



CENTER FOR
DEVELOPMENT
& DISABILITY



Medically Fragile Waiver Family Handbook

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Toll Free 1-800-675-2910

2024 Edition

CIRCLE OF SUPPORT

Welcome to the Medically Fragile Case Management Program. We exist to help individuals who are medically fragile live at home with their families and thrive in their communities. Our Nurse Case Managers help clients and families navigate complex systems, identify resources and supports, and anticipate future needs. Below are important team members and their contact information.

MFCMP Nurse Case Manager: _____

Phone: _____ Email: _____

MCO Care Coordinator: _____

Phone: _____ Email: _____

Nursing Agency: _____

Clinical Supervisor: _____

Phone: _____ Email: _____

Medically Fragile Case Management Program (MFCMP)

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MEDICALLY FRAGILE CASE MANAGEMENT PROGRAM

The purpose of this handbook is to provide families with information regarding the Medically Fragile Case Management Program (MFCMP) and other information that may be helpful to families of individuals who are medically fragile.

The MFCMP is part of the University of New Mexico (UNM) and the Center for Development and Disability (CDD). The CDD is New Mexico's University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD).

The MFCMP contracts with the New Mexico Department of Health (DOH)/Developmental Disabilities Supports Division (DDSD) and the three New Mexico Medicaid managed care organizations to provide nurse case management services to individuals who are medically fragile.

The MFCMP provides services through the Medically Fragile Waiver (MFW) program and the Medically Fragile Non- Waiver Early Periodic Screening Diagnostic Treatment program (MFE). Each individual who receives services through either of these programs is assigned a case manager who is a registered nurse. The MFCMP provides nurse case management services across the state of New Mexico. The main MFCMP office is located in Albuquerque, with satellite offices in Artesia, Portales, Farmington, Las Cruces and Santa Fe.



Medically Fragile Waiver Program (MFW)

What is the Medically Fragile Waiver (MFW)?

The Medically Fragile Waiver (MFW) serves individuals who have been diagnosed with a medically fragile condition before reaching age 22, and who either have a developmental disability or delay or who are at risk for developmental delay.

The MFW is a section 1915(c) home and community-based waiver (HCBS). The federal Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in Section 1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Waiver services complement and/or supplement services available through the State Medicaid plan and other federal, state and local programs, as well as the supports families and communities provide. ([DDSD MFW](#))

What makes a person eligible for the MFW?

To qualify for services, the individual must meet both medical and financial criteria.

- For medical eligibility, the individual must have a medically fragile condition diagnosed prior to the age of 22. They must require the same level of care provided in an Intermediate Care Facility for the Intellectually/Developmentally Disabled (ICF/IID). Daily skilled (nursing) intervention is medically necessary due to a complex, chronic medical condition. Medical eligibility is determined by Comagine Health, the Human Services Department/Medical Assistance Division (HSD/MAD) Medicaid Third-Party Assessor (TPA).
- To meet the criteria for a developmental disability, the individual must have a developmental disability, developmental delay, or be at risk for developmental delay. They must also meet disability criteria as determined by the Disability Determination Unit (DDU).
- To be considered financially eligible, the applicant must meet the Medicaid income guidelines specific to the Medically Fragile Waiver (Category 95). Only the income and resources of the person with the medically fragile condition must meet the financial guidelines.
- Financial and medical eligibility must be maintained to continue receiving MFW services.

For additional information, visit: <https://www.nmhealth.org/about/ddsd/pgsv/mfw/>

How to access a referral?

The MFW process begins with a referral. A referral can be accessed at our website: <https://unmhealth.org/services/development-disabilities/programs/other-disability-programs/mfcmp/> or through NMDOH at <https://www.nmhealth.org/publication/view/form/8403/>.

A phone intake will be the first step in determining if an individual meets eligibility criteria.

If determined to meet criteria, DOH provides a letter of interest and Primary Freedom of Choice (PFOC) where individuals/families choose MFW Traditional or Mi Via (self-directed) services.

Once the completed PFOC is received by MFCMP, the individual's case is assigned to a Nurse Case Manager. They will set up an initial home visit and begin the level of care process.

