

The Mi Via Waiver Program

Christine Wester, Mi Via Waiver Program Manager
Regina Lewis, Mi Via Program Coordinator
DOH/DDSD

What is a Self-Directed Waiver ?

- ▶ The Self-Directed Mi Via Waiver program is designed to support participants to have decision-making authority over Waiver services and take direct responsibility to manage their services within a system of available supports.
- ▶ With more choice, control, flexibility, freedom offered through self-direction, there is more participant responsibility and accountability.

What is a Self-Directed Waiver ?

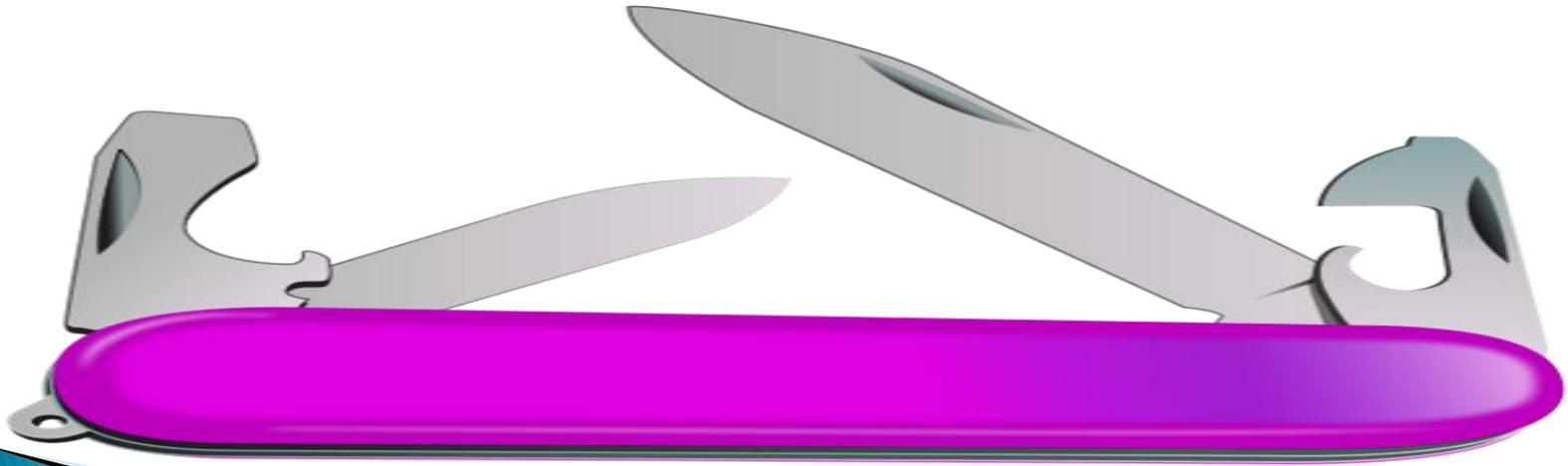
- ▶ Provides an alternative to institutional care that allows the participant to have more control over services and supports.
 - Self-direction means participants can choose which services, supports and goods they need (from the Centers for Medicare/Medicaid Services (CMS) waiver services and related goods per 8.314.6 NMAC).
- ▶ Those living with Intellectual/Developmental Disabilities (IDD), or Medically Fragile (MF) conditions must receive an allocation to Waiver services through Department of Health Developmental Disabilities Supports Division (DOH/DDSD) in order to be eligible for Mi Via.

Philosophy of Self-Direction

- **Participants choose which services, supports and goods they need from the available services.**
- **Participants choose when, where and how those services will be provided (option to use employees or vendors).**
- **Participants choose who they want to provide services and who they want to assist them with planning and managing services and supports.**

Mi Via Waiver Supports

- Mi Via is a tool that supports self-direction and leads to self-determination. It is designed to support both the use of natural supports and specialized services.
- Participants have greater control over their lives, more freedom to lead a meaningful life they define and supplements the community/natural supports they have in place.



Future Plans for Mi Via

- ▶ The Division currently offers and operates three types of waiver for eligible individuals who have I/DD.
- ▶ At this time, Mi Via serves individuals allocated to both the DD and the MF Waivers. * Medically Fragile (traditional) and the Mi Via Medically Fragile will transition into Centennial Care January 1, 2016.
- ▶ The Mi Via Waiver renewal was submitted to the Centers of Medicaid and Medicare Services (CMS) in June 2015.

Waiver Changes

- ▶ The Mi Via Regional Office Liaisons are of significant importance in communicating Waiver Changes as well as Consultant Agency changes to DDSD Mi Via partners.

