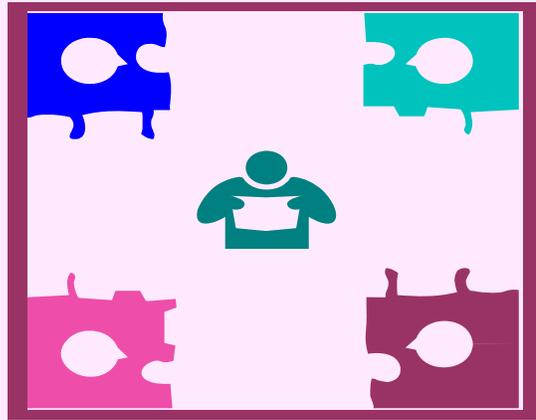
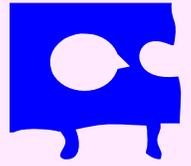


Fitting the Pieces Together



HOW TO APPLY FOR THE DEVELOPMENTAL DISABILITIES WAIVER

- A HANDBOOK -

NM DEPARTMENT OF HEALTH



Introduction and Acknowledgements

This handbook is a collaborative effort between Parents Reaching Out and the New Mexico Department of Health, Developmental Disabilities Supports Division (DDSD) with contributions from the Statewide Children's Advisory Task Force, an advisory group to DDSD.

We would like to extend appreciation to all who provided input and information to make this handbook possible.

This handbook has been designed to guide individual applicants as well as families, teachers, social workers, advocates, professionals and others to a better understanding of the process of applying for the Developmental Disabilities Waiver Program. Our goal is to provide information that will make the application process easier for families and others who apply on behalf of a person who has a developmental disability.

A glossary is included in this handbook for your reference.

**If you have questions or comments, please contact
Parents Reaching Out at 1-800-524-5176 or nmproth@aol.com**

OR:

**Developmental Disabilities Supports Division, Department of Health
1-800-283-5548 or (505) 841-5552 or phil.moskal@state.nm.us**

OR:

Visit our website for additional information at www.health.state.nm.us/ddsd.

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A MESSAGE TO APPLICANTS, FAMILIES AND INTERESTED PARTIES

Dear Friends,

I started the process of getting my daughter on the DD Waiver Program almost eight years ago. I had heard about the program and I knew it would be the place to get the services she and our family needed. At the time, we heard the waiting list was long and she might have to wait for years to get any services. We decided to start the application process anyway since it sounded worth the wait. It has proven to be just that—worth the years we had to wait.

When I first went to apply, I went with another parent whose child was considered Medically Fragile. We went to the Income Support Division Office in our area and sat in the waiting room and filled out the form. I learned my first lesson about what you need to do when applying for the program—always get a copy of anything you fill out...they will stamp your form with a date of receipt when you turn it in at the ISD Office—make sure your copy has a dated receipt.

We learned we would need to provide all kinds of records from doctors, therapists and educators. Luckily I had learned to keep good records during our many doctor visits and school encounters. Another lesson I learned was—providing good records can help things move along more quickly. Yes, we waited many years but when we got our allocation letter we knew we were close. Our first meeting with the Case Manager was an introduction to what still needed to be done.

My daughter is on the Waiver now and we are thankful we applied. The services have helped her to progress and helped our family get stronger. It will soon be time for our daughter to leave home and, with the waiver in place, we don't have to worry about how she will be served. We can help to plan, through the waiver services, just what she will need to live in her own house.

Be patient; it is worth the wait.

A parent

Chapter 1

WHAT IS A MEDICAID HOME AND COMMUNITY-BASED WAIVER?



Why Waivers?

There was a time when a family had little choice in obtaining services for their child with a disability. A child with significant needs, more often than not, was ineligible for coverage under traditional health plans (unless born under such a plan). Many families had no way to access adequate medical care and support services needed. The only option the families had was to admit their child to a state institution for the mentally retarded. Automatically, their child became eligible for Medicaid and was able to access an array of services and specialized care.

In order to support the national trend toward moving people from long-term care institutions into the community, the federal government created the Title XIX (19) Home and Community-Based Services Program in 1981. Since this act makes an exception to or waives traditional Medicaid requirements, it is referred to as a “waiver”. The waivers make Medicaid funds available for home and community-based services as an alternative to institutional care.

Overview of the Waiver Programs Available in New Mexico

Currently, New Mexico has five Medicaid Waivers. These waivers serve New Mexico residents by providing supports and services that enable eligible individuals to live in their own home and/or community.

- ❖ **The Medically Fragile Waiver Program** helps children and adults with a developmental disabilities and a medically fragile condition. To qualify for services, the individual must:
 - have a medically fragile condition that requires extensive medical treatment and daily skilled nursing care;
 - be at risk for or have a developmental delay or disability that began before the age of twenty-two (22);
 - have mental retardation diagnosed before age 18, or
 - have a specific related condition and functional limitations in life activities diagnosed before age 22 and
 - need help with personal care (bathing, dressing, eating); and
 - meet Medicaid financial eligibility for services.
- ❖ **The Disabled and Elderly Waiver Program** helps children, adults and elderly people who have physical disabilities. To qualify for services, the individual must:
 - meet the medical eligibility requirements that one would need for admission to a nursing home (level of care), regardless of age; and
 - meet Medicaid financial eligibility for services.
- ❖ **The Developmental Disabilities Waiver Program** helps children and adults with developmental disabilities. To qualify for services, the individual must:
 - have **mental retardation**, diagnosed before age 18 or
 - have a **specific related condition and functional limitations in life activities diagnosed before age 22, and**
 - have a **developmental disability** that began prior to age 22; and
 - need a combination of special interdisciplinary services that are lifelong or of extended duration and are individually planned;
 - meet financial and medical criteria for care in an Intermediate Care Facility for the Mentally Retarded.

- ❖ **The AIDS Waiver Program** helps New Mexicans:
 - with a medical diagnosis of HIV+ and
 - who meet the financial criteria to make them eligible for services.