The following roadmap, assists individuals, families and team members to see where they are in the process and next steps.

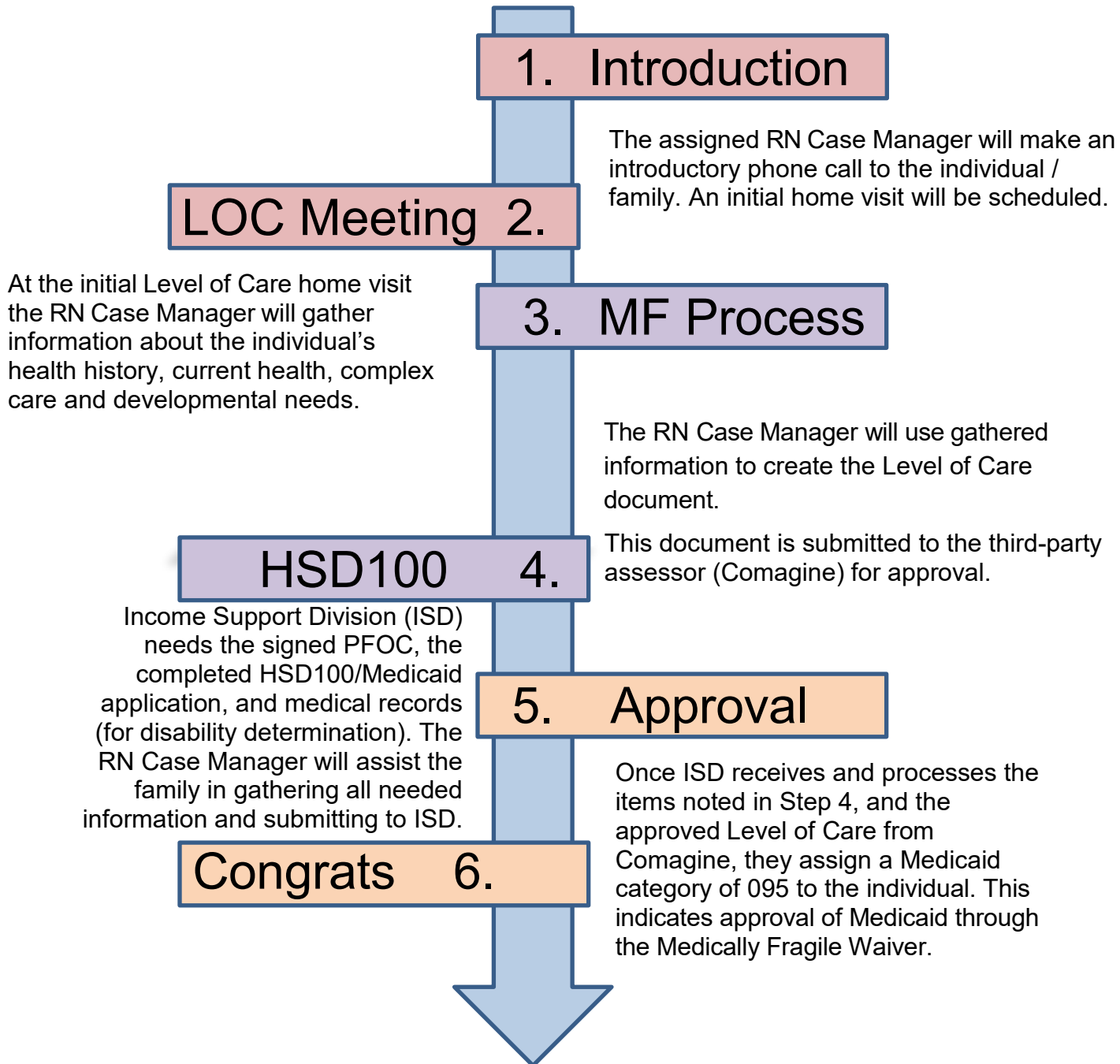
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MFW Roadmap
8/16/2023