If you are currently receiving traditional DDW or MFW services and would like to receive Mi Via services

or

if you are currently receiving Mi Via services and would like to transition to one of the traditional waiver or to change consultant agencies,

Please contact your local regional office to request a Waiver Change Form (WCF) or a Consultant Agency Change Form (CAC).

Purpose of Presentation/Training

- ▶ Review of Mi Via participant/Employee of Record Rights and Responsibilities
- ▶ Review of the working parts of Mi Via
- ▶ Review of Service and Support Plan
- ▶ Review of Mi Via Service Description
- ▶ Review of Mi Via Service Standards Appendices



▶ Questions



- ▶ REVIEW PARTICIPANTS/EMPLOYEE OF RECORDS
 - ▶ RIGHTS AND EOR RESPONSIBILITIES

Participant Rights

A Mi Via participant has the right to:

- ▶ Decide where and with whom to live;
- ▶ Choose his/her own work or productive activity;
- ▶ Choose how to establish community and personal relationships;
- ▶ Make decisions regarding his/her own support, based upon informed choice;
- ▶ Be respected and supported during the decision-making process and in the decisions made;
- ▶ Access natural supports as needed;
- ▶ Hire, train, schedule, supervise and dismiss service providers;
- ▶ Receive training, resources and information related to Mi Via and self-direction in a format that meets the American with Disabilities Act (ADA) requirements;
- ▶ Appeal denials or decisions through the reconsideration and fair hearing processes;
- ▶ Access additional supports in order to be successful in self-direction;
- ▶ Transfer to programs that are not self-directed; and
- ▶ Receive culturally competent services.

Participant Responsibilities

- Maintain his/her financial and medical eligibility to be in the program.
- Comply with the rules and regulations that govern the program;
- Work together with the Consultant to determine support needs, develop an appropriate Service and Support Plan (SSP)/budget request, receive necessary assistance with carrying out the approved SSP/budget and with documenting service delivery; monitoring the use of the annual budget.

Participant Responsibilities (cont'd)

Designate an Employer of Record (EOR).

- EOR coordinates activities of employees trains, hires, fires, approves timesheets/vendor invoices (if necessary);
- Employees cannot sign their own timesheets;
- A participant may be his or her own EOR unless the he or she is a minor, or has a plenary or limited guardianship or conservatorship over financial matters in place;
- EORs are not a paid support.

Participant Responsibilities (cont'd)

- Communicate with the consultant at least once a month, either in person or by phone, and meet with the consultant in-person at least quarterly.
- Report concerns or problems with any part of Mi Via to the consultant;
- Use program funds appropriately—there are covered and non-covered services;
- Comply with the approved SSP and not spend more than the authorized annual budget (AAB);

Participants Responsibilities (cont'd)

- Coordinate with the Consultant, Fiscal Management Agency (FMA)– Xerox; and the Third Party Assessor (TPA)– Qualis regarding issues related to employees/vendors (ie. timesheet issues, LOC issues, vendor payments, budget issues).

Participant/EOR Responsibilities

- Submit all required documents to the FMA.
Documents include, but are not limited to, vendor and employee enrollment agreements, vendor information forms, criminal background check forms, time-sheets, payment request forms (PRFs) and invoices, and other documentation needed by the FMA to enroll and/or process payment to employees and vendors;
- Report any incidents of abuse, neglect, exploitation, suspicious injury, environmental hazards, participant death to DHI;
- Arrange for the delivery of services, supports and goods;

Participant /EOR Responsibilities (cont'd)

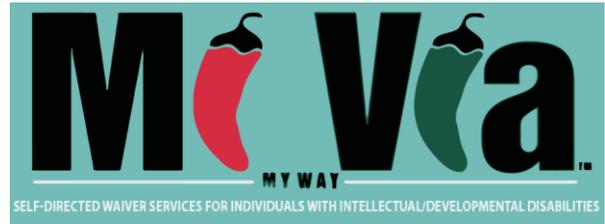
- Hire, train, schedule, supervise or dismiss service providers (vendors and/or employees);
- Maintain employee, service records, and documentation(i.e.. timesheets, invoices, mileage sheets etc..);
- When necessary, request assistance from the consultant with any of these responsibilities.

Participant/EOR Responsibilities

- ▶ Termination from the Mi Via program
 - Voluntary– participant choice through a Waiver Change Form (WCF).
 - Involuntary – participant refuses to follow Mi Via rules and regulations, immediate risk to health and safety if continuing self-direction, misuse of Mi Via funds, Medicaid fraud.



