Enrollment - New Mexico Human Services Department \(nm.gov\)](#)

INCIDENT MANAGEMENT SYSTEM GUIDE

Go to the NM Health Care Authority website at:

[Abuse, Neglect & Exploitation - New Mexico Human Services Department \(nm.gov\)](#)

TRANSITION OF DD WAIVER INDIVIDUALS

Go to the NM Health Care Authority website at:

[DDW - Services and Supports - New Mexico Human Services Department \(nm.gov\)](#)

Chapter 9 – Transitions

TRAINING REQUIREMENTS

Go to the NM Health Care Authority website at:

[Training & Knowledge Management - New Mexico Human Services Department \(nm.gov\)](#)

APPENDIX 2

ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ANE	Abuse Neglect and Exploitation
ARA	Annual Resource Allotment
ARM	Aspiration Risk Management
AWMD	Assistance with Medication Delivery
AT	Assistive Technology
BBS	Bureau of Behavioral Supports
BCIP	Behavior Crisis Intervention Plan
BSC	Behavior Support Consultation
BWS	Budget Worksheet
CARMP	Comprehensive Aspiration Risk Management Plan
CCS	Customized Community Supports
CIA	Client Individual Assessment
CIE	Community Integrated Employment
CIHS	Customized In-Home Supports
CIU	Client Information Update
CMA	Certified Medication Aide
CMS	Centers for Medicare and Medicaid Services
COE	Category of Eligibility
COP	Condition of Participation
CPA	Corrective and Preventive Action Plan
CPB	Community Programs Bureau
CPR	Cardiopulmonary Resuscitation.
CRU	Central Registry Unit
DDSD	Developmental Disabilities Supports Division
DDSQI	Developmental Disabilities Services Quality Improvement
DCP	Decision Consultation Process
DHI	Division of Health Improvement
DME	Durable Medical Equipment
DOH	Department of Health
DSP	Direct Support Personnel
DVR	Division of Vocational Rehabilitation
e-CHAT	Electronic Comprehensive Health Assessment Tool:
EMSP	Environmental Modification Service Provider
EPR	Emergency Physical Restraint
EPSDT	Early Periodic Screening Diagnosis and Treatment
FRC	Friends and Relationships Course
GER	General Events Reporting
GERD	Gastro Esophageal Reflux Disease

H&P	Health and Physical
HCA	Health Care Authority
HCBS	Home and Community Based Services
HCP	Health Care Plan
HIPAA	Health Insurance Portability and Accountability Act
HRC	Human Rights Committee
HSD	Human Services Department
IASP	Individual Action and Safety Plan
I/DD	Intellectual and/or Developmental Disabilities
ICF/IID	Intermediate Care Facility for Individuals with ID
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEB	Intake and Eligibility Bureau
IMB	Incident Management Bureau
IMLS	Intensive Medical Living Services
IQR	Individual Quality Review
IRC	Internal Review Committee
ISD	Income Support Division
ISP	Individual Service Plan
IST	Individual Specific Training
ITP	Individual Transition Plan
JCM	Jackson Class Member
KPI	Key Performance Indicator
LCA	Living Care Arrangement
LOC	Level of Care
LPN	Licensed Practical Nurse
MAAT	Medication Administration Assessment Tool
MAR	Medication Administration Record
MCO	Managed Care Organization
MERP	Medical Emergency Response Plan
NMAC	New Mexico Administrative Code
OOHP	Out of Home Placement
OR	Outside Review(er)
OT	Occupational Therapy/Therapist
PBS	Positive Behavior Support
PBSA	Positive Behavior Supports Assessment
PBSP	Positive Behavior Supports Plan
PCA	Person Centered Assessment
PCP	Person-centered planning
PEU	Provider Enrollment Unit
PFOC	Primary Freedom of Choice
POC	Plan of Correction

