



**NEW MEXICO DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION  
COMMUNITY PROGRAMS BUREAU**

**MI VIA, NEW MEXICO'S MEDICAID SELF-DIRECTED  
HOME AND COMMUNITY-BASED WAIVER PROGRAM**

**P. O. Box 26110  
Santa Fe, New Mexico 87502-6110  
OR  
1190 S. St. Francis Drive, Suite S1203  
Santa Fe, New Mexico 87505**

**Effective October 2009  
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**Department of Health, Cabinet Secretary  
Patrick M. Allen**

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## LETTER OF INTRODUCTION

Dear Consultant Agency Provider Applicant:

This provider application packet contains the instructions, forms and other information needed to apply to become a consultant services provider for the Mi Via, New Mexico's Medicaid Self-Directed Home and Community-Based Services Waiver Program. The first section is an overview of the Mi Via program and a brief explanation of the central role of the consultant agency in the program. Subsequent sections include a summary of the application process, required application forms, a list of other required documentation and other pertinent resources such as the Mi Via Service Standards and applicable State Medicaid and Mi Via regulations.

The operation and oversight for the program is through the Department of Health (DOH). The Consultant Agency Provider Application will be reviewed, approved, and overseen by the DOH Mi Via Program Manager.

All Medicaid Waiver Programs are subject to all Human Services Department (HSD), Medical Assistance Division (MAD) regulations governing Medicaid and Home and Community-Based Waiver services. In addition, all Provider Agreements awarded shall be subject to the applicable HSD and DOH policies, as well as the Centers for Medicaid and Medicare Services (CMS) requirements. For more information on the CMS 2014 Final Ruling visit <https://www.medicaid.gov/medicaid/hcbs/training/index.html>.

Please begin the application process by familiarizing yourself with the program by reading the Mi Via Service Standards, including Appendices A-G, and the Regulations carefully. These documents are crucial for obtaining a clear understanding of the program and the expectations and requirements for consultant agencies.

Thank you for your interest in serving the participants in the Mi Via Waiver Program. For assistance in completing the application, please contact Tammy M. Barth at (505) 469-8480 or via email at [Tammy.Barth@doh.nm.gov](mailto:Tammy.Barth@doh.nm.gov).

Sincerely,

*Dr. Jose Acosta*

Dr. José Acosta, Director  
Department of Health  
Developmental Disabilities Supports Division

# **SECTION I**

## **OVERVIEW OF MI VIA, NEW MEXICO'S MEDICAID SELF-DIRECTED HOME AND COMMUNITY-BASED WAIVER PROGRAM**

## **OVERVIEW OF MI VIA**

New Mexico's program called Mi Via, "my path," "my way," or "my road," is the State's Self-Directed Home and Community-Based Services (HCBS) Medicaid Waiver program. The goal of Mi Via is to provide a community-based alternative to institutional care that facilitates greater participant choice and direction of services and supports.

Mi Via's Guiding Principles state that all participants have value and potential, shall be viewed in terms of their abilities, have the right to participate and be fully included in their communities, and have the right to live, work, learn, and receive all services and supports, appropriate to their individual needs, in the most integrated settings within their communities. Self-direction is a tool that leads to self-determination through which participants can take control of their lives and have more freedom to lead a meaningful life in their home and community, instead of living in an institution.

Participants who are eligible to receive home and community-based services are required to meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care requirements or Level of Care (LOC) requirements for individuals who are Medically Fragile. Individuals receiving an allocation to a waiver service through the New Mexico Department of Health (DOH), Developmental Disabilities Supports Division (DDSD) may choose to receive services and supports through the Mi Via Waiver Program. The program is administered through and operated by the joint collaboration of the DOH and Human Services Department (HSD).

The State determines each participant's annual budgetary allotment. The State contracts with a Third-Party Assessor (TPA) for medical LOC determination, utilization review and authorization of the plan and budget. The State also contracts with a Financial Management Agent (FMA). Based on the authorized and approved budget, the FMA handles employer-related functions for the Mi Via participant such as processing timesheets; payroll and taxes; makes payment to the employees, service providers and vendors for services and goods on the approved service and support plan and budget; provides participants with a monthly report of expenditures and budget status; and provides the State with documentation of expenditures.