▶ Questions



REVIEW THE WORKING PARTS OF MI VIA

DDSD Mi Via Partners

- The Human Services Department/Medical Assistance Division (HSD/MAD) oversees the administration of the Mi Via Waiver Program and the Department Of Health, Developmental Disabilities Supports Division (DOH/DDSD) is responsible for the operation of the Mi Via Waiver Program.
- HSD/Income Support Division (ISD): Financial Eligibility.
- HSD/MAD: Oversees the Mi Via contracts for Qualis and XEROX, and determines the medical eligibility.
- The DOH/ Division of Health Improvement, Incident Management Bureau (DOH/DHI/IMB) investigates abuse, neglect, exploitation, death, suspicious injuries and environmental hazards.
- The DOH Division Health Improvement, Quality Management Bureau (DOH/DHI/QMB) conducts quality surveys of Consultant agencies.

DDSD Mi Via Partners

▶ Third Party Assessor (TPA–Qualis)

- Medical Eligibility Determination
- Approves/Denies SSP/Budget
- Fair Hearings

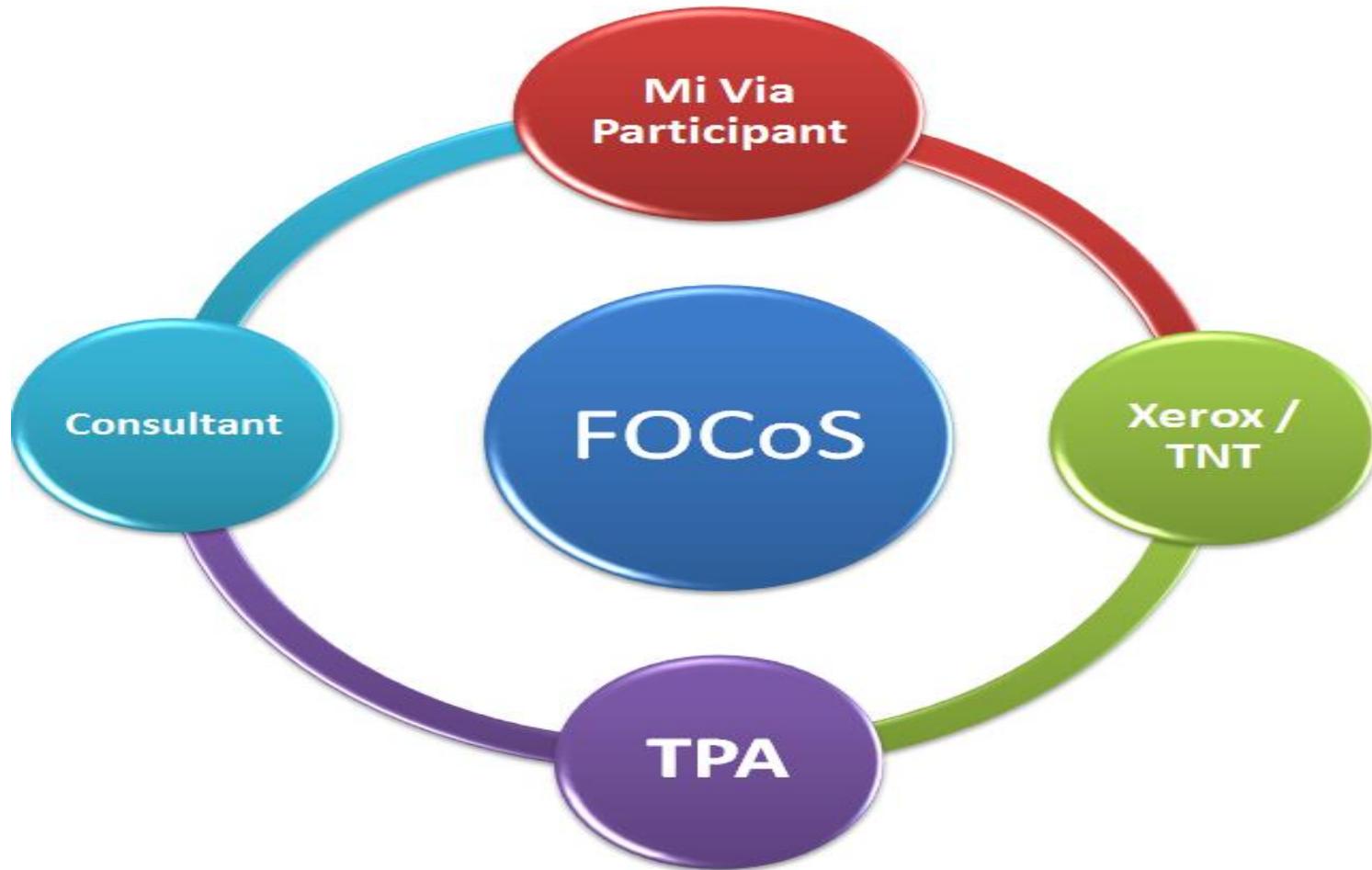
▶ Fiscal Management Agency (FMA–XEROX)