PPMP	PRN Psychotropic Medication Plans
PRN	Pro Re Nada- as-needed
PRSC	Preliminary Risk Screening and Consultation
PT/ PTA	Physical Therapy/Therapy(ist)/ PT Assistant
QA	Quality Assurance
QI	Quality Improvement
QIS	Quality Improvement Strategy
QMB	Quality Management Bureau
RFI	Request for Information
RMP	Risk Management Plan
RN	Registered Nurse
RORA	Regional Office Request for Assistance
SE	Supported Employment
SFOC	Secondary Freedom of Choice
SLP	Speech-Language Pathologist
SSE	Socialization and Sexuality Education
SARL	Statewide Aspiration Risk List
TPA	Third Party Assessor
TSS	Teaching and Support Strategies
WCF	Waiver Change Form
WDSI	Written Direct Support Instructions
WIOA	Workforce Innovation and Opportunity ACT

APPENDIX 3

ADLs	ACTIVITIES OF DAILY LIVING
APS	ADULT PROTECTIVE SERVICES
AT	ASSISTIVE TECHNOLOGY
BHSD	BEHAVIOR HEALTH SERVICE DIVISION
BSC	BEHAVIOR SUPPORT CONSULTATION
CC	CARE COODINATOR
CDA	CAPPED DOLLAR AMOUNT
CIA/FCR	COMPREHENSIVE INDIVIDUALIZED ASSESSMENT-FAMILY CENTERED REVIEW
CIU	CLIENT INFORMATION UPDATE
CM	CASE MANAGER
CMS	CENTER FOR MEDICARE/MEDICAIDE SERVICES
CMSA	CASE MANAGEMENT SOCIETY OF AMERICA
CNA	COMPREHENSIVE NEEDS ASSESSMENT
CNP	CERTIFIED NURSE PRACTICITONERA
COE	CATEGORY OF ELIGIBILITY
CPS	CHILD PROTECTIVE SERVICES
CQIP	CONTINUOUS QUALITY IMPROVEMENT PLAN
DD	DEVELOPMENTAL DISABILITIES
DDPC	DEVELOPMENTAL DISABILITIES PLANNING COUNCIL
DDSD	DEVELOPMENTAL DISABILITY SERVICE DIVISION
DHI	DIVISION OF HEALTH IMPROVEMENT-
DOH	DEPARTMENT OF HEALTH
DSP	DIRECT SUPPORT PERSONEL
DVR	DIVISION OF VOCATIONAL REHABILITATION
EMOD	ENVIRONMENTAL MODIFICATIONS
EMSP	ENVIRONMENTAL MODIFICATIONS SERVICE PROVIDER
EPSDT	EARLY PERODIC SCREENING DIAGNOSIS AND TREATMENT
FIT	FAMILY INFANT TODDLER
HCA	HEALTH CARE AUTHORITY
H & P	HISTORY AND PHYSICAL
HCBS	HOME AND COMMUNITY BASED SERVICES
HED	HEALTH EDUCATION DEPARTMENT
HH	HOME HEALTH AGENCY
HHA	HOME HEALTH AIDE
HIPAA	HEALTH INSURANCE PORTBILITY AND ACCOUNTABILITY ACT
HSD	HUMAN SERVICE DEPARTMENT
IADL	INSTRUMENTAL ACTIVITIES OF DAILY LIVING
ICC	FAMILY INFANT TODDLER INTERAGNECY COORDINATING COUNCIL
ICF	INTERMEDIATE CARE FACILITY
IDDSI	INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE
IDEA	INDIVIDUALS WITH DISABILITIES EDUCATION ACT
IDT	INTERDISCIPLINARY TEAM
IEP	INDIVIDUAL EDUCATIONAL PLAN
IID	INDIVIDUALS WITH INTELLECTUAL DISABILITIES

