



Michelle Lujan Grisham, Governor  
Kari Armijo, Cabinet Secretary  
Alex Castillo Smith, Deputy Secretary  
Kathy Slater Huff, Deputy Secretary  
Kyra Ochoa, Deputy Secretary  
Dana Flannery, Medicaid Director

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) Pre-Service Intake Bureau Contact List and 4) Pre-Service Intake Bureau (PSIB) 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 Pre-Service Intake Contact List on pages 7 and 8 of this packet. Your application date will be the date the Pre-Service Intake Bureau of DDS 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://www.hca.nm.gov/pre-service-intake-bureau>.

If you need help completing this form, please contact the Pre-Service Specialist 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 Pre-Service Specialist 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 0718//2024

**DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION • PRE-SERVICE INTAKE BUREAU**

5300 Homestead Road NE, Suite 230 • Albuquerque, New Mexico • 87110  
(505) 470-5825 • (505) 350-0034 • FAX: (505) 533-6077 • [www.hca.nm.gov](http://www.hca.nm.gov)

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

Updated 7/18/2024

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.

**Applications will be accepted when copies of documentation such as diagnostic reports are provided along with the complete application, including the signed HIPAA section.**

For official use only

DDS staff  
entering in CR:

Region:

- ☐ METRO  
☐ NERO  
☐ NWRO  
☐ SERO  
☐ SWRO

*date stamp/  
application date*

## APPLICANT INFORMATION

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

## 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.**

Name – Last	First	E-mail Address		
Mailing Address	City	State	Zip Code	Telephone Number

## 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.

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

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

## 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 Health Care Authority Notice of Privacy Practices.

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

**Required:** 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. Pre-Service Specialist names, phone and fax numbers are also included on the contact sheet.**

**Metro Region**  
(Bernalillo, Sandoval, Torrance and Valencia counties)  
5300 Homestead Road NE, Suite 230  
Albuquerque, NM 87110

**Northeast Region**  
(Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos and Union counties)  
2914 E. Hwy 66  
Gallup, NM 87301

**Northwest Region**  
(Cibola, McKinley and San Juan counties)  
2914 E Hwy 66  
Gallup, NM 87301

**Southeast Region**  
(Chavez, Curry, De Baca, Eddy, Guadalupe, Lea, Lincoln, Quay and Roosevelt counties)  
726 South Sunset, Suite B  
Roswell, NM 882033

**Southwest Region**  
(Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro counties)  
1170 N. Solano Dr., Suite G  
Las Cruces, NM 88001

**It is the applicant/legal guardian's responsibility to notify the Pre-Service Specialist 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.*



**New Mexico Health Care Authority**  
P.O. Box 2348, Santa Fe, NM 87504-2348  
www.hca.nm.gov  
HCA Privacy Officer: (800) 283-4465  
HCA.HIPAA@hca.nm.gov

### Your Information. Your Rights. Our Responsibilities.

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

<b>Your Rights</b>	<b>You have the right to:</b> <ul style="list-style-type: none"><li>◆ Get a copy of your health and claims records</li><li>◆ Correct your health and claims records</li><li>◆ Request confidential communication</li><li>◆ Ask us to limit the information we share</li><li>◆ Get a list of those with whom we've shared your information</li><li>◆ Get a copy of this privacy notice</li><li>◆ Choose someone to act for you</li><li>◆ File a complaint if you believe your privacy rights have been violated</li></ul> <ul style="list-style-type: none"><li>◆ <b>See page 2</b> for more information on these rights and how to exercise them</li></ul>
<b>Your Choices</b>	<b>You have some choices in the way that we use and share information as we:</b> <ul style="list-style-type: none"><li>◆ Answer coverage questions from your family and friends</li><li>◆ Provide disaster relief</li><li>◆ Market our services and sell your information</li></ul> <ul style="list-style-type: none"><li>◆ <b>See page 3</b> for more information on these choices and how to exercise them</li></ul>
<b>Our Uses and Disclosures</b>	<b>We may use and share your information as we:</b> <ul style="list-style-type: none"><li>◆ Help manage the health care treatment you receive</li><li>◆ Run our organization</li><li>◆ Pay for your health services</li><li>◆ Administer your health plan</li><li>◆ Help with public health and safety issues</li><li>◆ Do research</li><li>◆ Comply with the law</li><li>◆ Address workers' compensation, law enforcement, and other government requests</li><li>◆ Respond to lawsuits and legal actions</li></ul> <ul style="list-style-type: none"><li>◆ <b>See pages 3 &amp; 4</b> for more information on these uses and disclosures</li></ul>

### Your Rights

#### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities.