- Processes Employee/Vendor Agreements
- Background Checks/Fingerprinting/Credentialing
- Establishes EOR paperwork
- Tracks Budget Utilization
- Oversees the administration of *FOCoSonline*

▶ *FOCoSonline* system:

- Mi Via online plan of care system that tracks SSP/budget submission, utilization, timesheets, vendor payments, employee payments.
- DOH, HSD, FMA (XEROX), TPA (Qualis), Participant, Consultant, EOR all have access to participant *FOCoSonline* file with differing permissions.

The Working Parts of Mi Via



Role of the TPA with Mi Via



1. Determines medical eligibility for individuals done through level of care (LOC) including *in-home assessments* (IHA).
2. Notifies the participant and consultant agency (CA) at least ninety (90) days in advance of the expiration of the annual LOC, and provides the participant with the appropriate assessment forms to take to their physician. (Notification also provided by the TPA 60 and 45 days in advance of expiration of the LOC).

Role of TPA with Mi Via (cont'd)



3. Performs utilization management duties:

- ▶ uses the SSP/budget and other submitted documentation to make a determination regarding participant's SSP/budget request and any SSP/budget revision requests.
- ▶ uses the Mi Via Program Regulations and Standards to determine approval, partial approval and/or denial of services and goods in the SSP budget request.

The Role of Xerox with Mi Via



- Xerox conducts background checks for all potential employee and credentials all vendors.
- Xerox and subcontractor, TNT, processes and pays timesheets and invoices for services rendered.

The Role of FOCoS with Mi Via



- ▶ FOCoS is the on-line system used to manage plans of care:
 - Service & Support Plans
 - Timecards of participant's providers
 - Plan utilization/Claim details
 - Standardized reports
 - Invoice processing
- DOH, HSD, Consultants, TPA, FMA, Participant all have access to person specific information with differing permissions

The Role of Participants and Consultants in Mi Via

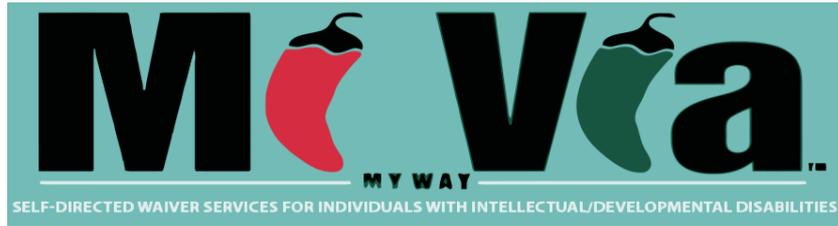


- Participant works with a Consultant to develop a Service and Support Plan (SSP) and budget
- Participant begins to identify employees, vendors, EOR begins Agreements/paperwork
- SSP outlines the waiver services the participant has chosen, projected cost, frequency and duration of services and goods
- The SSP is entered and submitted in FOCoS by the Consultant

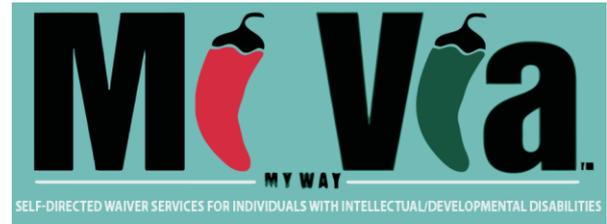
The role of the Participant and Consultant in Mi Via (cont'd)



- ▶ The role of the TPA continues once the SSP is approved:
- Participants may ask for budget revisions, additional services or funding within the approved SSP year.
- Participant may appeal denied services through the Fair Hearings process.
- Consultants assists with participant issues.
- Communicates with Xerox/TNT through FOCoS as needed.



▶ Questions



REVIEW THE SERVICE AND SUPPORT PLAN (SSP)

Service and Support Plan–SSP

The Consultant will work with a Mi Via Participant to develop their Service and Support Plan initially and annually

▶ What is a Mi Via Service and Support Plan (SSP)?