## **CONSULTANT AGENCY PROVIDER ROLE**

Mi Via recognizes the essential role of participants in planning and purchasing services and supports within a State-approved budget. The consultant agency must be well-versed in the philosophy and practice of self-direction and home and community-based services that provide participant choice and direction of services and supports. The consultant agency must also understand full inclusion of people with disabilities living in their home and in their community.

Education, guidance, and assistance are keys to successfully navigating the Mi Via Waiver Program. Mi Via's covered services include those services and supports necessary for participants to live in their home and in the community, as independently as possible and avoid institutionalization. The array of services and supports for Mi Via allows the participant to design services and supports in a flexible and individualized fashion, utilizing qualified employees and service providers of their choice and/or generic resources in key life areas: living

supports, community integration and health and wellness. Through the consultant agency, Mi Via participants are offered an orientation and on-going education which includes information, tools, training, and support, to make informed choices and to plan, direct, hire and manage their services and supports. The consultant agency performs an essential role in monitoring the health and safety of a Mi Via participant.

Consultant services shall include sharing information regarding the range and scope of service supports, participant rights, risks, and responsibilities. The consultant agency will assist the participant with development of the person-centered Service and Support Plan (SSP) and budget, the emergency back-up plan and implementation of the SSP and budget. The consultant agency will assist the participant in managing their budget. The consultant agency will ensure there is adequate support for participants needing additional “hands-on” support to be successful in self-directing their plan. This “hands on” level of support to participants is referred to as “support guide functions”. The consultant agency may elect to hire an employee(s) to provide support guide functions rather than have the consultant provide all services necessary for participant success. Minimum qualifications have been established for both consultants and support guides.

The consultant will make phone contact monthly and make, at a minimum, quarterly face-to-face visits with participants to review the effectiveness of their plan and emergency back-up plan, address any concerns regarding implementation and budgeting, suggest further resources as needed or requested and assist in making plan revisions. The consultant is required to make an annual in-home visit with the participant.

Other Consultant/Support Guide responsibilities may include but are not limited to, assisting as needed with employer/vendor functions such as developing job descriptions, hiring, and supervising employees, and evaluating employee training needs.

Consultant agencies will be responsible for gathering data about the effectiveness of the services they are providing and for developing plans to identify and act on opportunities for improvement. State agencies will conduct periodic and random audits to ensure compliance with Mi Via Waiver Program rules and regulations, and with state and federal law.

## **SECTION II**

# **OVERVIEW OF MI VIA WAIVER PROGRAM CONSULTANT AGENCY PROVIDER APPLICATION**

**1. Application Requirements:** All applications submitted to DDSD must be submitted with all necessary information and forms. Incomplete applications may be denied and returned to the applicant. Under certain circumstances, additional information may be requested from the applicant, which must be submitted within timelines determined by the Mi Via Team.

**2. Where to Submit:** Submit one (1) complete original application to:

**DOH / DDSD / Provider Enrollment Unit (PEU)**

**Mailing Address**

PO Box 26110  
Santa Fe, New Mexico 87502-6110

**Physical Address**

1190 S. St. Francis Drive, Suite S1203  
Santa Fe, New Mexico 87505

**3. Application Format**

- a. Applications that do not conform to the required outline described in all sections may be returned.
- b. DDSD will not collate, merge, copy or otherwise manipulate the application.
- c. It is the applicant's responsibility to ensure that all pages and appropriate documents are included.

**DO NOT send double-sided copies, staple, bind or place your application in a three-ring binder for submission. Please use paper clips, binder clips and/or rubber bands.**

**4. Term of Agreement**

- a. For providers that provide services which require accreditation:
  - i. 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 the DDSD Accreditation Policy.
  - ii. For providers that have received accreditation, the Provider Agreement will not exceed your accreditation term.
  - iii. Providers who have received a waiver from the accreditation requirement may receive up to a three (3) year term depending on the recommendations of the DDSD personnel.
- b. For providers that provide services which do not require accreditation:
  - i. New providers will receive a one (1) year provisional term.
  - ii. Renewing providers may receive up to a three (3) year term depending on the recommendations received by DDSD personnel.

**5. How to Bill:** It is recommended, that you contact Conduent, the New Mexico Medicaid Fiscal Intermediary to set up an appointment with a Medicaid billing trainer at 1-800-299-7304 prior to your first billing.