- ❖ **The Mi Via Waiver Program (Self-Directed Program)**
 - Individuals who choose to participate in Mi Via, a self-directed program, will have more choices, control, and freedom to design their own service plans to meet their functional, medical and social needs. Self directed programs allow participants to choose services they need, hire their own service workers, and decide where and how to spend their Mi Via budget. A consultant will provide assistance as necessary. Medicaid recipients who received long-term services through home and community based waiver programs such as the Disabled and Elderly, Developmental Disabilities, Medically Fragile, AIDS, and individuals with brain injuries will be eligible for Mi Via.
 - Individual must meet the eligibility requirements for either Medically Fragile, Disabled & Elderly, Developmental Disabilities, AIDS, or Brain Injury programs.
 - At the time of allocation the individual will be asked to choose either traditional or self-directed Waiver services.

Developmental Disabilities (DD) Waiver Program – Just the Facts

The NM Department of Health, Developmental Disabilities Supports Division (DDSD) administers the Developmental Disabilities Home and Community-Based Medicaid Waiver Program.

- The Mission of DDSD is to effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow, and contribute to their community.
- The DD Waiver program helps individuals in their communities. DD Waiver services promote independence and the achievement of personal goals.
- DD Waiver services are not a replacement for the family, informal caregiver or other community supports and services; the services are to supplement existing support systems.
- Culturally relevant services are provided focusing on assisting people with their daily lives and are generally provided in **natural environments**.
- Services in the community are typically provided in integrated settings that enhance the individual's opportunities to work and pursue personal interests.

Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) are Medicaid-funded care facilities that provide food, shelter, health or rehabilitative and active treatment for persons with mental retardation or related conditions; these facilities are an alternative available to individuals with developmental disabilities in New Mexico. Publicly operated institutions for individuals with developmental disabilities in New Mexico were closed in 1996. Since that time, only a small number of privately-operated facilities continue to provide ICF/MR services in some locations around New Mexico.

Types of Services Available Under the DD Waiver

Below are support services that may be accessed once funding is made available (an allocation) through the DD Waiver and depending on individual need. There is an annual budget (Annual Resource Allotment) for services for each individual. The ARA is based on age-specific categories and level of need.

Case Management is the only service that must be provided to all individuals served by the DD Waiver. Other services for which the individual may qualify include:

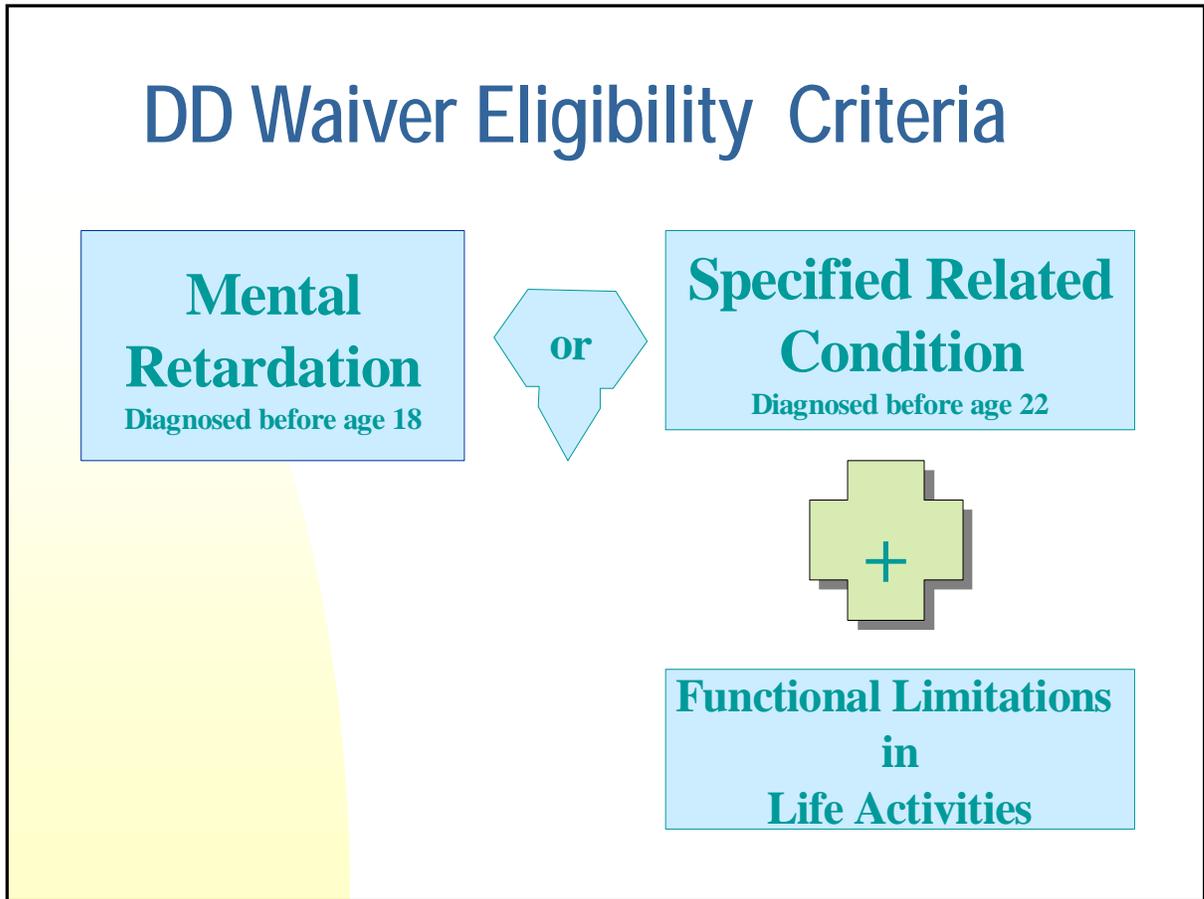
- | | |
|--|---|
| <input type="checkbox"/> Nutritional Counseling | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Behavioral Support Consultation | <input type="checkbox"/> Personal Support Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Environmental Modification Services |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Non-Medical Transportation |
| <input type="checkbox"/> Speech Therapy | |
| <input type="checkbox"/> Community Inclusion | <input type="checkbox"/> Private Duty Nursing |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Goods and Services |
| <input type="checkbox"/> Community Access | <input type="checkbox"/> Outlier Services |
| <input type="checkbox"/> Adult Habilitation | <input type="checkbox"/> Personal Plan Facilitation |
| <input type="checkbox"/> Community Living (residential care): | |
| <input type="checkbox"/> Supported Living | |
| <input type="checkbox"/> Independent Living | |
| <input type="checkbox"/> Family Living Services | |

Chapter 2

Eligibility Information



Eligibility Information



To qualify for the DD Waiver, you will need to gather information to demonstrate the applicant's eligibility.