Outlines Mi Via services that meet the participants needs and includes but is not limited to:

- the projected amount (budget)
- the frequency and the duration of the services (SSP/budget)
- the type of provider who will furnish each service
- other services the participant will access
- an Emergency/Back up Plan
- Self–monitoring criteria that is related to the effectiveness of services and supports
- Participants available supports that will *compliment* Mi Via services in meeting his or her needs

SSP & Budget Review and Approval

- SSP and budgets are developed initially and at least annually by the participant in collaboration with the participant's consultant and others that the participant invites to be part of the process.
- The SSP outlines all the services the participant chooses to access, how they will be utilized and who will provide the services.
- The monetary limit to the services a participant can access is based on the Individual Budgetary Allotment (IBA).
- SSP and budgets can be revised as needed.

Individual Budgetary Allotment (IBA)

What is an Individual Budgetary Allotment?

- ▶ The maximum budget allotment available to a participant based on their age.
- ▶ Using this allotment as a guide, the participant will develop a plan to meet his or her assessed functional, medical and habilitative needs to enable them to remain in their community.

Individual Budgetary Allotment (IBA)

- ▶ Additionally, the TPA determines the participant's IBA based on age

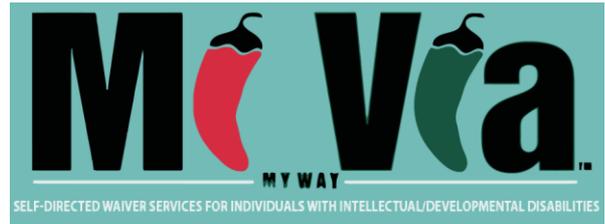
Waiver Group	Age	Annual Budget
DD & MF	0-18	\$23,443.00
	18-20	\$54,589.00
	21 and over	\$72,710.00

*For 18-20
68,890.00 if using Customized In-Home
Living Supports

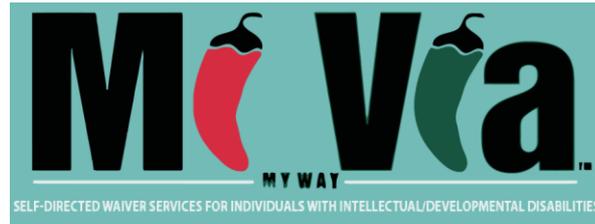
Authorized Annual Budget(AAB)

What is an Authorized Annual Budget?

- ▶ The Authorized Annual Budget (AAB) is the actual amount that is approved by the TPA for the SSP year.
- ▶ Additional funding may be available but must be justified and meet criteria:
 - * Chronic physical condition
 - * Change in physical health status
 - * Chronic or intermittent behavioral conditions or cognitive difficulties
 - * Change in natural supports



▶ Questions



▶ REVIEW THE MI VIA SERVICE DESCRIPTIONS

Includes Revised Service Description:
Customized Community Support Services

Consultant Services

All Participants are required to work with Consultant

▶ The Role of the Consultant:

- ▶ To enroll participants in the Mi Via Program providing program overview and requirements as well as assist the participant with these processes.
- ▶ To educate, guide and assist the participant to make informed planning decisions about services and supports. This leads to the development of a SSP, based on the participant's assessed needs.
- ▶ Help the participant identify supports, services and goods that meet their need for waiver services and are specific to the participant's disability or qualifying condition.
- ▶ Work with the participant to monitor budget utilization.
- ▶ Support Guide services are also available as requested and planned for in the SSP by the participant. Support Guide services are more intensive supports to assist the participant to maneuver the Mi Via system and may be the Consultant or another party within the Consultant Agency.

Consultant Services (cont'd)

▶ Consultant Requirements:

- Make contact with participant at least monthly for a routine follow up (can be done in person or via phone)
- Assist participant with initial/annual eligibility recertification and LOC
- Meeting face to face quarterly (* at least one visit in the home annually)
 - To review, document progress and provide consultation on implementation of SSP and budget utilization (revise as necessary, “move funds”)
 - Support and plan for the use of existing natural supports/community resources
 - Document any usage and the effectiveness of the 24 hour Emergency/ Back up plan;

Consultant Services (cont'd)

- Assess quality of services, supports and functionality of goods
- Document the participant's access to related goods identified in the SSP
- Review any incidents or events that have impacted the participant's health and welfare or ability to fully access and utilized support as identified in the SSP;
- Other concerns or challenges as noted by the participant/representatives

What other services are offered in the Mi Via Program

- ▶ Mi Via has four categories of services that are offered and planned for through the SSP process:
 - Living Supports (not considered “residential services” and may or may not be 24 hour)
 - Community Membership Supports
 - Health and Wellness Supports
 - Other Related Supports/Goods

Living Supports:

- ▶ **Homemaker/Direct Support Services**
- ▶ **Home Health Aide Services**
- ▶ **Customized In Home Living Supports**
- ▶ **Assisted Living:**
 - Facility Based Living: Not utilized over the last 3 years and will not continue with new Mi Via Waiver.

