



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Dear Applicant and/or Guardian,

Thank you for your interest in the Home and Community-Based Waivers (DD and Mi Via) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

The following pages include: 1) Home and Community-Based Waivers and ICF/IID Application Form, 2) HIPAA Information, 3) Intake & Eligibility Bureau Contact List and 4) Intake & Eligibility Bureau (IEB) Fact Sheet.

Please return the completed ***HCBS Waivers Application Form*** and any supporting documentation to the address or fax number listed for your region on the Intake & Eligibility Contact List on pages 7 and 8 of this packet. Your application date will be the date the Intake & Eligibility Bureau of DDS/D received your completed, signed application packet.

Important: the application will not be considered complete without the following:

- **applicant's social security number**
- **copies of documentation that support a diagnosis of a developmental disability such as neuropsychological/psychological evaluations, educational evaluations, IEPs, and/or medical diagnosis reports**

For more information about the Home and Community Based Waivers, visit our website at <https://nmhealth.org/about/ddsd/>.

If you need help completing this form, please contact the Eligibility Worker listed for your region. Contact information is listed on pages 7 and 8 of this application packet.

Once we receive your completed application, your assigned eligibility worker will contact you to review the application and discuss next steps.

Si necesita ayuda o información en español, por favor llámenos al número 505-350-0034.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in registration or services, please call us at the numbers listed above or, through the New Mexico Relay System TDD, at 1-800-659-8331.

Revised 10/2023

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION • INTAKE & ELIGIBILITY BUREAU
5300 Homestead Road NE, Suite 230 • Albuquerque, New Mexico • 87110
(505) 505-470-5825 • (505) 350-0034 • FAX: (505) 222-6690 • www.nmhealth.org



This page left blank intentionally.



Home and Community Based Waivers and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Updated 10/30/23

<p>Complete each section of page 1 and 2 of this form. Fill in each section as carefully and completely as you can and return the form to the DDS office in your region. The address and contact information are located on the enclosed list.</p> <p>Applications will be accepted when copies of documentation such as diagnostic reports are provided along with the complete application, including the signed HIPAA section.</p>	<p><i>For official use only</i></p>
<p>Region:</p> <p><input type="checkbox"/> METRO <input type="checkbox"/> NERO <input type="checkbox"/> NWRO <input type="checkbox"/> SERO <input type="checkbox"/> SWRO</p>	<p><i>date stamp/ application date</i></p>

APPLICANT INFORMATION

<i>Name – Last</i>	<i>First</i>	<i>Middle Initial</i>	<i>Social Security Number or ITIN (required)</i>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>			<i>County of Residence</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>County in which services are requested (if different from residence)</i>			<i>Date of Birth</i>
<i>Developmental Disabilities (DD) and age of onset</i>		<i>E-mail Address</i>	<i>Preferred Language</i>

LEGAL GUARDIAN INFORMATION*

Self Parent Legal Guardian/Agency _____ Power of Attorney

A legal representative is a parent of a child under eighteen with legal authority to make decisions on the applicant’s behalf; personal legal guardian; someone with power of attorney who has been authorized to make health care decisions; or any other person who is authorized by law to act for applicant.

*** Anyone other than the applicant or parent(s) of a minor child MUST include copies of documents that provide evidence of legal authority to act on behalf of the applicant.**

<i>Name – Last</i>	<i>First</i>	<i>E-mail Address</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>
<i>Zip Code</i>		<i>Telephone Number</i>

AUTHORIZED REPRESENTATIVE

Write the name and contact information of the person designated by the applicant to assist or handle affairs related to applicant’s health care services or someone nominated by the applicant to be a point of contact if applicant cannot be reached.

<i>Name – Last</i>	<i>First</i>	<i>Relationship to applicant</i>	<i>E-mail Address</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>			<i>Telephone Number</i>

I, _____, as the legal guardian for the applicant, give DDS permission to discuss the status of this application with the person(s) listed above:

Signature: _____ **Date:** _____

DOCUMENTATION – Applications will not be processed without supporting documentation

The documentation needed to determine whether an applicant meets the developmental disability waiver criteria are as follows:

- **Intellectual Disability:** If you are applying to the DD Waiver for intellectual disability, the application must include a comprehensive diagnostic report(s) from a licensed qualified professional with IQ and Adaptive Behavior Scores. This document must verify the ID diagnosis.
- **Related Condition:** If you are applying to the DD Waiver due to a condition related to intellectual disability, include a comprehensive diagnostic report from a licensed, qualified practitioner. The related condition diagnosis must be verified in the document(s) or in the results of the genetic testing and include IQ and Adaptive Behavior Scores (within the past 3 years). Documentation must also include confirmation of three Substantial Functional Limitations (SFLs) within the past 12 months.