Level of Care (LOC) Process

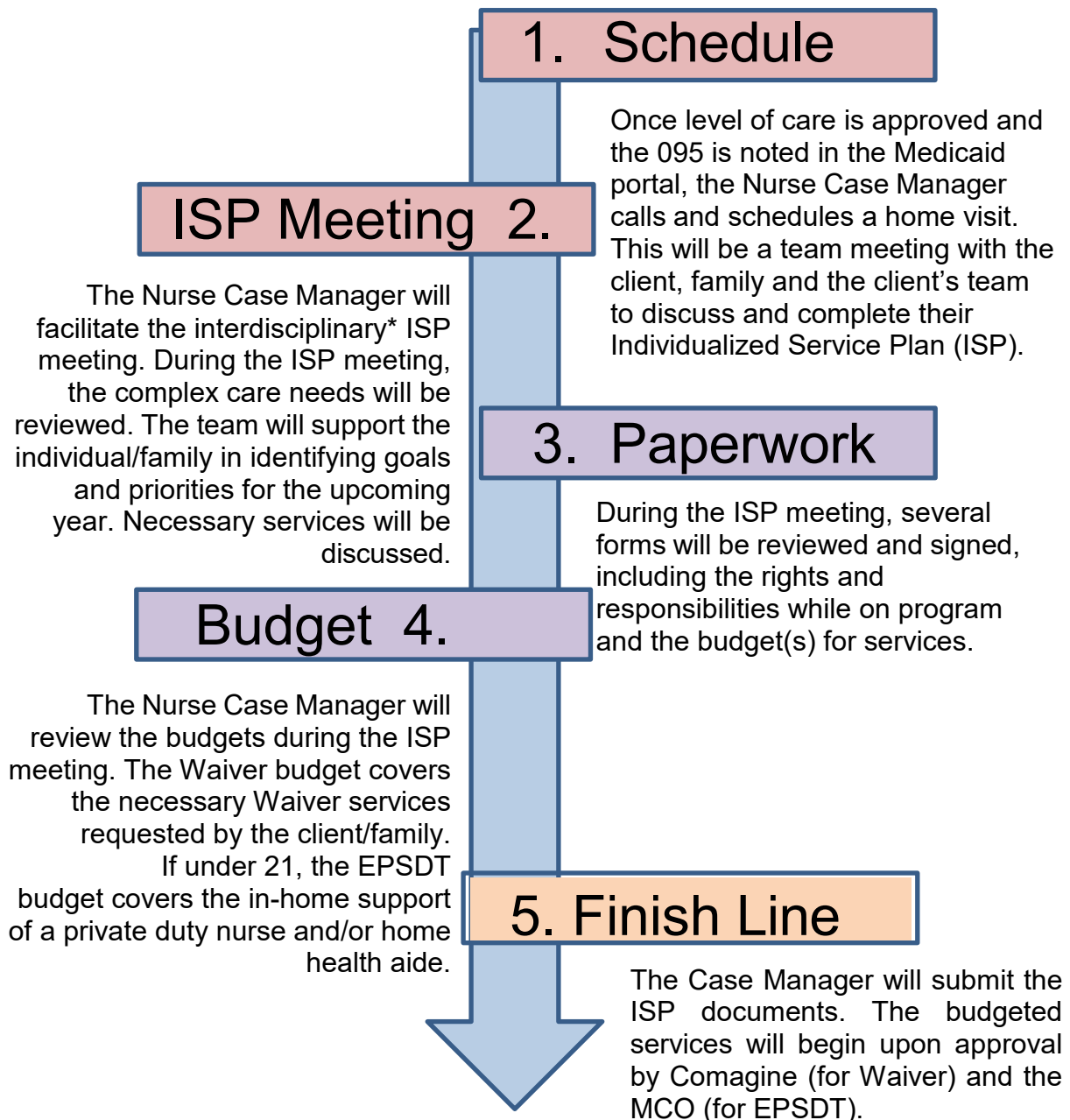
Once the signed PFOC is received by MFCMP, the individual's case is assigned to a Nurse Case Manager and the Level of Care process begins.