Living Supports: Homemaker/Direct Support Services

- ▶ Assist the participant with activities of daily living, performance of general household tasks.
- ▶ Enables the participant to accomplish tasks he or she would normally do for himself or herself if he or she did not have a disability.
- ▶ Participants must be 21 years and over to access this service.

Living Supports: Homemaker/Direct support services (cont'd)

- ▶ Provided in the participant's home and/or in the community, depending on the their needs.
- ▶ Are not intended to replace supports available from a primary caregiver.
- ▶ Employees can be hired to provide this service as an hourly service.
- ▶ If a vendor agency provides this service, they must be certified as a Home Maker Agency through HSD or licensed as a Home Health Agency.

Living Supports: Home Health Aide Services

- ▶ Home health aide services provide total care or assist an participant who is 21 years and older in all activities of daily living.
- ▶ Home health aide services can be provided outside the participant's home.
- ▶ Home health aide may provide basic non-evasive nursing assistance skills within the scope of their practices.

Living Supports: Home Health Aide Services (cont'd)

- ▶ Home health aide services are hourly services for participants who need this service on a more long-term basis.
- ▶ Must be provided by a licensed Home Health Agency.

Living Supports: Customized In-Home Living Supports

- ▶ Customized In-Home Living Supports enable the participant to live in his or her apartment or house. Services must be provided in a home or an apartment owned or leased by the participant or their family.
- ▶ This service can not be provided in an agency owned home.
- ▶ Services can be provided at least 4 (four) or more hours per day, one or more days per week. This service may also be provided for up to 24 hours per day.
- ▶ This service is reimbursed at a daily rate.
- ▶ This service can be provided by a vendor agency. For an individual provider to provide this type of service, they must meet the requirements to serve as an Independent Contractor as determined by the Internal Revenue Service (IRS).

Community Membership Supports

- ▶ **Community Direct Supports**
- ▶ **Employment Supports provides**
 - Job Development
 - Job Coaching
- ▶ **Customized Community Supports**

Community Membership Supports: Community Direct Support

- ▶ Community direct support provides support to the participant to identify, develop and maintain community connections and access social and educational options.
- ▶ Participant are supported to develop connections individually not as part of a group.

Community Membership Supports: Employment Supports

- ▶ **Job Development provides:**
 - Support in job identification and development of activities, employer negotiations; job restructuring; job sampling; and job placement after available vocational rehabilitation supports have been exhausted. Designed to meet the needs of the individual and not a group.
- ▶ **Job Coaching provides:**
 - training, skill development, employer consultation that may be required while learning to perform specific work tasks on the job; co worker training; job site analysis; situational or vocational assessments and profiles; education of the eligible recipient and co-workers on rights and responsibilities; and benefits counseling. Designed to meet the needs of the individual and not a group.

Community Membership Supports: Customized Community Supports

- Revised as part of the Statewide Transition Plan to support Waiver compliance with the new rules from the Centers for Medicare and Medicaid Services (CMS) in support of community integration.
- Service language revised through the DDSD Division Director's Release effective June 30, 2015

Community Membership Supports: Customized Community Supports

- June 30, 2015 Director's Release:

“ This service is to be provided in an integrated community-based setting that supports opportunities for participants to access, as well as actively engage with, their preferred community resources and activities that includes others in their community. Customized Community Supports are expected to be provided in integrated community settings such as community-based day programs and community centers and can take place in non-institutional and non-residential settings including typical integrated community settings as specified in the participant's service and support plan(SSP).”

- Services are available at least four (4) or more hours per day one (1) or more days per week.

Community Membership Supports: Customized Community Supports

- Services are available at least four (4) or more hours per day one (1) or more days per week.
- Provided in a congregate setting and provided by a vendor agency only.