## **SECTION III**

# **REQUIRED DOCUMENTATION AND FORMS**

## **REQUIRED DOCUMENTATION FORMS**

The DOH/DDSD requires that each applicant submit all forms and documentation as outlined below. Incomplete forms may cause the application to be denied. Please note that certain forms must be signed and dated by the applicant.

**a. Mi Via Consultant Agency Provider Information Form**

This form must be completed and used as a cover page when the application is submitted.

**b. Mi Via Statement of Assurances**

Each Statement of Assurance must be initialed and dated.

**c. Additional Documentation and Forms**

- i. Articles of Incorporation or Organization and current board members (if applicable).
- ii. Proof of registration with the NM Department of Taxation and Revenue, CRS Certificate
- iii. Proof of Professional Liability Insurance (one million dollar minimum), naming the Department of Health as an additional insured. **(Within 30 days of approval for New Providers)**
- iv. Proof of Surety Bond (individual) or Fidelity Bond (group) Insurance (ten thousand dollar minimum) naming the Department of Health as a loss payee. **(Within 30 days of approval for New Providers)**

**Mi Via**  
**Provider Information Sheet**

*(Form must be filled out completely)*

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_ New Applicant \_\_\_\_\_ Renewal Application \_\_\_\_\_

State Bureau of Revenue CRS# \_\_\_\_\_ Medicaid Billing # \_\_\_\_\_

Business Name and/or DBA \_\_\_\_\_

Contact Person \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_ Toll Free # \_\_\_\_\_

**Are you or someone in your agency currently serving as a Resource Facilitator for Mi Via participants?**

**If so, please indicate that person's name:** \_\_\_\_\_

**What agency are they with?** \_\_\_\_\_

**Is this agency or its owner/operator a current or former provider for a New Mexico Medicaid Waiver Program?**

**If so, what is/was the agency name?** \_\_\_\_\_

**Region(s) you would like to provide services in: Refer to map on next page for location of regions.**

**(If you are a renewing agency and want to delete Regions you must provide a detailed transition plan).**

METRO \_\_\_\_\_ NE \_\_\_\_\_ NW \_\_\_\_\_ SE \_\_\_\_\_ SW \_\_\_\_\_

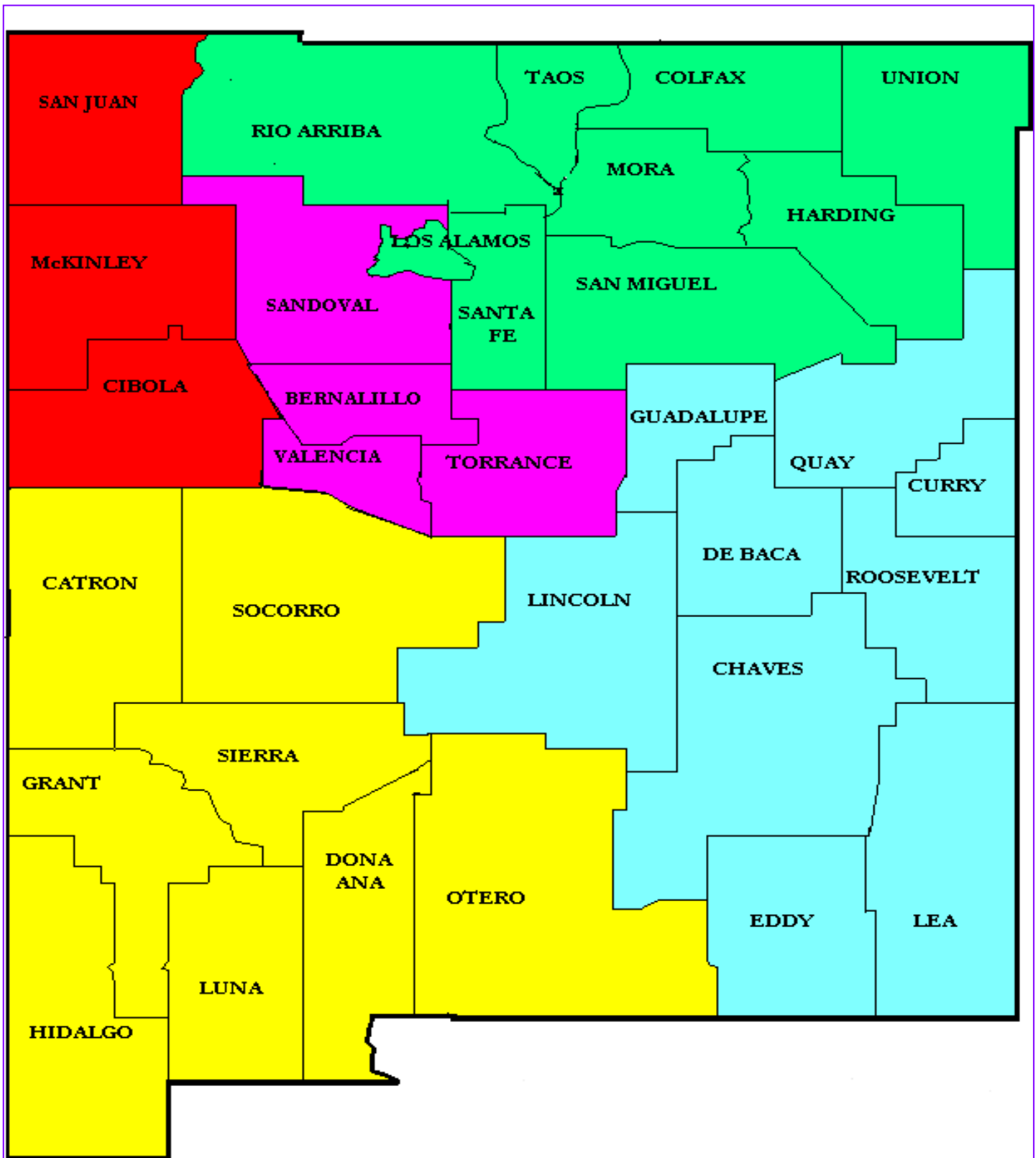
1. Name and address of each person with an ownership or controlling interest in the entity.