The requested information may be found in the following documents:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Educational Evaluations• Individual Education Plan (IEP)• Medical Diagnosis Records | <ul style="list-style-type: none">• Multidisciplinary Evaluation Team (MET)• Review of Existing Evaluation Data (REED) | <ul style="list-style-type: none">• Neuropsychological/Psychological Evaluations• Autism/Autistic Spectrum Disorder (ASD) Evaluation |
|---|---|---|

HIPAA – A signed HIPAA acknowledgment is required to process this application.

The Health Insurance Portability Act of 1996 requires health agencies to provide a Notice of Privacy Practices to all persons receiving services. This form acknowledges that you have received the Department of Health Notice of Privacy Practices.

By signing below, I acknowledge that I was offered or provided a copy of the New Mexico Department of Health Notice of Privacy Practices.

Signature of Client or Legal Guardian

Date

NAME & RELATIONSHIP OF INDIVIDUAL COMPLETING THIS FORM

Write the name of the person who is submitting form, his/her signature, relationship to applicant and the date the form was completed.

Typed/Printed Name

Signature

Relationship to applicant

Date

Please mail or fax this application, along with the supporting documentation to your regional office listed below and on the attached contact sheet. Eligibility Worker names, phone and fax numbers are also included on the contact sheet.

Metro Region <i>(Bernalillo, Sandoval, Torrance and Valencia counties)</i> 5300 Homestead Road NE, Suite 230 Albuquerque, NM 87110	Northeast Region <i>(Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos and Union counties)</i> 224 Cruz Alta, Suite B Taos, NM 87571	Northwest Region <i>(Cibola, McKinley and San Juan counties)</i> 2914 E 66 Gallup, NM 87301	Southeast Region <i>(Chavez, Curry, De Baca, Eddy, Guadalupe, Lea, Lincoln, Quay and Roosevelt counties)</i> 726 South Sunset, Suite B Roswell, NM 882033	Southwest Region <i>(Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro counties)</i> 1170 N. Solano Dr., Suite G Las Cruces, NM 88001
--	--	---	---	---

It is the applicant/legal guardian’s responsibility to notify the Eligibility Worker in the regional office of any change of address or phone number.

Si necesita ayuda o información en español, por favor llámenos al número 1-505-350-0034.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to complete the application, please call us at 800-283-5548 or, through the New Mexico Relay System TDD, at 1-800-659-8331.



Revised NM DOH Privacy Policy

Effective October 2010

Your Rights Regarding Your Health Information

Right to Inspect and Copy

You have the right to see and receive a copy, including an electronic copy if available, of the health information we have about you. To inspect and request a copy your health information at a single DOH location, you may contact that location and ask for help from that location's Local Privacy Officer or medical records personnel. If you want to see your health information and it is in more than one DOH location, or if you are unsure of the location, you must write to the DOH Chief Privacy Officer.

If you want paper copies, we may charge you for the costs of copying and mailing the information to you. If you ask for a copy of the information in electronic format, we may charge you for the cost of staff time to respond to your request. If you agree to a summary or an explanation instead of copies, we may charge you a fee for preparing the summary or explanation that you have agreed to in advance, and the cost of mailing it if not sent by electronic mail. We may deny your request in special circumstances. If we deny your request to see your health information you may ask us why and ask for a review of our decision. A licensed health care professional chosen by us will review your request and the denial. The person who reviews the denial will not be the same person who originally denied your request. We will do whatever the reviewer recommends.

Right to Request a Correction

If you feel that health information we have about you is not right or is incomplete, you may ask us to correct it. You have the right to ask for a change for as long as the information is kept by or for DOH. To ask for a correction, you must write to the DOH Chief Privacy Officer. You must give us a reason that supports your request. We may deny your request for a correction if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to change information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the corrections;
- Is not part of the health information kept by or for us; and
- Is correct and complete.

Right to an Accounting of Certain Disclosures

DOH keeps track of certain disclosures of your health information. You may request an accounting of those

disclosures by writing to the DOH Chief Privacy Officer. Your request must state a time period, which may not be longer than six years, and may not include disclosures made before April 14, 2003. Tell us how you want the accounting (for example, on paper or by e-mail). We will give you one accounting a year for free. We may charge you for the accounting if you make more than one request in a 12-month period. You can decide to take back your request if you decide the charge is more than you want to pay.