What does a category 095 mean? – A Medicaid category of 095 simply means that the individual qualifies for Medicaid through the Medically Fragile Waiver. Individuals who qualify for Medicaid without the Waiver may have more than one Medicaid category.

Individualized Service Plan (ISP) Process

With the approved LOC and a Medicaid category of 095, the ISP process begins.



Congratulations! You have finished the ISP process.

***Who is invited to the ISP?** – The ISP meeting is an interdisciplinary team meeting with the individual and family. The individual must be present. The Nurse Case Manager invites the MCO Care Coordinator, the nursing agency, and all Waiver service providers to the meeting. The individual/family are welcome to invite anyone else they feel should be a part of the meeting.

Menu of Services

What services and benefits are available to Medically Fragile Waiver recipients?

All individuals who qualify for the Medically Fragile waiver receive access to Medicaid, also known in NM as Centennial Care. Due to the ability to only focus on the individual, rather than the family, some individuals who wouldn't otherwise meet the requirements, are able to access Medicaid. Some individuals may already have access to Medicaid benefits, if their family meets the income and other requirements of Medicaid.

Added Centennial Care Benefits for Individuals Under Age 21

In addition to Centennial Care benefits, those individuals who are under age 21 receive the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit which is the Medicaid health care benefit package for children and adolescents. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits. The EPSDT benefit provides comprehensive and preventive health care services that are medically necessary.

EPSDT is made up of the following screening, diagnostic, and treatment services:

- Early: Assessing and identifying problems early
- Periodic: Checking children's health at periodic, age-appropriate intervals
- Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found

Individuals, under age 21 on the Medically Fragile Case Management Program, are eligible to receive access through their EPSDT benefits, to in-home RN/LPN and/or home health aide services. These services are provided through the individual's managed care organization.

Medically Fragile Waiver Services

Individuals on the MFW receive a budget to access additional services.

There are limits to the budget amounts based on age and/or level of care need, but exceptions for necessary services can be requested.

Budget amounts

| Age | Level of Care Eligibility | Budget Capitation/Limit |
|--------------------|----------------------------------|--------------------------------|
| Under 21 years old | All levels | \$42,000 |
| 21 years and older | Level I | \$190,000.00 |
| | Level II | \$145,000.00 |
| | Level III | \$100,000.00 |

See the *Medically Fragile Waiver Menu of Services* for the full list of approved services.

All services must be appropriate and medically necessary. Services are dependent on the availability of providers.

Medically Fragile Waiver Menu of Services

| Service | Description | Under 21 years | 21 Years or Older |
|---|--|----------------|-------------------|
| Ongoing RN Case Management (OCM) | Registered nurse provides assistance through at least monthly contact | X | X |
| In-home support: RN, LPN, HHA | An RN/LPN provides nursing services per the individual's nursing care plan A home health aide (HHA) provides assistance with activities of daily living | | X |
| Physical Therapy [PT] | Assists in improving, maintaining functioning and preventing progressive disabilities | | X |
| Occupational Therapy [OT] | Assists in improving/maintaining fine motor skills. May include facilitating the use of adaptive equipment | | X |
| Speech Language Therapy [SLP] | Assists in improving/maintaining swallowing and communication. May include facilitating the use of adaptive technologies. | | X |
| Nutritional Counseling | Provides in-home assessment and support with nutritional concerns, diet needs, food/drug interactions, and enteral feeding support. | X | X |
| Behavior Support Consultation | Assist with challenging behaviors and coping skill development. Family support and training can also be provided. | X | X |
| In-Home Respite: RN, LPN, HHA | In-home care by an RN/LPN or HHA, as a source of respite. All services must fall in the scope of the service provider. | X | X |
| Specialized Medical Equipment (SME) | Funds to purchase necessary items not covered by insurance. | X | X |
| Environmental Modifications (E-mods) | Funds to make necessary physical adaptations to the individual's home. | X | X |
| Customized Community Supports | Group support in a day program/community setting. <i>*For 18 and older when no longer in school.</i> | * | X |
| Individual Directed Goods and Services | Funds for goods and services which explicitly address a clinical, functional, medical, or habilitative need that are not covered by insurance. | X | X |
| Respite Facility | Respite provided in an intensive medical living services provider or a specialized foster care home. | X | X |
| Specialized Therapies | Massage therapy by a licensed massage therapist. | X | X |
| Vehicle Modifications | Funds to make necessary adaptations/alterations to a vehicle | X | X |

Note: All services must be appropriate and medically necessary.