ISD	INCOME SUPPORTS DIVISION
ISP	INDIVIDUAL SERVICE PLAN
LISW	LICENSED INDEPENDENT SOCIAL WORKER
LMFT	LICENSED MARRIAGE AND FAMILY
LMHC	LICENSED HEALTH COUNSLER
LN	LICENSED NUTRITIONIST
LOC	LEVEL OF CARE
LPCC	LICENSED CLINICAL COUNSLER
LPN	LICENSED PRACTICAL NURSE
LRD	LICENSED REGISTERED DIETIANA
LTCAA	LONG TERM CARE ASSESSMENT ABSTRACT
MAD	MEDICAL ASSISTANCE DIVISION
MAP	MEDICAL ASSISTANCE PROGRAM
MCO	MANAGED CARE ORGANIZATION
MFW	MEDICALLY FRAGILE WAVIER
OT	OCCUPATIONAL THERAPY/THERAPIST-
PCP	PRIMARY CARE PRACTITIONER
PDN	PRIVATE DUTY NURSE
PFOC	PRIMARY FREEDOM OF CHOICE
PT	PHYSICAL THERAPY/THERAPIST-
RN	REGISTERED NURSE-
SFOC	SECONDARY FREEDOM OF CHOICE
SLP	SPEECH LANGUAGE PATHOLOGIST
SME	SPECIALIZED MEDICAL EQUIPMENT
TPA	THIRD PARTY ASSESSOR
UDR	UNDUPLICATED RECIPIENT



Developmental Disabilities Supports Division
Medically Fragile (MF) Waiver Provider Information Sheet
(Form must be filled out completely)
PLEASE PRINT CLEARLY

Date: _____ **New Applicant** _____ **Renewing Applicant** _____

NM Taxation and Revenue CRS#: _____ **Medicaid Billing #** _____

Business Name (dba) _____

Contact Person _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Physical Address _____

City _____ **State** _____ **Zip Code** _____

Phone: _____ **Fax:** _____ **Cell:** _____

E-mail Address: _____ **Toll Free:** _____

Please answer the following questions regarding your organization:

1.) Does any other organization (including those who currently or previously provided service under the DDS Medicaid Waiver program) control or influence your agency? Yes _____ (or) No _____
(If "YES" please provide name(s) and contact information below, if necessary, submit a separate sheet)

Contact _____ **Phone:** _____ **Email** _____

2.) Does your agency control or influence any other organization (including those who currently or previously provided service under the DDS Medicaid Waiver program)? Yes _____ (or) No _____
(If "YES" please provide name(s) and contact information below, if necessary, submit a separate sheet)

Contact _____ **Phone:** _____ **Email** _____

Please fill out and sign this sheet.

1. Name and address of each person with an ownership or controlling interest in the entity.

Name:		
Address:	Telephone Number:	Relationship:
Name:		
Address:	Telephone Number:	Relationship:
Name:		
Address:	Telephone Number:	Relationship:

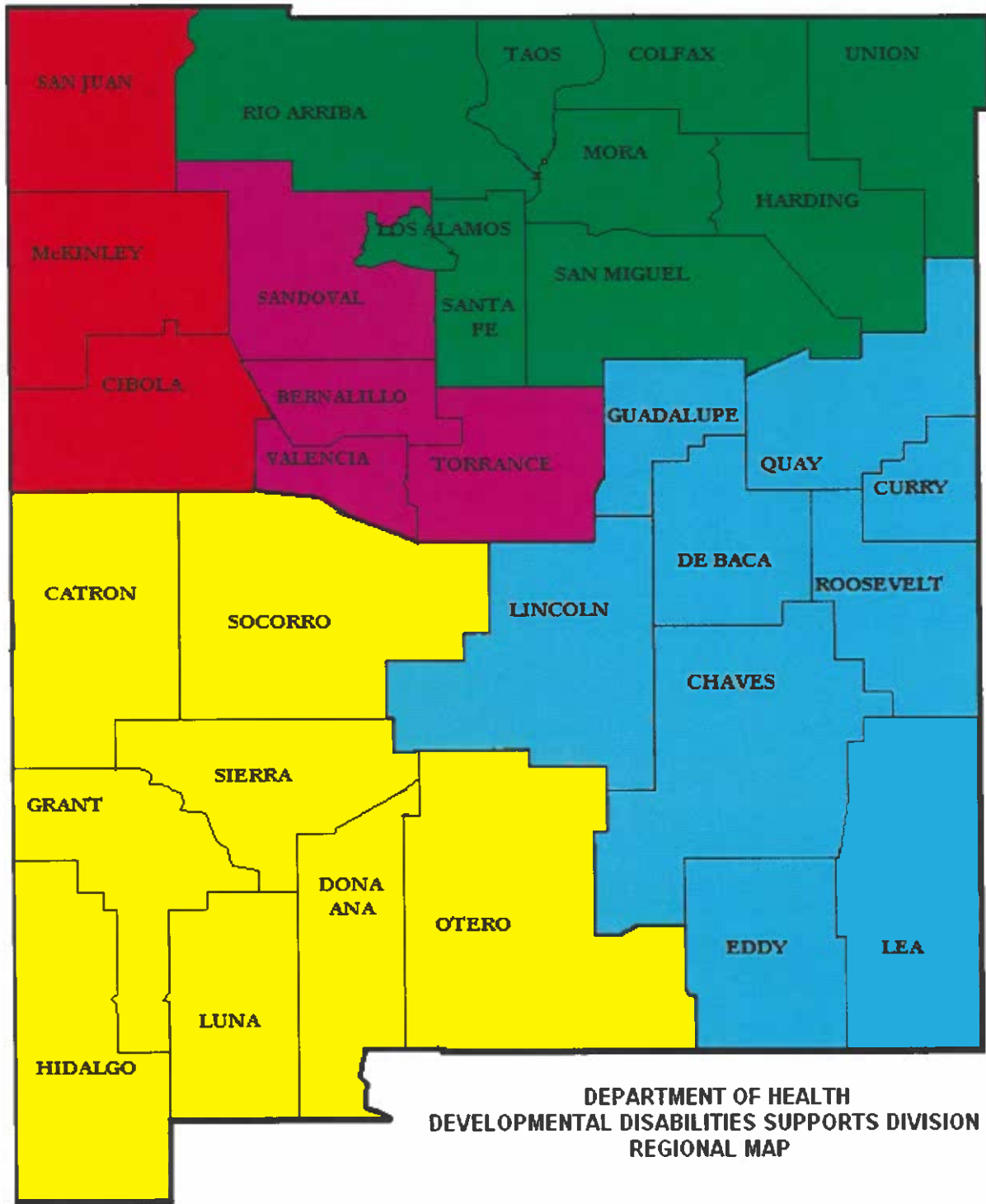
2. Name of any person, agent, managing employee or any other person who has ownership or controlling interest in the entity who has been convicted of a criminal offense or assessed a civil monetary penalty related to that person's involvement in any program under Medicaid, Medicare, other federal program(s), or other state Medicaid programs.

Name:		
Address:	Telephone Number:	Relationship:
Name:		
Address:	Telephone Number:	Relationship:
Name:		
Address:	Telephone Number:	Relationship:

1. Are there any services, counties, or Waivers you are deleting? Please list each.

2. How many individuals does your agency serve in each service, in each region you are approved to provide services in? (You may attach a separate sheet if needed)

Signature of Authorized Representative:	Title:
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- NORTHWEST REGION
- NORTHEAST REGION
- SOUTHWEST REGION

- SOUTHEAST REGION
- METRO REGION

**SERVICE AND COUNTY REQUEST FORM
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
MEDICALLY FRAGILE (MF) WAIVER**

PROVIDER NAME:	DATE:
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CHECK THE SERVICE(S) YOU ARE APPLYING TO PROVIDE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | BEHAVIOR SUPPORT CONSULTATION |
| <input type="checkbox"/> | CASE MANAGEMENT *Must choose entire region for CM service. |
| <input type="checkbox"/> | CUSTOMIZED COMMUNITY GROUP SUPPORTS |
| <input type="checkbox"/> | ENVIRONMENTAL MODIFICATION |
| <input type="checkbox"/> | HOME HEALTH AIDE |
| <input type="checkbox"/> | IN-HOME RESPITE |
| <input type="checkbox"/> | INDIVIDUAL DIRECTED GOOD AND SERVICES |
| <input type="checkbox"/> | MASSAGE THERAPY |
| <input type="checkbox"/> | NUTRITIONAL COUNSELING |
| <input type="checkbox"/> | OCCUPATIONAL THERAPY |
| <input type="checkbox"/> | PHYSICAL THERAPY |
| <input type="checkbox"/> | PRIVATE DUTY NURSING |
| <input type="checkbox"/> | SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES |
| <input type="checkbox"/> | SPECIALIZED RESPITE HOME |
| <input type="checkbox"/> | SPEECH THERAPY |
| <input type="checkbox"/> | VEHICLE MODIFICATION |

CIRCLE THE COUNTIES YOU ARE APPLYING TO PROVIDE SERVICES IN.