<b>Name:</b>		
<b>Address:</b>	<b>Telephone Number:</b>	<b>Relationship:</b>
<b>Name:</b>		
<b>Address:</b>	<b>Telephone Number:</b>	<b>Relationship:</b>
<b>Name:</b>		
<b>Address:</b>	<b>Telephone Number:</b>	<b>Relationship:</b>

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 or other state Medicaid programs.

<b>Name:</b>		
<b>Address:</b>	<b>Telephone Number:</b>	<b>Relationship:</b>
<b>Name:</b>		
<b>Address:</b>	<b>Telephone Number:</b>	<b>Relationship:</b>
<b>Name:</b>		
<b>Address:</b>	<b>Telephone Number:</b>	<b>Relationship:</b>

<b>Signature of Authorized Representative:</b>	<b>Title:</b>
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- NORTHWEST REGION
- NORTHEAST REGION
- SOUTHWEST REGION

- SOUTHEAST REGION
- METRO REGION

## MI VIA STATEMENT OF ASSURANCES

**Please read each of the following assurances carefully, initial and date each line, and sign at the bottom.**

**The applicant is required to assure that:**

ASSURANCE	INITIAL	DATE
The Consultant agency will comply with the regulations for Caregivers Criminal History Screening Program (CCHSP) for all employees of the agency.		
The Consultant agency will ensure that all employees and/or subcontractors do not appear on the Employee Abuse Registry, prior to the first day of their employment. To obtain an access code and username, please contact the Division of Health Improvement (DHI) at (505) 476-0801.		
The Consultant agency will maintain current, annual financial reports as required by State and Federal law.		
The Consultant agency shall maintain a current local/state Community Resource Directory that is accessible to participants.		
The Consultant agency will ensure that all Service and Support Plans (SSP) are developed and implemented in accordance with established timelines and the Mi Via Waiver Service Standards.		
The Consultant agency will comply with all required Department of Health (DOH), and Human Services Department (HSD) regulations, service standards and policy and procedures, including those specific to the Mi Via Waiver.		
The Consultant agency will maintain current liability and bond insurance policies at the agency's location with DOH named as an additional insured/loss payee as required in the Provider Agreement.		
The Consultant agency will serve all eligible I/DD and Medically Fragile populations within their selected geographic region(s).		
The Consultant agency will maintain a conflict-of-interest policy that prevents a consultant provider agency from providing any services other than consultant services for any participants being served by the agency.		
The Consultant agency will establish, maintain, and follow an incident management guideline in compliance with the Mi Via Waiver Program requirements.		
The Consultant agency will establish and follow a written grievance and appeals procedure for participants and their staff, which will be reviewed and signed by the participant and/or their guardian upon intake.		