Services are dependent on availability of providers and ability of individual's budget to accommodate potential total cost of service.

Specialized Medical Equipment Frequently Asked Questions

What is SME?

Medically Fragile Waiver funds available through the Waiver budget to purchase necessary specialized medical equipment and supplies that are not covered by Medicaid or other public funds.

How much is the SME fund?

Maximum amount of \$1200 per year, with a \$120 (10%) processing fee charged by the fiscal agent, leaving a maximum amount available to the client of \$1,080. The individual or family can pay an overage to the fiscal agent if their request goes over the \$1,080.

When can I use SME funds?

Once the Waiver budget which includes SME is approved for that ISP cycle. Waiver budgets are completed during the (Individualized Service Plan) ISP and revised as needs arise. Requests to use SME funds can be submitted no later than 60 days before the ISP expiration date.

If I don't use my SME during the ISP cycle, will the amount rollover to the next cycle?

No. It is strongly encouraged to utilize funds each ISP cycle.

How do I add SME to my budget?

Notify your nurse case manager (RN CM) during the ISP. During the ISP meeting, discuss goals that can be supported through the use of SME funds. For example, a goal of "increasing safety in bed" could justify the purchase of padded bed rails with SME.

Are there things that may be medically necessary, but not able to be purchased with SME funds?

Yes, nutritional and dietary supplements cannot be purchased with SME funds. Items covered through other benefits, such as, Medicaid and items that should be purchased through the school district for education under the Individuals with Disabilities Education Act (IDEA).

How do I know if an item is acceptable for purchase with SME funds?

An acceptable item needs to meet the client's functional, medical or social needs. Your nurse case manager must be able to provide justification for the purchased items and how they are appropriate for the client's needs. It also must meet a desired outcome noted in the ISP.

How do I place a request to use SME funds?

Notify your nurse case manager (RN CM) who can assist you in identifying appropriate items, if needed.

1. Make a list of items and where they can be purchased from. A picture of the shopping cart from the website works perfectly. Adding 1st, 2nd and 3rd choices on colors will help simplify the ordering if your first choice is not available at time of ordering.
2. Provide the list/picture to your RN CM. (Please note prices can change from the time you put your request together to the time the order is placed.)
3. Your RN CM will compile the request including a justification memo. This memo can be written by the RN CM, or other individuals, such as the medical provider or therapist.
4. Your RN CM will have you review the request for accuracy and then will submit it to the fiscal agent (chosen by the client/family during the ISP), for processing and ordering.
5. Shipping information is provided by the fiscal agent as available.
6. The requested items will be shipped to your home.

The website has a promo code or coupon, can it be used?

No guarantees, but the fiscal agent attempts to use any promo codes or coupons that are available on the day of ordering.

What websites/vendors do other families use to find items?

Great question. Please see some suggestions below.

- Amazon: <https://www.amazon.com/>
- eSpecialNeeds: <https://www.especialneeds.com/>
- RehabMart: <https://www.rehabmart.com/>
- AdaptiveMall: <https://www.adaptivemall.com/>
- Fireflyfriends: <https://www.fireflyfriends.com/us/>
- FatBrainToys: <https://www.fatbraintoy.com/>
- Walmart: <https://www.walmart.com/>
- Target: <https://www.target.com/>
- BillyFootwear: <https://billyfootwear.com/>



Environmental Modifications Frequently Asked Questions

What can environmental modifications be used for?

Environmental modifications, often referred to as E-mods, can be used to modify the home to accommodate the medically fragile individual. Typically requested modifications are:

- Ramps to access the home
- Modification of the bathroom: Roll-in shower, bathtub, sink accessibility
- Ceiling Track systems for lifts/transfers
- Widening of doorways or hallways for access

Cannot be used for:

- Improvements or repairs to the existing home, which do not provide direct medical, safety, or functional benefit to the person or which should be included as part of routine home maintenance cannot be approved.
- Additions to the home or adding square footage

If there is an interest in another type of modification, contact your RN case manager.