While this handbook is a guide to the DD Waiver, you may be eligible for services under the State General Fund (SGF). The eligibility criteria for the SGF are also included in this handbook.

A. The DD Waiver eligibility criteria are:

- (1) The individual must have mental retardation or a specific related condition, limited to cerebral palsy, autism (including asperger syndrome), seizure disorders, chromosomal disorders (e.g. Down's Syndrome), syndrome disorders, inborn errors of metabolism, and developmental disorders of brain formation.
- (2) The individual has a severe chronic disability, other than mental illness, that:
 - (a) is manifested before the person reaches the age of twenty-two years;
 - (b) is expected to continue indefinitely;

The DD Waiver eligibility criteria (continued):

- (c) results in substantial functional limitations in three or more of the following areas of major life activity
 - (i) self-care;
 - (ii) receptive and expressive language;
 - (iii) learning;
 - (iv) mobility;
 - (v) self-direction;
 - (vi) capacity for independent living;
 - (vii) economic self-sufficiency; and,
- (d) reflects the person's need for a combination and sequence of special or interdisciplinary treatment, generic or other support and services that are of lifelong or extended duration and are individually planned and coordinated.
- (3) The individual must also require the level of care provided in an Intermediate Care Facility for the Mentally Retarded (ICF-MR); and,
- (4) meet all other applicable financial and non-financial eligibility requirements.

Some individuals will not meet the eligibility criteria for services through the DD Waiver, but may meet the criteria for services through the State General Fund. These services include respite, vocational, day habilitation and residential services (these services are limited depending on availability of funding and providers).

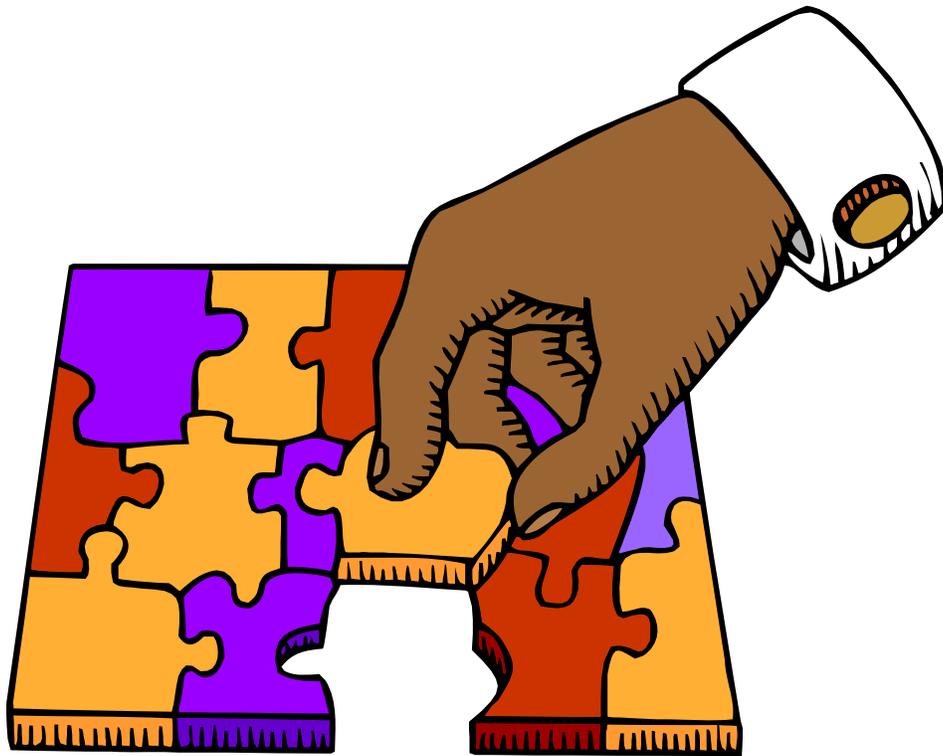
B. Eligibility Criteria For Service Under the State General Fund are:

The individual has a developmental disability, defined as a severe chronic disability other than mental illness, that:

- 1) Is attributable to a mental or physical impairment, including the result from trauma to the brain, or combination of mental and physical impairments;
- 2) Occurs before the person reaches the age of 22;
- 3) Is expected to continue indefinitely;
- 4) Results in substantial functional limitations in three or more of the following areas:
 - a) self-care;
 - b) receptive and expressive language;
 - c) learning;
 - d) mobility;
 - e) self-direction;
 - f) capacity for independent living;
 - g) economic self-sufficiency; and
- 5) Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care treatment or other special support and services that are of life-long or extended duration and are individually planned and coordinated.

Chapter 3

HOW TO APPLY FOR THE DD WAIVER



Step 1 - Registering at the Developmental Disabilities Supports Division (DDSD)

It is very important to keep records; keep copies of all the documents you receive and/or fill out. You may want to keep a phone log (sample form on page 15) of calls you make regarding the DD Waiver.