ASSURANCE	INITIAL	DATE
The Consultant agency will adhere to all requirements communicated by the State, including attendance at mandatory meetings, mandated trainings, and technical assistance sessions. This includes training to access the Mi Via online system.		
The Consultant agency will ensure there is adequate staff and support for participants to be successful in self-direction.		
The Consultant agency will perform annual Participant Satisfaction Surveys and submit reports with the renewal application or as requested by the State.		
The Consultant's caseload will comply with the staff ratio requirements specified in the Mi Via Waiver Service Standards.		
The Consultant agency will maintain personnel records, including but not limited to, the Mi Via staff's application, resume, education, training, and licensure/certification, as required.		
The Consultant agency must meet the qualification as defined in the Mi Via Waiver Service Standards regarding hiring or subcontracting with personnel.		
The Consultant agency will ensure that consultants and other staff will respond to participant and/or participant representative communications within three (3) working days except in emergency situations where a response is needed within twenty-four (24) hours during the work week.		
The Consultant agency must have sufficient staff and schedule flexibility for evening and weekend appointments, as needed.		
The Consultant agency will maintain participant files for up to six (6) years after withdrawing or termination of Provider Agreement.		
The Consultant agency must maintain records in accordance with Medicaid and HIPAA requirements.		

**IMPORTANT: Failure to comply with all Mi Via Statements of Assurance may result in State sanctions, up to and including a reduction in the term of the Provider Agreement and/or termination of the Provider Agreement.**

\_\_\_\_\_  
**Authorized Provider Agency Representatives Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Agency Representative Name and Title  
(Please Print)**

## **SECTION IV**

**1. CONSULTANT AGENCY PROGRAM DESCRIPTION**

**2. POLICY AND PROCEDURES**

Submit a copy of the requested Policy and Procedures.

**3. QUALITY IMPROVEMENT PLAN AND PARTICIPANT SATISFACTION SURVEY**

Renewing providers must submit an updated Quality Improvement Plan, as well as satisfaction survey results.



## **CONSULTANT AGENCY PROGRAM DESCRIPTIONS**

**Please write a narrative description that includes answers to the following questions. The narrative section may not exceed ten (10) typed pages, excluding copies of resumes as requested.**

1. Provide a statement describing your agency's mission, purpose, and goals, as they relate to the provision of consultant services in the Mi Via Waiver Program and the promotion of self-direction.
2. Please summarize your agency's philosophy on self-directed services and working with/or for persons with intellectual/developmental disabilities and/or medically fragile conditions.
3. Why do you want to provide consultant services to individuals on the Mi Via Waiver Program?
4. Please describe your agency's experience (or your personal experience) working with individuals with intellectual/developmental disabilities and/or medically fragile conditions and how this experience relates to providing consultant services.
5. Please provide resumes (that includes qualifications) for owners/directors, project managers, and those providing consultant services and support guide functions.
6. Describe your agency's master staffing plan, including proposed number of staff by title or position, hours scheduled and their qualifications, plans for backup and plans for a presence in each region served.
7. Describe your agency's plans for staff orientation, initial training requirements, ongoing staff development and training.
8. Identify the consultant activities/tasks, including support guide functions, that will be performed in providing consultant services to participants.
9. Participant files must be kept current, and accessible to authorized parties at all times. Participant files both paper and electronic, must also be maintained in a safe and secure environment in compliance with Medicaid and HIPAA regulations. Please briefly explain how your agency will ensure adherence to these standards.
10. Describe your plan for developing and updating a resource directory that will be available to staff and participants in the region/s in which your agency will operate. Include the anticipated date the directory will be completed.