How much funding is available?

\$5,000 is the current approved amount. Families can opt to work with a vendor for any overages that may occur if they are wanting a modification over the funding available.

Who can do the modifications?

Only MFW approved vendors can provide E-mod services. Your RN case manager will provide you with the current Secondary Freedom of Choice (SFOC), which lists the approved vendors for the county in which you reside.

How often can the funds be used?

E-mods funds reset and can be used every five years, as long as they remain an MFW benefit.

What is needed to start the e-mod process?

- A letter of medical necessity from a physical therapist, occupational therapist and/or physician depending on which e-mod is requested. Your case manager can help you with this process.
- Choose a vendor (or vendors) from the SFOC to provide you with free estimates for the work.
- The RN case manager will send the letter of medical necessity to the vendor. You can then contact them to set up a home visit to obtain a free estimate.
- Once you choose a vendor, the case manager will request the estimate invoice from them and complete a budget revision for that amount.
- Once the budget is approved, the vendor will receive notification and they will contact you for an appointment to start the modifications. Modifications **cannot** start until the approved budget is received.

Accessing In-Home Support

What is In-Home Support?

In-home support provides nursing or aide services for individuals based on their acuity and needs.

Supports:

- A Private Duty Nurse (PDN) provides nursing services per the individual's nursing plan of care and the NM Nurse Practice Act.
- A Home Health Aide (HHA) provides assistance with activities of daily living.

Determination:

The Medically Fragile program uses a specific parameter tool to evaluate the intensity of needs an individual has. Using the tool, a level is calculated which determines the number of hours of in-home support the individual is eligible to receive.

Accessing the services:

- The client/family determines what daily/weekly schedule best benefits them. This is communicated with the nursing agency as in-home support is located.
- The RN case manager will assist with communicating needs to the nursing agency(ies), in the area, on a monthly and as needed basis.
- When an agency has an available nurse, they will coordinate an in-home "Meet and Greet" visit with the client/family.
- A clinical supervisor from the nursing agency will be assigned once services are in place. They will meet with the client and family every 60 days for recertification. The clinical supervisor coordinates the utilization of hours, supervises home health services and monitors the service schedules.



New Mexico Medicaid Program

Centennial Care

Centennial Care is the name of the New Mexico Medicaid program. Centennial Care services include physical health, behavior health, long-term care and community benefits.

Centennial Care services also include Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits for individuals who are under 21 years of age.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is the Medicaid health care benefit package for children and adolescents. The EPSDT benefit provides comprehensive and preventive health care services that are medically necessary.

The EPSDT is made up of the following screening, diagnostic, and treatment services:

- **Early:** Assessing and identifying problems at a young age
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found

EPSDT benefits for individuals under age 21 include physical therapy, occupational therapy, speech language therapy and pathology services when determined to be medically necessary. These services are provided through the individual's MCO.

Eligibility for all Medicaid programs requires that individuals meet certain federal guidelines. These include citizenship, residency and income requirements.

Managed Care Organizations (MCOs)

A managed care organization is an insurance company that contracts with providers and medical facilities to provide healthcare services to its members. Centennial Care services are provided by managed care organizations (MCOs). Each person covered by Centennial Care selects one of the MCOs to provide their Centennial Care services. Currently, the three MCOs offering Centennial Care coverage are: Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and Western Sky Community Care.

Care coordination is an important service that is provided through the Centennial Care Medicaid MCO. Care coordination is available to all Centennial Care Medicaid members. Care Coordinators work with members and their care team, including their doctors and MFCMP Case Manager. Care Coordinators assist with navigating Centennial Care healthcare services (such as doctor visits, behavioral health, vision, dental, medical transportation and medications) to ensure services are coordinated and accessible when necessary.

New Mexico Medicaid Program

Turquoise Care Is Coming!

Turquoise Care will begin July 1, 2024, replacing what is currently called Centennial Care, as the new, New Mexico Medicaid Managed Care program.