Health and Wellness Supports

- ▶ **Extended State Plan Skilled Therapy for Adults**
- ▶ **Behavior Support Consultation**
- ▶ **Nutritional Counseling**
- ▶ **Private Duty Nursing for Adults**
- ▶ **Specialized Therapies**

Health and Wellness Supports: Skilled Therapies for Adults

- For adults 21 and over.
- Physical Therapy, Occupational Therapy and Speech and Language Pathology.
- Provided when state plan skilled therapy is exhausted.

Health and Wellness Supports: Behavior Support Consultation

- Mi Via prohibits use of restraints, restrictive intervention and/or seclusion.
- Informs and guides participants, employees and vendors toward understanding behavior.
- Assists to identify support strategies to predict, to prevent, and to respond to interfering behaviors.
- Monitors support strategies for effectiveness.

Health and Wellness Supports: Private Duty Nursing for Adults (21 and over)

- medication management, administration and teaching
- aspiration precautions
- feeding tube management, gastrostomy and jejunostomy care
- skin care
- weight management
- urinary catheter management
- bowel and bladder care, wound care
- health education, health screening
- infection control
- environmental management for safety
- nutrition management
- oxygen management,
- seizure management and precautions,
- anxiety reduction
- staff supervision,
- behavior and self-care assistance

Health and Wellness Supports: Nutritional Counseling

- Assessment of the participant's nutritional needs.
- Development or revision of any nutrition plans.
- Counseling and nutritional intervention.
- Observation and technical assistance related to the nutritional plan.

Health and Wellness Supports: Specialized Therapies

- ▶ Non-experimental therapies or techniques that have been proven effective for certain conditions.
- ▶ Does not include experimental or investigational procedures, technologies or therapies.

Health and Wellness Supports: Specialized Therapies

▶ Includes:

- Acupuncture
- Biofeedback
- Cognitive Rehabilitation Therapy
- Native American Healing
- Hippotherapy
- Massage Therapy
- Chiropractic
- Play Therapy
- Naprapathy

Other Supports

- ▶ **Transportation:**
- ▶ **Personal Plan Facilitation**
- ▶ **Emergency Response**
- ▶ **Environmental Modifications**
- ▶ **Respite**
- ▶ **Related Goods**

Other Supports: Transportation

- Are offered to enable participants to gain access to services, activities, and resources, as specified by the SSP.
- Transportation services provided under the waiver are non-medical in nature.
- Payment for Mi Via transportation services is made to the participant's individual transportation employee or to a public or private transportation service vendor.

Other Supports: Transportation (cont'd)

- Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge shall be identified in the SSP and utilized.
- Participant can hire an employee or hire a public or private transportation service vendor.

Other Supports: Personal Plan Facilitation

- Person Centered Planning processes available to assist with SSP development.
- Provides an opportunity for the participant to explore ideas or thoughts about what they want in their SSP.
- Can be used to assist a participant to establish a vision for their life.
- Planning tools are to be utilized, i. e. PATHS, MAPS, PFP, Circle of Friends.
- Available once per budget year.

Other Supports: Emergency Response Services

- An electronic device that enables the participant to secure help in an emergency at home and to be more independent.
- System is connected to the participant's phone and programmed to signal a response center when a portable help button is activated.

Other Supports: Environmental Modifications

- Include the purchase and installation of equipment or making physical adaptations to the participant's residence.
- Should be necessary to ensure the health, safety, and welfare of the participant and used to promote independence in the home.
- Examples: bed room equipment/modifications, bathroom modifications, modifications to doorways, installation of ramps.

Other Supports: Respite

- Is a family support service.
- Purpose of which is to give the **unpaid** primary caregiver time away from his or her duties.
- Services are furnished on a short-term basis.
- Can be provided in the eligible recipient's home, the provider's home, in a community setting of the family's choice (e.g., community center, swimming pool and park) or at a center in which other individuals are provided care.

Other Supports: Respite (cont'd)

- Assisting the eligible recipient with routine activities of daily living (e.g., bathing, toileting, preparing or assisting with meal preparation and eating).
- Enhancing self-help skills.
- Providing opportunities for leisure, play and other recreational activities.
- Assisting the eligible recipient to enhance self-help skills, leisure time skills and community and social awareness.
- Providing opportunities for community and neighborhood integration and involvement.
- Providing opportunities for the eligible recipient to make his or her own choices with regard to daily activities.
- Can be provided by a RN or LPN.