11. Describe how your agency will inform and educate participants about the development and management of the person-centered Service and Support Plan (SSP) and budget.
12. Describe how your agency will assist participants to develop person-centered SSPs as well as budgets that promote self-direction, use of community resources (paid/unpaid) and include provisions for health and safety.
13. Describe how your agency will assist participants with staying compliant with the SSP and keeping their spending within their Approved Annual Budget.
14. Describe how your agency will inform and educate participants about the rules and requirements of the Mi Via program, including covered and non-covered services and supports.
15. Please describe in detail how your agency will assist participants in developing and monitoring 24-hour emergency backup plans for effectiveness. *(This is a critical aspect of ensuring the health and Safety of the individual receiving services).*
16. Please describe in detail how your agency will educate, inform, as well as assist with the monitoring of the Centers for Medicaid and Medicare Services (CMS) 2014 rules and regulations. Please see CMS Home and Community Based Services (HCBS) training at: <https://www.medicaid.gov/medicaid/hcbs/training/index.html>

## **POLICY AND PROCEDURES**

**Please provide a copy of your agency's policies and procedures for the following:**

1. Staff recruitment, staff retention and staff back-up plan.
2. Participant intake and assignment to consultant.
3. Procedure for tracking key steps and timelines in establishing eligibility, service planning and budget submissions, SSP and budget revisions.
4. Informing participants of changes in consultant staff and responding to participant request for changes in consultant staff.
5. Transitioning participants upon termination, expiration or non-renewal of your Provider Agreement.
6. Transitioning participants to or from another waiver or consultant agency.
7. Complaint/grievance policy and procedures.
8. Training plan that describes how personnel employed with your agency will meet all applicable Mi Via initial and on-going training requirements as indicated in the Mi Via Service Standards.
9. Educating and informing as well as assisting with monitoring of the CMS 2014 rules and requirements <https://www.medicaid.gov/medicaid/hcbs/training/index.html>
10. Assuring consultants adhere to the person-centered planning as required by the 2014 CMS rules and requirements.
11. Incident Management System that complies with the NM Department of Health Improvement Incident Management Guide, <https://nmhealth.org/about/dhi/ane/> The policies and procedures must emphasize:
  - i. Incident reporting related to Abuse, Neglect and Exploitation, Suspicious Injuries, Environmental Hazards, and Death of individuals receiving services.
  - ii. Define staff training requirements, mandated DHI postings and Abuse, Neglect, Exploitation, Suspicious Injuries, Environmental Hazards, and Death tracking and trends

## **QUALITY MANAGEMENT PLAN AND PARTICIPATION SATISFACTION SURVEY**

### **A. Quality Management Plan (QM Plan)**

A QM Plan is a critical operational feature that an agency employs to continually determine whether it operates in accordance with program requirements, regulations, achieves desired outcomes and identifies opportunities for improvement. The QM Plan describes the process of discovery, remediation, and improvement. Additionally, it outlines the frequency of those processes, the source and types of information gathered analyzed and utilized to measure performance.

All QM Plans are required to be approved by the DOH/DDSD. **All applicants** must submit a QM Plan that addresses the following areas as required by the Centers for Medicare and Medicaid Services (CMS):

1. Service plans address all participant's assessed needs (including health and safety risk factors) and person-centered goals, either by the provision of waiver services or through other means.
2. Service plans are developed in accordance with policies and procedures as indicated in the Mi Via Service Standards.
3. Service plans are revised at least annually or when warranted by changes in the waiver participant's needs and /or upon participant request.
4. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

### **The QM Plan must also:**

1. Identify individuals responsible for conducting the monitoring process.
2. Describe types of information used to measure performance.
3. Describe frequency with which performance is measured.
4. List the data that will be collected and documented (i.e., timelines, adherence to SSP/budget requirements as indicated in the Mi Via Service Standards, participant complaints and resolutions, monthly and quarterly consultant forms).
5. How the data will be compiled, and trends will be analyzed (data must be analyzed bi-annually or more often, as needed).
6. Describe how the data will be used to improve the consultant agency services.
7. Describe the methods to evaluate and if implemented improvements are working. (If this is a renewal application, please also include data to reflect implementation of the current QM Plan.)

The provider must document and be able to provide evidence of the ongoing implementation of the QM Plan.

Findings and trends identified from participant satisfaction surveys will be used as one data source in the QM Plan.

**B. PARTICIPANT SATISFACTION SURVEY**

The agency shall conduct an annual Participant Satisfaction Survey.