Open enrollment to choose an MCO is April 1 through May 31, 2024.

Available MCOs include:

- [Blue Cross Blue Shield of New Mexico](#)



- [Molina Healthcare of New Mexico](#)



- [Presbyterian Turquoise Care](#)



- [United Healthcare Community Plan of New Mexico](#)



For more information and answers to FAQs regarding Turquoise Care visit:

<https://www.hsd.state.nm.us/turquoise-care/>

Changing MCOs Outside the Open Enrollment Period

From HSD's website - [How to Switch MCOs](#):

Per State regulation 8.308.7.9 H NMAC, HSD allows a member to change his/her Managed Care Organization (MCO) selection outside of the annual recertification period for cause, such as but not limited to: poor quality of care, lack of access to covered benefits, or lack of access to providers experienced in dealing with the member's health care needs.

Requests to change your MCO must be sent in writing to:

New Mexico Human Services Department

Medical Assistance Division

P.O. Box 2348

Santa Fe, NM 87504.

For more information, please call the Medicaid Member Services Call Center at 1-888-997-2583.

When you disagree with an MCO's decision

Requesting an Appeal

- If you disagree with a decision made by the MCO about a benefit, you may file an appeal. This can be a denial, reduction, limited authorization, suspension or termination of a new, or currently being provided, benefit.
 - Information on how to request an appeal is found on the denial letter sent from the MCO.
 - Appeals must be filed within 60 days of receiving notification of the denial or other impact on services.
 - Appeals may be filed by calling the MCO Member Services or in writing.

Requesting an Expedited Appeal

- If you or your child's provider think your child's health may be at risk if there is a delay in services, you can request an expedited appeal for it to be reviewed faster.

Requesting a Fair Hearing

- You have the right to ask for a hearing with the HSD (Human Services Department, Medicaid) Fair Hearings Bureau if, after exhausting the MCO's internal appeal process, you do not agree with the final decision, or if the MCO denied your request for an expedited appeal. Information on how to request a fair hearing is found on the denial letter sent from the MCO.

Filing a grievance

- A grievance is also known as a complaint. It allows a member to express dissatisfaction regarding a service provided by the MCO. For example, expressing if you are unhappy with a provider or the quality of a provider network.

To file a grievance, contact your MCO's Member Services department by phone or through their website:

| | | |
|--------------------------------------|---------------------------------------|--|
| Blue Cross Blue Shield of New Mexico | 1-877-232-5518 and select option 3 | www.bcbsnm.com/community-centennial |
| Presbyterian Health Plan | 505-923-8858 or 505-923-5200 | www.phs.org/centennialcare |
| Western Sky Community Care | 1-844-543-8996 and press option 2 | www.westernskycommunitycare.com |

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION WAIVER COMPARISON DOCUMENT

Waivers Operated by Department of Health – Developmental Disabilities Supports Division

Waivers Operated by Department of Health – Developmental Disabilities Supports Division

| | DD Waiver (Traditional) | Mi Via Waiver | Supports Waiver | Medically Fragile Waiver |
|-------------------------------|---|---|---|--|
| Eligibility | State’s IDD Definition | State’s IDD Definition | State’s IDD Definition | Medically complex with IDD or risk of IDD |
| Waitlist | Yes -DD Waiver Waitlist | Yes- DD Waiver Waitlist | Program for people while on DD Waiver waitlist | No waitlist; may also be on DD Waiver waitlist |
| Access | Primary Freedom of Choice based on registration date; can choose DD Waiver or Mi Via Waiver | Primary Freedom of Choice based on registration date; can choose DD Waiver or Mi Via Waiver | Primary Freedom of Choice based on registration date; can choose Supports Waiver and remain on DD Waiver Waitlist | Primary Freedom of Choice; can choose Medically Fragile Waiver or Mi Via based on Medically Fragile eligibility; If on DD Waiver Waitlist can remain on DD Waiver waitlist |
| Case Management | Case Manager | Consultant | Community Supports Coordinator | Nurse Case Manager |
| Service Delivery Model | Agency Based | Self-Directed | Agency Based and Participant Directed | Agency Based or Self Directed through Mi Via Slot open to medically fragile participants |
| Budget | Individual budget approved through clinical justification of each service | Authorized Annual Budget with three tiers based on age | \$10,000 annual budget | Varies based on age and approved Level of Care |
| Residential (24/7) | Residential Services (Supported Living, Family Living & Intensive Medical Living Supports) | Not available | No Residential Services | Not available |
| In Home Supports | Customized In Home Supports (intermittent support in own home) | Home Health Aide Homemaker/Direct Support In Home Living Supports | Personal Care Respite | Home Health Aide Licensed Practical Nurse Licensed Registered Nurse In Home Respite |

