

<b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy</b>	<b>Policy Number: SGF-001</b>
<b>Supersedes: New</b>	
<b>Policy Title: State General Funded Services (SGF) and Family Infant Toddler (FIT) Provider and Contractor Billing Policy</b>	
<b>Effective Date: July 1, 2008</b>	
<b>Approved: SIGNATURE ON FILE</b>	<b>Date:</b>

**I. PURPOSE**

The purpose of this policy is to define the parameters for billing/invoicing for SGF and FIT providers and to facilitate the timely reimbursement for services through the DOH DDSD.

**II. POLICY STATEMENT**

It is the policy of DDSD to require SGF and FIT providers to bill the DOH and for the DOH to reimburse according to the procedures outlined under this policy and 13-1-158 NMSA (1978).

**III. APPLICABILITY**

SGF and FIT Providers, DDSD Contractors and DDSD staff.

**IV. DEFINITIONS**

*Billing:* Means the process of a provider of a service submitting a request for compensation and the funding source in authorizing and making payment to said provider.

*DDSD Contractor:* Means any individual or agency that has a professional - technical contract for specified non-traditional services or deliverables (i.e., those that do not fall under any of the services standards utilized by the Department of Health). These contracts are negotiated as needed based on contract term. Negotiations will include both the scope of work for the contract and the nature of the compensation.

*DDSD Contractor's Invoice:* Means a form designed by each individual DDSD Contractor for compensation. The form must include the contract number, period of service, specifications of what cost or deliverable is to be reimbursed, total compensation requested, name of contractor, and remittance address contractor has registered with the Department of Finance Administration.

*DDSD Invoice Form:* Means the DDSD Invoice Form Number SGF-100, previously known as Form A, which is utilized by providers of traditional SGF services and non-

client specific FIT-funded services to request payment. This is a standardized form that must be submitted on a monthly basis.

*FIT Provider:* Means any provider of Family Infant Toddler (FIT) Program services in accordance with DDS Service Definitions and Standards and 7.30.8 NMAC Requirements for Family Infant Toddler Early Intervention Services.

*FIT-KIDS:* Means the statewide online data and billing system for the Family Infant Toddler Program. The acronym KIDS stands for Key Information Data System.

*FIT-KIDS Invoice:* Means the invoice generated from the FIT-KIDS (Key Information Data System) online data and billing system for the Family Infant Toddler (FIT) Program. FIT-KIDS invoices are generated in accordance with the published billing calendar.

*SGF Provider:* Means any provider of respite, adult residential or adult day services receiving funding through traditional State General Fund monies. These providers are responsible for implementation of the most current standards for State General Funded Services. These providers are chosen through a Request for Proposal Process. These providers will bill the Department of Health using standard unit rates set by the Department.

## **V. REFERENCE**

**13-1-158 NMSA (NEW MEXICO STATUTORY AUTHORITY) (1978)  
DEPARTMENT OF FINANCE AUTHORITY (DFA) & DOH Reimbursement  
Rules  
SGF Service Definitions and Standards  
DOH General and/or Specific Provisions, Provider Agreements and/or Contract  
Scopes of Work**