*If you are providing multiple services in multiple counties, please submit a separate form for each county.

METRO	BERNALILLO	SANDOVAL	TORRANCE	VALENCIA		
NORTHEAST	COLFAX	HARDING	LOS ALAMOS	MORA	RIO ARRIBA	SAN MIGUEL
	SANTA FE	TAOS	UNION			
NORTHWEST	CIBOLA	MCKINLEY	SAN JUAN			
SOUTHEAST	CHAVES	CURRY	DE BACA	EDDY	GUADALUPE	LEA
	LINCOLN	QUAY	ROOSEVELT			
SOUTHWEST	CATRON	DONA ANA	GRANT	HIDALGO	LUNA	OTERO
	SIERRA	SOCORRO				



HEALTH CARE
AUTHORITY

**Health Care Authority
Developmental Disabilities Supports Division
Statement of Assurances**

Failure to comply with this Statement of Assurances may result in DDSD sanctions, up to and including a reduction in the term and/or termination of the Provider Agreement.

This form must be completed and signed by the applicant. If any portion does not apply to your agency, please mark it as non-applicable.

	INITIAL	DATE	N/A
Any individual who is an employee or subcontractor of an entity that is compensated for providing waiver services to an individual, must not provide services as guardian or Power of Attorney for that individual, except when related by affinity or consanguinity.			
Similarly, a person who is an owner, operator or employee of a provider agency, or a subcontractor that is compensated to provide waiver services to a given individual must not be designated under a Power of Attorney to make healthcare decisions for that same individual, unless the owner, operator or employee is related to the individual by blood, marriage or adoption. See NMSA 1978, § 24-7A-2(B) (Uniform Healthcare Decisions Act).			
A case management provider agency may not be a provider agency for any other waiver service. A case management provider agency may not provide guardianship services to an individual receiving case management services from that same agency. Case managers are not permitted to serve on the board of a provider agency.			
Provider agencies will follow the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services Settings Requirements Final Rule requirements. https://www.medicaid.gov/medicaid/home-community-based-services/index.html			
Provider agencies will learn and use designated electronic systems as required for documentation, reporting and billing (i.e. Therap components, Conduent online portals, other online portals, etc.)			
Provision of data that validates service provision as requested by the State for audits, validation of rates of reimbursement during periodic rate reviews/rate studies. direct support professional data at least annually or other quality			

assurance activities.			
Provider agencies will document provision of services according to Medicaid billing requirements.			
Provider agencies will participate in meetings, initiatives, and workgroups convened by the state to collaborate on system improvements, enhance service quality, and ensure alignment with best practices.			
Provider agencies will provide Adult Nursing Services and comply with the DD Waiver Service Standard requirements for this service, as applicable.			
The PROVIDER agrees to retain the client records of all clients served during the term of this Provider Agreement and for a period of at least six (6) years from the date of discharge or the last date of client services provided, whichever comes first, unless the client records are transferred to another custodian of the records pursuant to ARTICLE 12 TRANSITION MANAGEMENT of this Provider Agreement. Retention or disposal of client records following the six (6) year period remains within the discretion of the PROVIDER.			
Provider agencies must submit liability and bond insurance to the Provider Enrollment Relations Unit (PERU) annually.			
Provider agencies will submit a current list of each Board Member's name, home address, phone number and email address to the PERU annually, if applicable.			
Provider agencies must notify the PERU if there is a change in licensee or subcontractor status with the provider agency.			
Provider agencies will have a secure mechanism to exchange protected health information (PHI).			
Supported Living Provider agencies will submit Supported Living census for each home they operate monthly and as changes occur.			
Medically Fragile Waiver providers will maintain current certificates for licensed health facilities.			

IMPORTANT:

Failure to comply with the DDS Statement of Assurances may result in DDS sanctions, up to and including a reduction in the term and/or termination of the Provider Agreement.

Provider Signature and Title

Date