- Step one of the application process is to register either by telephone or by visiting the DDSD Regional Office (see list of Regional Offices on page 12).
- When completing the application yourself:
 - Ask for a Waiver Services Registration form (MAD 325; see sample form on page 8).
 - Fill out the form completely. Remember, the applicant is the person with a disability.
 - All Waiver programs are listed on the Waiver Registration form. You can apply for more than one waiver, but may only receive services from one waiver at a time. You can also apply for the ICF/MR program; but you cannot receive ICF/MR services and waiver services at the same time.
 - The Registration Form may be mailed or turned in to the DDSD office. Make sure your application is stamped with the current date and that you receive a copy. **Keep this copy with your records.**
 - If it is more convenient, the MAD 325 may be taken to the local Income Support office (see addresses listed on pages 13 & 14) and they will send a copy of your registration form to DDSD.

If you move during any part of the application process, you need to let DDSD Regional Office in your area know your new address and phone number (See the list of regional offices page 12). It is important to keep this information current so that you can be notified when funds are available for you to receive the DD Waiver.

My Income Support Division Office:

Phone # _____

Address _____

Date on Waiver Registration Form: _____

My Regional Office:

Phone # _____

Address _____

Step 2 - Documentation of Eligibility

- You will be sent a packet of documents from the Developmental Disabilities Support Division (DDSD) within two weeks of submitting your Waiver Services Registration form (MAD 325). The packet will include a letter from the DDSD with instructions for filling out the forms which are included:
 - Application Form
 - Authorization for Release of Information (make as many copies as needed)
 - Health Insurance Portability and Accountability Act (HIPAA)

If you have not received anything within two to three weeks, call the DDSD Regional Office closest to you (list of regional offices page 12).

- Fill out the Application Form completely and return it to the DDSD Regional Office closest to you (sample form on page 17).
- Fill out the Authorization for Release of Information Forms (see sample forms on page 24). This form gives permission to doctors, hospitals, schools or others to send information to the DDSD Regional Office. DDSD will use the medical and psychological information released in determining if the applicant matches the definition of mental retardation or related condition.

Please send these forms directly to the professionals and/or agencies to which you are granting authorization to release copies of the applicant's records to the DDSD.

- Keep a record or a copy of everything you send to the DDSD.
- Upon receipt of the information, the DDSD will proceed to determine if the registrant matches the definition for a developmental disability.
- Contact your DDSD Regional Office if you want to check the status of your application. Ask if the office has received everything that is needed to make a determination. If not, ask what is still needed to complete the process and provide additional information, as necessary.
- DDSD may need several months to make an eligibility match. You will receive a letter stating whether or not the applicant's disabilities matches the definition for the DD Waiver or for State General Fund Services when determination is completed.

If you have not already applied for SSI it recommended you do so before being allocated to the DD Waiver. This is a process that takes some time to complete so it is best to have it done prior to allocation because the Social Security disability determination is required by the Income Support Division as part of the process to determine financial eligibility for the DD Waiver. For more information about applying for SSI go online to www.socialsecurity.gov/applyfordisability/

Sample MAD 325 Waiver Services Registration Form



The Registration form is for the following Waivers:

- Medically Fragile Home & Community-Based Waiver,
- Developmental Disabilities Home & Community-Based Waiver,
and
- Disabled and Elderly Waiver Home & Community-Based Waiver.

The Registration form is also used to apply for ICF/MR services.

Sample Form - Waiver Services Registration Form (MAD 325)



NEW MEXICO WAIVER SERVICES REGISTRATION

NOTE: AIDS WAIVER Applicants DO NOT use this form - Complete MAD 381 form

- | | | |
|--|---|--|
| <input type="checkbox"/> Developmental Disabilities Waiver | <input type="checkbox"/> Medically Fragile Waiver | <input type="checkbox"/> Intermediate Care Facility for the Mentally Retarded (ICFMR) |
| <input type="checkbox"/> Disabled and Elderly Waiver | <input type="checkbox"/> Community Reintegration | <input type="checkbox"/> Tribal Census Number: |

What type of services are you seeking?

Do you currently receive any of the following? Medicaid? YES NO Social Security? YES NO SSI? YES NO

1. APPLICANT INFORMATION

NAME - Last	First	Middle Initial	Sex	M	F	Social Security Number	Birth Date
STREET Address - Street No. / P.O. Box / R. Rt.		City	State	Zip Code	Telephone Number		
MAILING Address		City	State	Zip Code	County of Residence		

2. GUARDIAN INFORMATION

NAME - Last	First	Middle Initial					
STREET Address - Street No. / P.O. Box / R. Rt.		City	State	Zip Code	Telephone Number		
MAILING Address		City	State	Zip Code			

3. AUTHORIZED REPRESENTATIVE or ALTERNATIVE CONTACT or FAMILY MEMBER (If different from guardian)

NAME - Last	First	Middle Initial					
STREET Address - Street No. / P.O. Box / R. Rt.		City	State	Zip Code	Telephone Number		
MAILING Address		City	State	Zip Code			

Date	Signature
------	-----------

If you are a person with a disability and you require this information in an alternative format or require a special accommodation, please contact your local Human Services Department field office, or call 1-800-609-4TDD. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (12/22/98)

DISTRIBUTION: WHITE copy - DOH / LTSD
CANARY copy - ISD Field Office
PINK copy - Client Copy

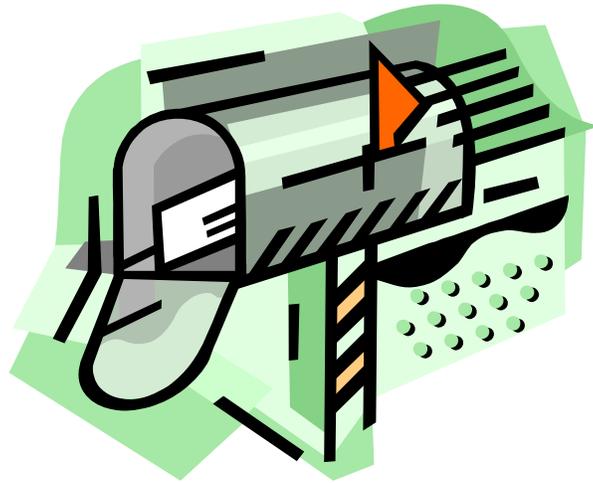
CIVIL RIGHTS STATEMENT - It is unlawful for HSD to discriminate against any applicant for or recipient of any program administered by HSD due to race, color, sex, sexual orientation, age, religious creed, national origin, disability, or political beliefs. If you think you have been discriminated against, you may notify the Human Services Department Central Office, the local Income Support Division office or the U. S. Department of Justice, U. S. Department of Health and Human Services, or Civil Rights Commission in Washington, D. C. (1/8/98)

MAD 325 Revised 1/2/2001

SAMPLE FORM

Chapter 4

WHAT'S NEXT?