Right to Notice of Unauthorized Access, Use or Disclosure of Health Information

You have the right to be notified by us if we ever learn that the confidentiality of your information has been breached. We will promptly notify you upon learning of this violation of confidentiality and provide you with information about what happened, the type of information involved, steps you can take to protect yourself from potential harm, what we are doing to investigate the matter and protect against further releases, and contact information for you if you have questions or want additional information.

Right to Request Restrictions on Use or Disclosure of Health Information

You have the right to request that we limit the health information we share about you. This could include information that you do not want shared with family members who are involved in your care. For example, you could ask us not to disclose information about a treatment or prescription you received. We must agree with your request if the restriction is about information disclosed to a health plan to receive payment or for health care operations (but not treatment) **and** about a health care item or service that the health care provider has been paid out-of-pocket in full. We do not have to agree to other requests. If we do agree, we will do what you ask us to do unless the information is needed to provide you emergency treatment.

To ask for limits or restrictions on your health information from a DOH location where you are currently receiving treatment, request assistance from that DOH location's Local Privacy Officer. If you ask for limits or restrictions on your health information that is at more than one DOH location, or if you are unsure, you must write to the DOH Chief Privacy Officer telling us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both;
- Who you want the limits to apply to (for example, disclosures to your spouse).

If you have requested a restriction to limit the health information we use or share, and we have agreed to that restriction, you also may withdraw that restriction by writing to the DOH Chief Privacy Officer.

Right to Request Confidential Communications

You have the right to ask that we communicate with you about your health information other than by mailing that health information to you, or to ask that we send communications to you about your health information to the address you request. We will grant your request if possible.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice at any time by asking for one at any DOH office or treatment location. You also may get a copy of this notice at our website, www.nmhealth.org.

Complaints

If you believe your privacy rights have been violated, you may complain to the DOH Chief Privacy Officer, or you may file a complaint with the Office of Civil Rights, Region VI. Should you ever file a complaint, it will not be held against you or any member of your family.

Additional Information

If you have questions regarding this notice or for further information, write to the DOH Chief Privacy Officer.

To contact the chief privacy officer, write or call:

**CHIEF PRIVACY OFFICER
OFFICE OF THE SECRETARY
NM DEPARTMENT OF HEALTH
PO Box 26110
SANTA FE, NM 87502
505-827-2613**

Information About This Notice

We may change this notice at any time. We may make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will display a copy of the current notice in our treatment sites. The notice will show the effective date on the first page. Each time you come to a DOH facility for treatment or health care services, you may ask for a copy of our current Notice of Privacy Practices. If we change our notice, we will provide the revised notice to you. The revised notice will be available in all of our treatment locations and on our website, www.nmhealth.org.

The New Mexico Department of Health is required by law to keep your health information private and to tell you our legal duties and privacy practices.

What kinds of information do we collect?

We may collect some or all of the following information about you: your name, address, birth date, some financial information and information about your health. We may also ask you for your medical history, medications you may be taking and any health problems you may have.

What do we do with this information?

We use information about you to help in your treatment. The people taking care of you may discuss your information with others who are also involved in your health care. We may also share some of your information to receive payment or to help us in providing quality health care.

Who else can see your information?

We can release information about you if it is necessary to prevent or control the spread of a disease. We may have to give information to the police or to the courts if we are ordered to do so.

What are your rights?

You have the right to see your health information and to receive a copy. We may charge you for making copies. If you think there are mistakes in your information, you can ask us to make corrections. You have the right to know who we have shared your information with and why. You can ask us NOT to share certain parts of your health information. You also have the right to be notified by us if we ever learn of an unauthorized access, use or disclosure of your information.

What do you do if you have a complaint?

If you think your privacy rights have not been respected, you can complain to **the NM Department of Health Chief Privacy Officer, PO Box 26110, Santa Fe, NM 87502** or you can file a complaint with the **Office of Civil Rights, Region VI, Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, Texas 75202**. Should you ever file a complaint, it will not be held against you or any member of your family.

More detailed information about your privacy rights is enclosed in this brochure.



Your Privacy Matters to Us



Revised Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access it. Please review carefully.

How the New Mexico Department of Health May Use or Disclose Your Health Information

Treatment

The people who provide health care services to you will use information about you to determine how best to care for you. We may share health information about you to provide the services you may need such as physical examinations, nutritional services, medications and prescriptions or hospitalization. We also may disclose health information about you to people outside the New Mexico Department of Health (DOH) who may be

involved in your medical care such as family members, physicians or others who provide part of your care.