#### Get a copy of your health and claims records

- ◆ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- ◆ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We reserve the right to charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- ◆ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- ◆ We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- ◆ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ◆ We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- ◆ You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- ◆ We are not required to agree to your request, and we may say "no" if it would affect your care.

#### Get a list of those with whom we've shared information

- ◆ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you make the request, who we shared it with, and why.
- ◆ It's our responsibility to include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- ◆ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- ◆ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ◆ We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- ◆ You can complain if you feel we have violated your rights by contacting us using the information on page 1 or contacting the current Medical Assistance Division Compliance Officer at (800) 283-4465.
- ◆ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- ◆ We will not retaliate against you for filing a complaint.

<b>Your Choices</b>	For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described in the Responsibilities section, talk to us. Tell us what you want us to do, and we will follow your instructions.
<b>In these cases, you have both the right and choice to tell us to:</b> <ul style="list-style-type: none"> <li>◆ Share information with your family, close friends, or others involved in payment for your care</li> <li>◆ Share information in a disaster relief situation</li> </ul>	
<b>How else can we use or share your health information?</b>	We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>
<b>Help with public health and safety issues</b> <ul style="list-style-type: none"> <li>◆ We can share health information about you for certain situations such as:               <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>	
<b>Do research</b> <ul style="list-style-type: none"> <li>◆ We can use or share your information for health research.</li> </ul>	
<b>Comply with the law</b> <ul style="list-style-type: none"> <li>◆ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>	
<b>Address workers' compensation, law enforcement, and other government requests</b> <ul style="list-style-type: none"> <li>◆ We can use or share health information about you:               <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>	
<b>Respond to lawsuits and legal actions</b> <ul style="list-style-type: none"> <li>◆ We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul> <p>There are federal and state laws that may protect or restrict certain types of health information from use or disclosure, such as information regarding HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually transmitted diseases and reproductive health, and child or adult abuse or neglect.</p>	
<b>Our Responsibilities</b> <ul style="list-style-type: none"> <li>◆ We are required by law to maintain the privacy and security of your protected health information.</li> <li>◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.</li> <li>◆ We must follow the duties and privacy practices described in this notice and give you a copy of it.</li> <li>◆ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.</li> </ul>	

For more information: contact us using the information on page 1 or contacting the current Medical Assistance Division Compliance Officer at (800) 283-4465.

#### Changes to the Terms of this Notice

- ◆ We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### In these cases we never share your information unless you give us written permission:

- ◆ Marketing purposes
- ◆ Sale of your information

<b>Our Uses and Disclosures</b>	<b>How do we typically use or share your health information?</b>
We typically use or share your health information in the following ways.	
<b>Help manage the health care treatment you receive</b> <ul style="list-style-type: none"> <li>◆ We can use your health information and share it with professionals who are treating you.</li> </ul> <p><b>Example:</b> A specialist sends us a request for your diagnosis and treatment plan so he can further treat you.</p>	
<b>Run our organization</b> <ul style="list-style-type: none"> <li>◆ We can use and disclose your information to run our organization and contact you when necessary.</li> <li>◆ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.</li> </ul> <p><b>Example:</b> We use health information about you to develop better services for you.</p>	
<b>Pay for your health services</b> <ul style="list-style-type: none"> <li>◆ We can use and disclose your health information as we pay for your health services.</li> </ul> <p><b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.</p>	



# Pre-Service Intake Bureau Contact List

## REGIONAL OFFICES

### PRE-SERVICE MANAGER:

**Nicole Hernandez**

1170 N Solano, Suite G, Las Cruces, NM 88001  
Cell: 505-372-8017 \* Fax: 505-533-6077  
[nicole.hernandez3@hca.nm.gov](mailto:nicole.hernandez3@hca.nm.gov)

## REGIONAL OFFICE PRE-SERVICE SPECIALISTS

### **NORTHEAST**

**Tiara Shorty**

2914 E Highway 66  
Gallup, NM 87301  
Cell: 505-660-3542  
Fax: 505-533-6077  
[tiara.shorty@hca.nm.gov](mailto:tiara.shorty@hca.nm.gov)

### **NORTHWEST**

**Cheryle Anderson**

2914 E Highway 66  
Gallup, NM 87301  
Cell: 505-372-8018  
Fax: 505-533-6077  
[cheryle.anderson@hca.nm.gov](mailto:cheryle.anderson@hca.nm.gov)

### **SOUTHEAST**

**Andrea Grider (A - K)**

5300 Homestead Rd NE Ste 230  
Albuquerque, NM 87110  
Cell: 505-630-9555  
Fax: 505-533-6077  
[andrea.grider@hca.nm.gov](mailto:andrea.grider@hca.nm.gov)