What is the Central Registry?

The Central Registry is a computer system that has all DD Waiver registrants listed. It is used to track registrations, match determinations and to offer allocation to the DD Waiver. Allocations to services for DD Waiver registrants are made by registration date. Priority is given to elderly caregivers (age 65 and over). Information about each applicant on the Central Registry is kept current with your help.

If your disability matches the definition for DD Waiver services, but you have not yet been allocated for services and are in a **crisis situation**, you or your advocate can contact your DDS Regional Office. Upon your request, DDS may consider granting you an expedited allocation.

Situation can be considered are:

- abuse/neglect/exploitation substantiated by Adult or Child Protective Services, or
- death or sudden disability of the primary caregiver which makes continued care of the individual no longer possible. An alternate primary caregiver is not available, and
- current resources are inadequate to ensure the health and safety of the individual

Other resources that may meet your immediate needs:

Once deemed a match on the Central Registry, you may, based on your registration date, be able to access some services under State General Funds. You might want to ask about:

- Respite services:** offered to individuals of all ages to utilize when the primary caregiver needs a break from caring for their loved one. These services may be offered any time of the day or night when the individual is awake.
- Vocational Services or Day Habilitation:** offers individuals purposeful work, learning, skill development or community involvement clearly linked to their long term dreams. These services may be offered any time of the day when the individual is awake.
- Residential Supports:** offers the necessary assistance and support to meet the daily living and safety needs of the individual. These supports may be offered in the individual's natural home or in a group living environment.

What are my Rights and Responsibilities?

Rights:

- You have the right to register for services and have your match determined.
- You have the right to accept State General Fund Services and remain on the Central Registry for the Developmental Disabilities Waiver Program.
- You have the right to place your allocation on hold and remain on the Central Registry to be considered for services through the DD Waiver at another time.
- You have the right to privacy and to know that information you provide is kept private.
- You have the right to disagree with match decisions.
- You have the right to appeal a denial of waiver match decisions.

Responsibilities:

You have the responsibility to keep your Regional Office and informed of address changes.
You have the responsibility to respond to mail inquiries to keep your name active on the Registry.

What is an Allocation?

As funds become available to place people into services, allocations from the Central Registry are made by registration date.

- When your registration date comes up for allocation you will receive a Letter of Interest. You may choose not to receive services at this time, by putting your allocation on Hold, or you may choose not to receive Waiver services at all, thereby closing your file entirely. There is a form included for this purpose.
- You will be asked to choose between Waiver Services and placement in an ICF/MR.
- If you choose Waiver services, you will then be asked to choose between traditional DD Waiver Services and Mi Via (Self-Directed) Waiver Services. If you choose Mi Via, you will have a consultant available to assist you. If you choose traditional DD Waiver Services, you will select a case management agency. Select the agency best suited to you, and return the completed Freedom of Choice Form to DDS.
- For those choosing traditional DD Waiver services:
 - You will be contacted by your case manager to get acquainted.
 - Your case manager will share information about DDW services and providers.
- After you have returned a completed Primary Freedom of Choice Form to DDS, you will receive a Letter of Allocation from DDS. The allocation letter outlines instructions for you and the Case Manager.
 - You will be instructed to schedule an appointment with your local Income Support Office to determine your financial eligibility.
 - ❖ If you have not previously been determined eligible for Supplemental Security Income (SSI), the ISD worker will refer you to the Social Security Administration to complete this process.
 - You will be asked to schedule a physical examination with your doctor to determine a level of care for medical eligibility.
 - You will develop an Individual Service Plan (ISP) with your case manager and service providers.
- No funding for services can be available until ALL of the above steps have been completed.

Chapter 5

GLOSSARY AND ADDITIONAL RESOURCES



Glossary

Adaptive Functioning:

Is defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group.

Case Manager:

A person affiliated with an agency that will assist the individual in completing the eligibility process and developing an Individual Service Plan. Services a case manager may provide include activities such as: promoting self-advocacy and when necessary, advocating on behalf of the individual; facilitating eligibility determination; organizing the service planning process; coordinating service delivery; assisting the individual in revising services; informing the individual of their rights and responsibilities; monitoring the health and safety of the individual and maintaining a current and primary record for the individual's waiver services.

Developmental Disabilities Supports Division Regional Office:

A Division of the NM Department of Health with five regional offices in the state to serve the different counties (see listings page 12).

Elderly Caregiver:

A person over the age of 65 who lives in the same home as the registrant and provides care for the registrant. Fifteen percent of allocations are offered to registrants whose primary caregiver is 65 or older. These allocations are offered in chronological order of registrant date.

Guardian:

A person appointed by the Court to represent the best interests of another.

ICF\MR:

Intermediate Care Facilities for the Mentally Retarded are Medicaid-funded care facilities that provide food, shelter, health or rehabilitative and active treatment for persons with mental retardation or related conditions.

ISP – Individualized Service Plan:

Also known as the Plan of Care. A comprehensive plan that identifies all of the individual's needs and how those needs will be addressed.

Natural Environment:

Places the individual spends his/her time such as home, day programs, or work. These should be similar to the places that the person would be going even if he/she did not have a disability.

Mental Retardation:

A disability characterized by significant limitations both in intellectual functioning (IQ approximately 70 or below) and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18.

