

**Department of Health
Developmental Disabilities Supports Division
Statement of Assurances**

Failure to comply with this Statement of Assurances may result in DDS D 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 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. <i>See</i> NMSA 1978, § 24-7A-2(B) (Uniform Healthcare Decisions Act).			
A case management or Community Supports Coordinator provider agency may not be a provider agency for any other waiver service. A case management or Community Supports Consultant provider agency may not provide guardianship services to an individual receiving case management or Community Supports Coordinator services from that same agency. Case managers or Community Supports Coordinators are not permitted to serve on the board of a provider agency.			
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 in by the State for audits, validation of rates of reimbursement during periodic rate reviews/rate studies or other quality assurance activities.			
Provider agencies will document provision of services according to Medicaid billing requirements.			
Provider agencies will provide Adult Nursing Services and comply with the DD Waiver Service Standard requirements for this service, as applicable.			

Provider will maintain all individual's files for up to six (6) years after the termination, Expiration of Provider Agreement or when an individual chooses to transition to another agency. Jackson Class Member files will be maintained permanently.			
Provider agencies must submit liability and bond insurance to the Provider Enrollment Unit (PEU) annually.			
Provider will submit a current list of each Board Member's name, home address, phone number and email address to the PEU annually, if applicable.			
Provider agencies must notify the PEU if there is a change in licensee or subcontractor status with the provider agency.			
MF 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