Payment

DOH may share information about you with your health plan or insurance company to receive payment for our services. For example, we may need to give information about a clinical exam or immunizations you received (or your child received) to your health plan, so it will pay us or pay you back for the treatment or services we provided. We may also tell your health plan about a treatment you are going to receive, so they can agree to pay for it.

Health Care Operations

We may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to decide whether additional services should be offered, what services are not needed and whether certain new treatments and services are effective. We may share information with doctors, nurses, technicians, medical interns and other DOH staff for learning purposes. We may com-

pare your health information with health information from other care providers to see where we can make improvements in the care and services we offer. Sometimes we will remove your name from information, so others may use it and other patients' information to study our health care services.

Appointment Reminders and Information

We may call or write to you to remind you that you have an appointment for treatment or medical care. We may tell you about health-related benefits or services that may be of interest to you.

Facility Directory

We may include some information about you in a patient directory for a DOH facility while you are a patient at the facility. This may include your name, location in the facility or hospital. The directory information about you may also be given to visitors who ask for you by name. You have a right to limit your inclusion in this directory.

Individuals Involved in Your Care or Payment for Your Care

We may give information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. If you are receiving treatment and services in a DOH facility, we may also tell your family or friends involved in your care about your condition.

Veterans and Specialized Government Functions

If you were a member of the US Armed Forces, we may release health information about you as required by the Veterans' Administration. We also may release information about you for specialized functions, such as security and military activities.

As Required by Law

We will share health information about you when required to do so by federal, state or local law.

Public Health Risks

We will share health information about you for public health reasons as required by federal or state law:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or other problems with products;
- To notify people of recalls on products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for catching or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient or client has been the victim of abuse, neglect or domestic violence;
- To prevent a serious threat to health or safety.

Health Oversight Activities

We may share health information for accreditations, audits, investigations, inspections, and licensure. This is necessary for the government to monitor the health care system, government programs and laws.

Lawsuits and Other Disputes

If you are involved in a lawsuit or other legal dispute, DOH may share health information about you in response to a court or administrative order. We may also share health information about you in response to a subpoena or other lawful process by someone else involved in the dispute. We will only do so if you have been told about the request and you have had the chance to object to the release of the information or to get an order protecting the information requested.

Law Enforcement

We may share information about you if a law enforcement official asks us to, and federal and state laws and regulations allow us to:

- In response to a court order, subpoena, warrant, summons or similar process;

- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at a DOH location;
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; and
- About a death we believe may be the result of criminal conduct, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Medical Investigators, Coroners and Funeral Directors

We may give health information to the medical investigator or authorized coroner. For example, this information may be necessary to identify a deceased person or to determine the cause of death. We may release protected health information to funeral directors as necessary for them to carry out their duties.

Inmates

If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This may be necessary for the institution to provide you with health services, to protect your health or safety or the health and safety of others, or for the safety and security of the correctional institution.

Other Uses Of Health Information

We will not use or share health information about you for any other reason without your written permission. You understand that we cannot take back any disclosures we have already made with your permission, and that we are required to keep our records of the care that we provided to you.



Intake & Eligibility Contact List

REGIONAL OFFICES

CENTRAL REGISTRY UNIT MANAGER:

Nicole Hernandez

1170 N Solano, Suite G, Las Cruces, NM 88001
Cell: 505-372-8017 * Fax: 505-222-6690
nicole.hernandez3@doh.nm.gov

REGIONAL OFFICE ELIGIBILITY WORKERS

NORTHEAST

Aida Franco
224 Cruz Alta Rd, Suite B
Taos, NM 87571
Cell: 505-423-4113
Fax: 575-758-5973
aida.franco@doh.nm.gov

NORTHWEST

Cheryle Anderson
2914 E Highway 66
Gallup, NM 87301
Cell: 505-372-8018
Fax: 505-863-4978 or 505-222-6690
cheryle.anderson@doh.nm.gov

SOUTHEAST

Sarah Duron-Montuori (A – K)
726B S Sunset
Roswell, NM 88203
Cell: 505-372-8015
Fax: 575-624-6104
sarah.duronmontuori@doh.nm.gov

Laria Conde (L – Z)

726B S Sunset
Roswell, NM 88203
Cell: 505-372-8019
Fax: 575-624-6104
laria.conde2@doh.nm.gov

SOUTHWEST

Bernice Rivera (A – K)
1170 N Solano, Suite G
Las Cruces, NM 88001
Cell: 505-372-8023
Fax: 505-222-6690
bernice.rivera@doh.nm.gov