1. For all applicants, a copy of the Participant Satisfaction Survey must be submitted with the application for approval by the DOH/DDSD.
2. For renewal applicants, a report summarizing the results of the Participant Satisfaction Survey must be submitted to the Provider Enrollment Unit (PEU) annually including steps for remediation as applicable.

# **SECTION V**

## **MI VIA CONTACT INFORMATION**

## **MI VIA CONTACT INFORMATION**

Elaine Hill, Mi Via Program Manager  
DOH / DDS  
5300 Homestead Road NE, Suite 213  
Albuquerque, New Mexico 87110  
[Elaine.Hill@doh.nm.gov](mailto:Elaine.Hill@doh.nm.gov)

Phone: (505) 506-6103

Rudy Aguilera, Mi Via Program Coordinator  
DOH / DDS  
5300 Homestead Road NE, Suite 213  
Albuquerque, New Mexico 87110  
[Rudy.Aguilera@doh.nm.gov](mailto:Rudy.Aguilera@doh.nm.gov)

Phone: (505) 239-7826

Tammy M. Barth, Provider Enrollment Unit Manager  
DOH / DDS  
PO Box 26110  
Santa Fe, New Mexico 87505-4144  
[Tammy.Barth@doh.nm.gov](mailto:Tammy.Barth@doh.nm.gov)

Phone: (505) 469-8480

## **SECTION VI APPENDICES**

- Appendix 1: Medicaid Regulations**
- Appendix 2: Mi Via Waiver Service Standards**
- Appendix 3: Mi Via Regulations**
- Appendix 4: Mi Via Sample Provider Agreement**
- Appendix 5: Consultant Billing Rates**
- Appendix 6: Incident Management System Guide**
- Appendix 7: Criminal History Screening and Fingerprint Manuel**
- Appendix 8: CYFD/Children's Protective Services**



**The following New Mexico Administrative Codes, Medicaid Regulations and Mi Via Service Standards must be adhered to when participating as a Consultant Service Provider for the Mi Via Waiver.**

#### **APPENDIX 1: MEDICAID REGULATIONS**

1. Go to the NMAC Web site at:  
[http://164.64.110.239/nmac/ title08/title08.htm](http://164.64.110.239/nmac/title08/title08.htm)
2. Chapter 290 Medicaid Eligibility Home and Community Based Waiver Services  
8.290.400 NMAC Recipient Policies  
8.290.500 NMAC Income and Resource Standards  
8.290.600 NMAC Benefit Description
3. Chapter 314 Long Term Care Services - Waivers  
8.314.6 NMAC Mi Via Home and Community-Based Services Waiver
4. You should also familiarize yourself with these related sections of the administrative code:  
Chapter 150 Low Income Energy Assistance Program  
Chapter 200 Medicaid Eligibility – General Recipient Policies  
Chapter 300 Medicaid General Information  
Chapter 301 Medicaid General Benefit Description  
Chapter 302 Medicaid General Provider Policies

#### **APPENDIX 2: MI VIA WAIVER SERVICE STANDARDS**

1. Go to the Department of Health website at:  
<https://nmhealth.org/about/ddsd/pgsv/sdw/>

#### **APPENDIX 3: MI VIA REGULATIONS**

1. Go to the Department of Health website at:  
<https://nmhealth.org/about/ddsd/pgsv/sdw/>

#### **APPENDIX 4: MI VIA SAMPLE PROVIDER AGREEMENT**

1. Go to the Department of Health website at:  
<https://nmhealth.org/publication/view/form/3597/>

#### **APPENDIX 5: BILLING RATES**

1. Go to the Department of Health website at:  
<https://nmhealth.org/publication/view/general/3598/>

## APPENDIX 6: INCIDENT MANAGEMENT SYSTEM GUIDE

1. Go to the Department of Health website at:  
<https://nmhealth.org/about/dhi/ane/>

## APPENDIX 7: CRIMINAL HISTORY SCREENING AND FINGERPRINT MANUAL

1. Go to the Division of Health Improvements (DHI) Website at:  
<https://nmhealth.org/about/dhi/cchsp/>

## APPENDIX 8: CYFD/CHILDREN'S PROTECTIVE SERVICES

CYFD's Statewide Central Intake child abuse hotline at 1-855-333-7233 or #SAFE from a cell phone; law enforcement or the appropriate tribal entity.

<https://cyfd.org/child-abuse-neglect>