

Supports Waiver

Understanding Participant Responsibilities – Annual

I,

Participant Name (Print)

Choose to participant in the Supports Waiver, the New Mexico Medicaid Home and Community-Based Services Waiver. I understand that my participation in the Supports Waiver is voluntary and comes with certain responsibilities, in accordance with program regulations. I understand that I am expected to meet these responsibilities by myself, with the help of my Community Support Coordinator (CSC) and with the help of others as needed.

As a participant and legal guardian of a participant in the Supports Waiver program I/we agree to:

- Comply with NMAC 8.314.7.9, the rules and regulations and Supports Waiver Program Standards.
- Work with the CSC to determine needs for support related to the activities of chosen service delivery model.
- Work with the CSC to develop an appropriate Individual Support Plan (ISP)/budget request. If I am participating in the Participant Directed Service Delivery Model to receive necessary assistance with carrying out the approved ISP/budget and with documenting service delivery.
- Create and update an Emergency and Backup Plan in my ISP and confirm this with my CSC at least monthly.
- Notify CSC if any needs change so that a revised ISP can be created.
- Establish annual medical and financial eligibility initially and annually with the support of the CSC.
- Communicate with the CSC at least once a month, either in person or by phone.
- Meet with the CSC in-person at least once a quarter and with at least two meetings per year at my home.
- Report concerns or problems with the program to the CSC or designated Department of Health or Human Services Department Contacts.

- Use program funds appropriately by only requesting services and goods covered by the Supports Waiver program.
- Comply with the approved ISP and not spend more than the authorized annual budget (AAB).
- Work with CSC to respond to requests for additional documentation (RFI/RFA) and information from the CSC, FMA, or the TPA within the required deadlines outlined in the request.
- Report any change in circumstances, including a change in address, which might affect eligibility for the program to the local Income Support Division (ISD), CSC provider and the FMA (for participant directed model) within 10 days.
- Report to the CSC if hospitalized for more than three (3) nights so that a new appropriate LOC can be obtained.
- Communicate with Supports Waiver service providers, State contractors and State personnel in a non-abusive and non-threatening manner.
- Report any incidents of abuse, neglect or exploitation to the appropriate State entity. as defined by NMAC 7.1.14.
- Complete all DOH/DDSD/HSD required training for Supports Waiver.
- Report any incidents of abuse, neglect or exploitation to the Division of Health Improvement-Incident Management Bureau at 1-800-445-6242 and to my CSC,
- For Participant Directed Services:
 - All employees, providers and vendors must be enrolled with the Fiscal Management Agency (FMA) before they provide any good or services for me.
 - All budget expenditures must be tracked and must not exceed my annual budget.
 - Appropriately document service delivery and maintain those documents for a period of six (6) years (invoices from vendors and/or copies of timesheets, mileage sheets and copies of signed employee and vendor agreements, receipts for goods purchases, daily progress notes, attendance logs) as evidence of services I have received.
 - Submit all required documents to the FMA to meet employer-related responsibilities. This includes, but is not limited to, documents for payment to employees and vendors and payment of taxes and other financial obligations within required timelines.
 - Hire, manage, and terminate employees.

- As Employer of Record (EOR) understand that it is our responsibility for oversight of employees and vendor agencies service delivery.
- Understand that the FMA will assist by paying the workers that I hire and deducting taxes from my employee’s paychecks.
- As the Employer of Record (EOR) will maintain records and documentation for at least six years from the first date of service and ongoing in accordance with 8.314.6.14.C NMAC.

I have read and understand my responsibilities as a participant in the Supports Waiver and have a copy of this document for my records.

Participant Signature / Date

Participant Name (Print)

If applicable,
Legal Representative Signature / Date

Legal Representative or Guardian (Print)

CSC Signature / Date

CSC Name (Print)