Beverly Estrada (L – Z)

1170 N Solano, Suite G
Las Cruces, NM 88001
Cell: 575-997-7980
Fax: 505-222-6690
beverly.estrada@doh.nm.gov



Intake & Eligibility Contact List

METRO OFFICE

CENTRAL REGISTRY UNIT MANAGER:

Renee Valerio

5300 Homestead Rd. NE, Suite 230, Albuquerque, NM 87110
Cell: 505-372-8024 * Fax: 505-222-6690
renee.valerio@doh.nm.gov

METRO REGIONAL OFFICE ELIGIBILITY WORKERS

Kathryn Lesarley (A – C)

5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
Cell: 505-372-8022
Fax: 505-222-6690
kathryn.lesarley@doh.nm.gov

Moses Martinez (D – H)

5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
Cell: 505-362-8613
Fax: 505-222-6690
moses.martinez3@doh.nm.gov

Myles Winter (I – M)

5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
Cell: 505-372-8020
Fax: 505-222-6690
myles.winter@doh.nm.gov

Denise Herrera (N – R)

5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
Cell: 505-389-3664
Fax: 505-222-6690
denise.herrera1@doh.nm.gov

Micky Cariño (S – Z)

5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
Cell: 505-372-8021
Fax: 505-222-6690
micky.carino@doh.nm.gov

IEB ADMINISTRATIVE SUPPORT

Romelia Mendoza

5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
Cell: 505-350-0034
Fax: 505-222-6690
romelia.mendoza@doh.nm.gov

Amelia Perez

5300 Homestead Rd. NE, Suite 230
Albuquerque, NM 87110
Cell: 505-470-5825
Fax: 505-222-6690
amelia.perez@doh.nm.gov

Developmental Disabilities Support Division (DDSD)

Intake and Eligibility Bureau Fact Sheet



What are the Home and Community-Based Services (HCBS) Waivers?

DDSD provides HCBS waivers, including Developmental Disabilities (DD), Mi Via (MV) and Supports Waiver, to help individuals with intellectual and developmental disabilities live successfully in their community, become more independent, and reach their personal goals.

Who is eligible?

Individuals with intellectual and developmental disabilities who meet the definition of developmental disability in accordance with New Mexico Administrative Code (NMAC) 8.290.400 are eligible for HCBS Waivers. In general, to match the definition of a developmental disability the individual must:

- have an **Intellectual Disability**, onset by age 18 **or**
- a **related condition** (examples: Cerebral Palsy, Autism Spectrum Disorder, Down Syndrome, Epilepsy) that began prior to age 22 and is likely to continue indefinitely; with IQ or adaptive behaviors similar to someone with ID; **and** have **substantial functional limitations** in at least 3 areas of major life activity.

How to apply

The first step in the process is to complete the Home & Community Based Waiver Application Packet which is available on-line at <https://www.nmhealth.org/about/ddsd/> or from your local DDSD office.

The date the application is received by DDSD is your Central Registry application date (formerly called the registration date). You will receive an allocation based on that application date.

After the DDSD office receives the application and supporting documentation, the eligibility worker assigned to your case will contact you and let you know whether the information is complete, and they can determine whether you meet the DD criteria or if additional information is needed.

If you are eligible, you will receive a “Yes Match” letter indicating your name is on the Wait List for services based on your application date.

Revised 12/7/23

DD Waiver Wait List

The Wait List is a list of people who have been determined to meet the definition of developmental disability and are waiting for an allocation to the DD or MV waivers. People are taken off the waiting list by application date when funding becomes available.

Services are available while on the Wait List

When you are added to the Wait List, you will receive an offer for the Supports Waiver. The Supports Waiver provides a limited budget and services while on the Wait List.

There may be other services available as well, including State General Funds (SGF), Centennial Care Community Benefits, and other community resources:

1. State General Funds

State General Funds, or SGF, are a limited number of services and supports available to individuals who have completed the eligibility process and are on the Wait List for services. To find out more information and what services are available, contact your State General Funds Liaison at your regional office.

2. Centennial Care Community Benefits

If you receive Medicaid, you may be eligible for Centennial Care Community Benefits. Contact your Managed Care Organizations (MCO) for more information.

Allocations

When funding is available, you will be mailed a Letter of Interest and the Primary Freedom of Choice (PFOC). The letter will be mailed to the address DDSD has listed in the Central Registry. It is critical that you contact your DDSD on a regular basis to ensure your contact information is current.