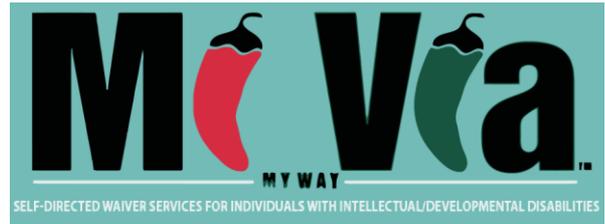
Other Supports: Related Goods

- ▶ For goods not otherwise provided through Mi Via, the Medicaid state plan, or Medicare.
- ▶ Can be equipment, supplies, fees and/or memberships. Examples: gym membership, computers, cell phone services (not including data), nutritional supplements, camp memberships, class memberships, various equipment, adaptive furniture.

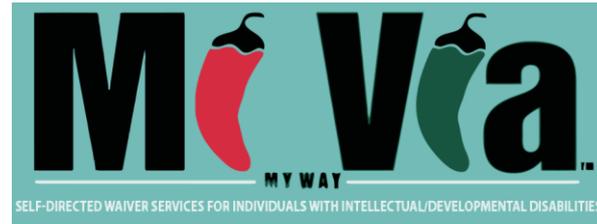
Non Covered Services

- ▶ The Mi Via program is the payer of last resorts. Services and goods that are not covered by the Mi Via program. Non covered services/goods include, but not limited to the following:
 - Services covered by the Medicaid or Medicare state plans and other third parties services.
 - Services that are considered primarily recreational or diversional
 - Services that are covered by the Division of Vocational Rehab (DVR).
 - Room, board or utilities.
 - Routine household expenses.
 - Training expenses for paid employees,
 - Data plans/insurance for cell phones.

- ▶ For a complete list of non covered services/goods, please visit http://archive.mivianm.org/document/MiViaServiceStandards_02-2010.pdf



▶ Questions



- ▶ Review of Mi Via Service Standard's Appendices B–G

Mi Via Service Standards: Appendices

- ▶ B: Service and Support Plan Instructions
- ▶ C: Range of Rates and Service Codes
- ▶ D: Vendor Credentialing Grid
- ▶ E: Employee Credentialing Grid
- ▶ F: Vendor Toolkit Completing Invoices
- ▶ G: Employee Toolkit Completing Timesheets

Mi Via Service Standards Appendices B & C

- ▶ Appendix B contains instruction and a sample of the SSP template.
- ▶ Appendix C contains the current Mi Via Program Approved Rates and Codes.
- ▶ Mi Via participants/EORs are required to determine the rate for their individual employees/vendors within the rates listed.
- ▶ Rates do not include taxes.

Mi Via Service Standards

Appendix D

- ▶ Appendix D: contains a list credentialing requirements for enrolling Mi Via vendors.
 - EORs should ensure that paperwork (ie. Vendor agreement) has been processed PRIOR to the vendor providing the services; otherwise, Medicaid WILL NOT pay for any services if the vendor enrollment process has not been completed.

Mi Via Service Standards

Appendix E

- ▶ Appendix E contains the list of credentialing requirements for enrolling Mi Via employees. Employees may NOT begin work until:
 - EOR has been established and approved.
 - Passed their COR Background Check.
 - Until their Employee Packet has been filled out and processed and their Employee Agreement completed.

Mi Via Service Standards Appendices F & G

- ▶ Appendix F is a toolkit of instruction for Vendors on how to complete invoices.
- ▶ Appendix G is a toolkit of instruction for employees to complete and turn in accurate and timely Timesheets.

Mi Via Service Standards: Appendices

The complete Mi Via Service Standards, Descriptions, Rates and Provider Qualification and Toolkits can be viewed and/or downloaded online at www.mivianm.org

- ▶ Reminder, Consultants can provide a copy of the Mi Via Waiver Services Standards with associated Appendices upon request.

Please contact your Consultant for a copy.



▶ Questions/Comments?



To request a WCF or CACF
Please contact the DOH/DDSD Regional Mi Via Regional Liaisons:

- ❖ NE Region—Anysia Fernandez (575) 758-5934
- ❖ NW Region—Dennis O’Keefe (505)-863-9937
- ❖ SE Region—Eugene Vigil (575) 624-6100
- ❖ SW Region—Dave Brunson (575) 528-5180
- ❖ Metro Region— Rose Mary Williams (505) 841-5500

r



- ▶ If you have further questions please contact the

DOH/DDSD Mi Via Unit
5301 Central NE Suite 203
Albuquerque, New Mexico 87108

or

Christine Wester, DDSD Mi Via Program Manager at 505-841-5510;
email Christine.wester@state.nm.us

or

Regina Lewis, DDSD Mi Via Program Coordinator at 505-841-5519;
email regina.lewis@state.nm.us

Thank you