Provider:

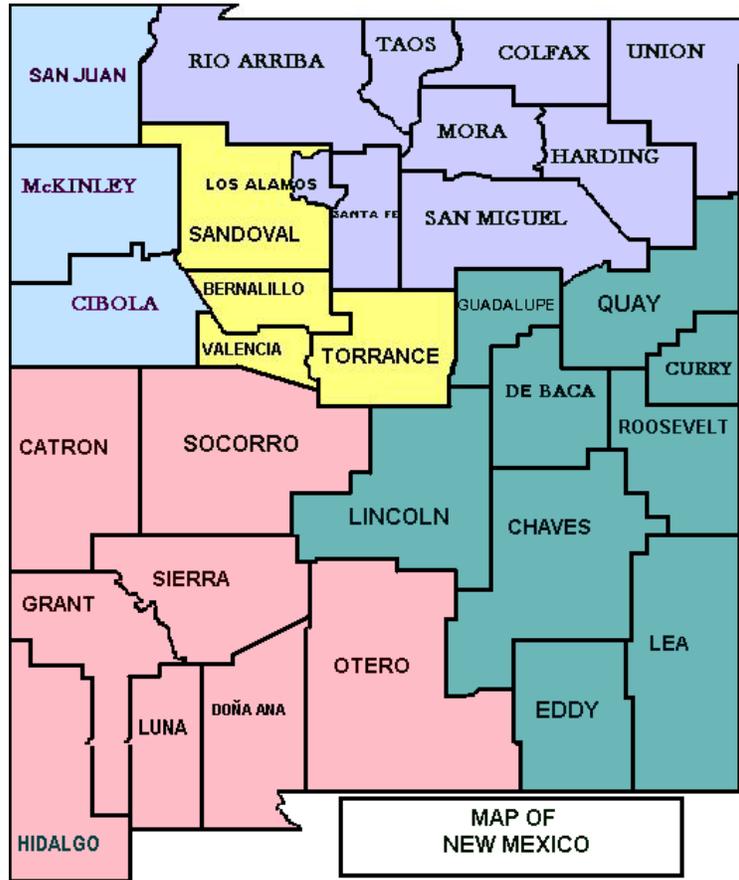
A private agency or person that has an agreement with the Developmental Disabilities Supports Division or is certified by the Department of Health to provide supports and services to individuals with developmental disabilities.

Social Security Administration:

Federal agency responsible for determining whether an individual has a disability and whether he/she would qualify for Supplemental Security Income (SSI).

Resources and Informational Contacts

Map of New Mexico with DDS Regions



	Southeast Regional Office, 726 B S. Sunset, Roswell, NM 88203 1-866-895-9138
	Southwest Regional Office, 1170 N. Solano Drive, Suite G Las Cruces, NM 88001-2369 1-866-742-5226
	Northwest Regional Office, 2910 E. Highway 66, Gallup, NM 87301 1-866-862-0448
	Northeast Regional Office, 224 Cruz Alta, Suite B, Taos, NM 87571 1-866-315-7123
	Metro Regional Office, 5301 Central Ave. NE, Suite 1100, Albuquerque, NM 87108 1-800-283-5548

Other Resources:

<p>Parents Reaching Out 1920 B. Columbia SE Albuquerque, NM 87106 (505) 247-0192 1-800-524-5176 nmproth@aol.com</p>	<p>Arc of New Mexico 3655 Carlisle NE Albuquerque, NM 87110 (505) 883-4630 1-800-358-6493 www.thearc.org</p>
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List of Income Support Division Offices

HSD-ISD FIELD OFFICES

County	Phone	Fax	Address
Bernalillo (All)	(505) 841-7700	(505) 841-7971	1041 Lambertson Pl NE Albuquerque, NM 87107
Catron (02)	(575) 835-0342	(575) 835-9478	1014 N. California Street Socorro, NM 87801
Chaves (03)	(575) 635-3000	(575) 625-3099	1701 S. Sunset Roswell, NM 88203
Cibola (33)	(505) 287-8836	(505) 285-6278	900 Mt. Taylor Ave. Grants, NM 87020
Colfax (04)	(575) 445-2308	(575) 445-2218	1233 Whittier Street Raton, NM 87740
Curry (05)	(575) 762-4751	(575) 763-0493	3316 North Main Street Suite A. Clovis, NM 88201
DeBaca (06)	(575) 472-3459	(575) 472-3425	620 Historic Route 66 Santa Rosa, NM 88435
E. Dona Ana (07)	(575) 524-6500	(575) 524-6509	2121 Summit Ct. Las Cruces, NM 88011
S. Dona Ana (38)	(575) 882-5781	(575) 882-4728	220 Crossett Lane Anthony, NM 88021
W. Dona Ana	(575) 524-6500	(575) 524-6509	655 Utah Ave. Las Cruces, NM 88001
Eddy (08)	(575) 885-8815	(575) 887-0550	3604 San Jose Blvd. Carlsbad, NM 88220
Artesia (34)	(575) 748-3361	(575) 746-6123	108 North 16 th Artesia, NM 88210
Grant (09)	(575) 538-2948	(575) 538-0241	3088 32 nd Street Bypass Suite A Silver City, NM 88061
Guadalupe (10)	(575) 472-3459	(575) 472-3425	20 historic Route 66 Santa Rosa, NM 88435
Harding (11)	(575) 425-6741	(575) 454-0256	3112 Hot Springs Blvd. Las Vegas, NM 87701
Hidalgo (12)	(505) 542-3562	(505) 542-3226	109 Poplar Street Lordsburg, NM 88045
Lea (13)	(575) 397-3400	(575) 393-7907	2120 N. Alto, Suite D Hobbs, NM 88240
Lincoln (14)	(575) 257-6165	(575) 257-6961	26387 Hwy 70 Ruidoso, NM 88346
Los Alamos (15)	753-2271	753-5826	228 paseo de Onate Street P.O. Box 2125 Española, NM 87532
Luna (16)	(575) 546-0467	(575) 546-9326	910 E. Pear P.O. Box 818 Deming, NM 88030
McKinley (17)	(505) 726-7600	(505) 726-7650	3006 E. Highway 66 Gallup, NM 87301