**Bernadette Montoya (L – Z)**

726B S Sunset  
Roswell, NM 88203  
Cell: 505-372-8019  
Fax: 505-533-6077  
[bernadette.montoya@hca.nm.gov](mailto:bernadette.montoya@hca.nm.gov)

### **SOUTHWEST**

**Bernice Rivera (A – K)**

1170 N Solano, Suite G  
Las Cruces, NM 88001  
Cell: 505-372-8023  
Fax: 505-533-6077  
[bernice.rivera@hca.nm.gov](mailto:bernice.rivera@hca.nm.gov)

**Beverly Estrada (L – Z)**

1170 N Solano, Suite G  
Las Cruces, NM 88001  
Cell: 575-997-7980  
Fax: 505-533-6077  
[beverly.estrada@hca.nm.gov](mailto:beverly.estrada@hca.nm.gov)



# Pre-Service Intake Bureau Contact List

## METRO OFFICE

### PRE-SERVICE MANAGER:

#### Renee Valerio

5300 Homestead Rd. NE, Suite 230, Albuquerque, NM 87110  
Cell: 505-372-8024 \* Fax: 505-533-6077  
[renee.valerio@hca.nm.gov](mailto:renee.valerio@hca.nm.gov)

### METRO REGIONAL OFFICE PRE-SERVICE SPECIALISTS

#### Kathryn Lesarley (A - E)

5300 Homestead Rd. NE, Suite 230  
Albuquerque, NM 87110  
Cell: 505-372-8022  
Fax: 505-533-6077  
[kathryn.lesarley@hca.nm.gov](mailto:kathryn.lesarley@hca.nm.gov)

#### Moses Martinez (F - L)

5300 Homestead Rd. NE, Suite 230  
Albuquerque, NM 87110  
Cell: 505-362-8613  
Fax: 505-533-6077  
[moses.martinez3@hca.nm.gov](mailto:moses.martinez3@hca.nm.gov)

#### Erin Farley (M - R)

5300 Homestead Rd. NE, Suite 230  
Albuquerque, NM 87110  
Cell: 505-637-1567  
Fax: 505-533-6077  
[erin.farley@hca.nm.gov](mailto:erin.farley@hca.nm.gov)

#### Micky Carino (S - Z)

5300 Homestead Rd. NE, Suite 230  
Albuquerque, NM 87110  
Cell: 505-372-8021  
Fax: 505-533-6077  
[mciky.carino@hca.nm.gov](mailto:mciky.carino@hca.nm.gov)

#### Denise Herrera (Allocations)

5300 Homestead Rd. NE, Suite 230  
Albuquerque, NM 87110  
Cell: 505-389-3664  
Fax: 505-533-6077  
[denise.herrera1@hca.nm.gov](mailto:denise.herrera1@hca.nm.gov)

### PSIB ADMINISTRATIVE SUPPORT

#### Romelia Mendoza

5300 Homestead Rd. NE, Suite 230  
Albuquerque, NM 87110  
Cell: 505-350-0034  
Fax: 505-533-6077  
[romelia.mendoza@hca.nm.gov](mailto:romelia.mendoza@hca.nm.gov)

#### Amelia Perez

5300 Homestead Rd. NE, Suite 230  
Albuquerque, NM 87110  
Cell: 505-470-5825  
Fax: 505-533-6077  
[ameliad.perez@hca.nm.gov](mailto:ameliad.perez@hca.nm.gov)



# Developmental Disabilities Support Division (DDSD)

## Pre-Service Intake Fact Sheet



HEALTH CARE  
AUTHORITY

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

DDSD provides HCBS waivers, including Developmental Disabilities (DD) and Mi Via Waivers, 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** (Cerebral Palsy, Autism Spectrum Disorder, Down Syndrome, Epilepsy) that began prior to age 22, 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.hca.nm.gov/pre-service-intake-bureau/> or from your local DDSD office.

The date the application is received by DDSD is your Central Registry application date. You will receive an offer based on that date.

After the regional DDSD office receives the application and supporting documentation, the Pre-Service Specialist assigned to your case will contact you and let you know whether the information is complete, and they can determine whether the individual meets 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.

#### DD Waiver Wait List

The Wait List is a list of people who have been determined to meet the definition of developmental disability. People are taken off the waiting list by the application date when funding becomes available.

#### Services are available while on the Wait List

While you are on the Wait List, there may be other services available, 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 made 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, so it is critical that you contact your Pre-Service Specialist on a regular basis to ensure your contact information is current.