List of Income Support Division Offices

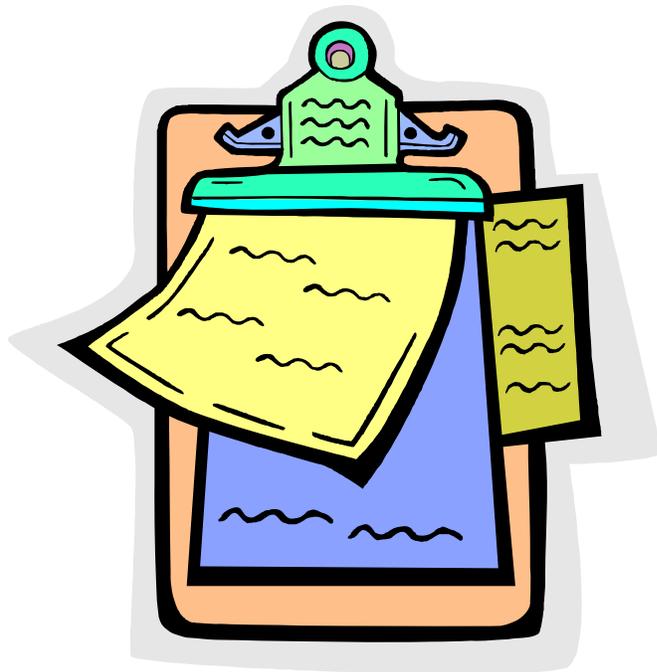
(continued)

HSD-ISD FIELD OFFICES

County	Phone	Fax	Address
Mora (18)	(505) 425-6741	(505) 454-0256	3112 Hot Springs Blvd. Las Vegas, NM 87701
Otero (19)	(575) 437-9260	(575) 437-3098	2000 Juniper Alamogordo, NM 88310
Quay (20)	(575) 461-4627	(575) 461-2983	421 W. Tucumcari Blvd. Tucumcari, NM 88401
Rio Arriba (21) (Española Area)	(505) 753-2271	(505) 753-5826	228 Paseo de Onate Street P.O. Box 2125 Española, NM 87532
Rio Arriba (Tierra Amarilla Area)	(575) 588-7130	(575) 588-7369	17345 Chama Highway P.O. Box 816 Tierra Amarilla, NM 87575
Roosevelt (22)	(575) 356-4473	(575) 359-2142	1028 Community Way P.O. Box 1090 Portales, NM 88130
Sandoval (23)	(505) 383-6300	(505) 383-6307	4363 Jaguar Drive Rio Rancho, NM 87144
San Juan (24)	(575) 566-9600	(575) 566-9655	101 West Animas P.O. Box 5250 Farmington, NM 87499
San Miguel (25)	(505) 425-6741	(505) 454-0256	3112 Hot Springs Blvd. P.O. Box 1348 Las Vegas, NM 87701
Santa Fe (26)	(505) 476-9200	(505) 476-6287	37 Plaza La Prensa Santa Fe, NM 87504
Sierra (27)	(575) 894-3011	(575) 894-1021	102 Barton Street T or C, NM 87901
Socorro (28)	(575) 838-8700	(575) 835-9478	1014 N. California St. P.O. Box LL Socorro, NM 87801
Taos (29)	(575) 758-8804	(575) 758-1012	145 Roy Road Taos, NM 87571
Torrance (30)	(505) 832-5026	(505) 832-4882	109 Tulane Avenue P.O. Box 400 Moriarty, NM 87035
Union (31)	(575) 374-9401	(575) 374-2853	834 Main Street Clayton, NM 88415
Valencia (32) (Belen Area)	(505) 864-5200	(505) 864-5247	100 S. 5 th Street 2 nd Floor P.O. Box 259 Belen, NM 87002
Valencia (Los Lunas Area)	(505) 222-0800	(505) 222-0888	445 Camino Del Rey Los Lunas, NM 87031

Chapter 6

SAMPLE FORMS



APPLICANT PHONE LOG



Date/Time: _____ **Person Called:** _____

Summary of conversation: _____

Date/Time: _____ **Person Called:** _____

Summary of conversation: _____

Date/Time: _____ **Person Called:** _____

Summary of conversation: _____

Date/Time: _____ **Person Called:** _____

Summary of conversation: _____

APPLICANT PHONE LOG



Date/Time: _____ **Person Called:** _____

Summary of conversation: _____

Date/Time: _____ **Person Called:** _____

Summary of conversation: _____

Date/Time: _____ **Person Called:** _____

Summary of conversation: _____

**DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
CENTRAL REGISTRY
APPLICATION FORM**

SAMPLE FORM

DATE: _____
Month/Day/Year

A. PERSON IN NEED OF SERVICE (applicant):

1. _____
Name: Last First Middle

2. _____
Mailing Address: County

City State Zip Code

3. (_____) _____ 4. _____
Telephone number Date of Birth (Month/Day/Year)

5. Gender: Male Female 6. _____
Social Security Number

7. _____ 8. Is this person on Medicaid now? Yes No
Insurance Company

9. **If yes, check the SALUD/HMO you are assigned to:** LOVELACE MOLINA PRESBYTERIAN

10. If Native American, BIA or Census Number: _____ Tribe: _____

B. WHO IS AUTHORIZED TO RECEIVE ORIGINAL FORMS AND MAKE DECISIONS FOR THE APPLICANT?

11. _____
Name(s): Last First Middle

12. _____
Mailing Address: County

City State Zip Code

13. Telephone number: (_____) _____
Home Work /pager/cell/message (specify)

14. Preferred Language: _____

Relationship to Applicant:

SAMPLE FORM

Legal Guardian (court appointed)* Parent Other (specify): _____

*For applicants who are less than eighteen (18) years old, check the "Parent" box, unless the courts have appointed another person(s) as guardian. If the courts have appointed a guardian, check the "Guardian" box. Persons who are eighteen (18) years or older are assumed to be their own guardian, unless the courts have appointed a guardian.

C. WHO DOES THE APPLICANT LIVE WITH?

16. _____
Name: Last First Middle

17. Relationship of the Care Giver to the applicant _____

18. Date of Birth of non-paid Care Giver _____

19. (_____) _____
Work telephone number Pager/cell/message telephone number (specify)

D. OTHER PERSON OR ORGANIZATION THAT MAY BE CONTACTED &/OR WORKED WITH REGARDING THE APPLICANT: Please list name, phone number of person or organization.

20. _____
Organization or Name: Last First Middle

21. (_____) _____
Work telephone number Pager/cell/message telephone number (specify)

E. CURRENT SERVICES:

22. What organizations or agencies are currently providing services to the applicant?

23. Name of School if attending _____

F. County Desired For Waiver Services:

24. Name of county in which the applicant desires to receive services: _____

G. DISABILITIES AND CONDITIONS:

25. Place a check mark by ALL the disabilities or conditions that apply to the applicant:

<u>Disability/Conditions</u>	<u>Age Disability Began</u>
___ Autism	_____
___ Brain Injury	_____
___ Blindness/severe visual impairment	_____
<u>Disability/Conditions</u>	<u>Age Disability Began</u>

SAMPLE FORM

- Cerebral palsy _____
- Chemical dependency/alcoholism _____
- Deafness/severe hearing impairment _____
- Emotional disorder/mental illness _____
- Epilepsy/seizure disorder _____
- Mental retardation _____ IQ score _____
- Speech/language impairment _____
- Spina bifida _____
- Spinal cord injury _____

Describe any other diagnoses and/or conditions: _____

H. COMMENTS:

26. List any information that you feel is important regarding the applicant's needs, or their current situation. If additional space is needed, please attach additional pages.

I. FUNDING:

27. Is the applicant currently receiving services through a Medicaid Waiver program?

- No Unknown Yes (If yes, check which applies.)
- Developmental Disabilities Waiver
 - Medically Fragile Waiver
 - AIDS Waiver
 - Disabled and Elderly Waiver

If yes, who is your Waiver Case Manager? Agency: _____
 Name: _____
 Phone Number: (_____) _____

J. SOURCES OF INFORMATION: (NOTE: Information such as psychological evaluations, which include standardized testing in the areas of cognitive and adaptive behavior functioning, medical, therapy and other reports are necessary and must be obtained in order to determine eligibility.)

41. Please list the agencies or persons to whom you have sent "Authorization for Release of Information"

K. PLEASE RETURN TO:

New Mexico Department of Health
Developmental Disabilities Division
Intake and Eligibility Management Bureau
5301 Central NE, Suite 1100
Albuquerque, NM 87108-1518

If you have questions please contact us at (505) _____ or 1-(800/866) _____

HEALTH

Fredrick Sandoval, M.P.A.
Deputy Secretary

Gary L.J. Girón, M.B.A.
Deputy Secretary

Sam C. Howarth
Director

Sample Form

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

THIS IS TO AUTHORIZE:

Sample Form

NAME AND TITLE

ADDRESS

CITY STATE ZIP CODE

TO RELEASE INFORMATION FROM MY RECORDS TO:

New Mexico Department of Health
Developmental Disabilities Supports Division
[Insert Regional Office Address]

Regarding Client: _____ SS#: _____

Date of Birth: _____ Date of Authorization: _____

Information to be Disclosed (Check All That Apply):

- _____ Documentation of IQ scores prior to age 22.
- _____ Documentation of adaptive behavior scores (e.g., Vineland, ABS, ICAP) prior to age 22.
- _____ Documentation of seizure disorder, autism, cerebral palsy, or related condition which shows date of onset prior to age 22.
- _____ Other (specify) _____

This information will be treated as confidential and is to be used only for the purposes of determining eligibility for services through the Developmental Disabilities Supports Division and for referral purposes. Any and all copying charges are the responsibility of the individual authorizing and requesting the provision of information and is not the responsibility of the Department of Health.

Sample Form

Sample Form

This authorization dated _____ is good only until the following date _____ or until it is revoked by me in writing at which time it will expire and no further release of records shall be made under it's terms. Furthermore, I understand I can revoke this authorization at any time, except with respect to actions already taken by the above-noted parties in reliance upon it. I also understand I have the right to examine and copy the information to be disclosed and to submit clarifying or correcting statements and other documentation of reasonable length for inclusion with confidential information. Denial of access to records is granted only when a physician or other mental health developmental disability professional believes and notes in my records that such disclosure would not be in my best interests.

I have read and understand the contents of this form or the statements requiring insertion or completion were filled in and all shall be honored by those to whom it is sent or provided. I also understand that my signature represents my agreement to be responsible for any applicable copying charges incurred in honoring this request.

Client: _____
Signature

Witnessed by: _____
Name and Title

Client cannot consent or authorize for the following reason(s):

Person giving Authorization:

Name and Title

Address Telephone #

Relationship to Client

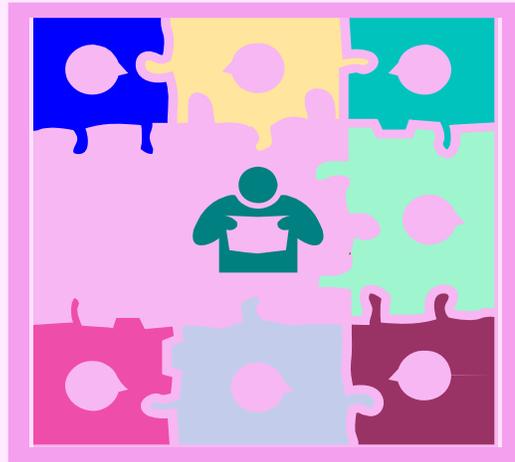
Witnessed by: _____
Name and Title

Address Telephone #

Relationship to Client

Note: This form complies with New Mexico Statutes 1978, Annotated 1989 Replacement pamphlet, Chapter 43, Section 43-1-19.

Fitting the Pieces Together



**Comments or Concerns?
Please Call
1-800-283-5548**