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION WAIVER COMPARISON DOCUMENT

| | DD Waiver (Traditional) | Mi Via Waiver | Supports Waiver | Medically Fragile Waiver |
|--|---|---|---|---|
| Community Support | Customized Community Supports Individual & Group | Community Direct Support Customized Community Group Supports | Customized Community Supports Individual & Group | Not available |
| Employment | Community Integrated Employment | Employment Supports | Supported Employment | Not available |
| Therapies | Occupational Therapy Physical Therapy Speech Therapy | Occupational Therapy Physical Therapy Speech Therapy | Not available | Occupational Therapy Physical Therapy Speech Therapy Massage Therapy |
| Behavior Support | Behavior Support Consultation | Behavior Support Consultation | Behavior Support Consultation | Behavior Support Consultation |
| Nursing | Adult Nursing | Private Duty Nursing | Not available | Private Duty Nursing |
| Nutrition | Nutritional Counseling | Nutritional Counseling | Not available | Nutritional Counseling |
| Technology | Assistive Technology Remote Personal Support Technology | Emergency Response Service | Assistive Technology, including: ➤ Emergency Response ➤ Remote monitoring | Not available |
| Non - Medical Transportation | Non-Medical Transportation | Transportation | Non-Medical Transportation | Not available |
| Environmental Modification (EMod) | EMod | EMod | EMod | EMod |
| Respite | Respite | Respite | Respite | Respite- in home and out of home |
| Other | Preliminary Risk Screening and Consultation Socialization and Sexuality Education Crisis Supports Independent Living Transition Supplemental Dental | Related Goods Specialized Therapies Assistive Technology Socialization and Sexuality Education | Vehicle Modification | Specialized Medical Equipment Vehicle Modification Customized Community Group Supports Individual Goods & Services |

RIGHTS AND RESPONSIBILITIES

As with any services, each individual involved in receiving and providing services has rights and responsibilities.

The rights and responsibilities of the Medically Fragile Case Management Program are reviewed at the initial and annual Individualized Service Plan (ISP) meetings, and as needed throughout the year.

Individuals and families being served have the right to:

- Receive accurate information and be fully informed of services available to them
- Have their information be kept confidential and only shared on an as needed basis and with their permission
- Be treated with respect, free from abuse and discrimination, with full recognition of their dignity and individuality
- Participation in the Medically Fragile Non-Waiver EPSDT Program (MFE) is voluntary and you may choose to no longer participate at any time.
- Appeal any decision made regarding eligibility, service delivery, and termination of services.

All individuals, family and team leaders have the responsibility to:

- Continue in their roles, for example, parents (biological, foster and adopted) remain the primary caregivers for their child. Services and supports are supplements to the individual and family's natural supports, but not replacements for the family, informal caregiver support or other community services.
- Show consideration, courtesy and respect to all persons involved with the individual's care.
- Collaborate with your child's interdisciplinary team (IDT) including being available to meet with the Nurse Case Manager for a face-to-face visit at least every other month, and by telephone on the months the face-to-face visits are not held.
- Maintain the child's Medicaid and current information with the Income Support Division (ISD).
- Make sure that the individual has a minimum of an annual appointment with their PCP.
- Notify your RN/CM of any change in status, including hospitalization of the child.

Registered Nurse Case Manager's role and responsibilities include:

- Provide professional, courteous and confidential RN case management that is person centered and family driven in order to support the individual and family to live at home.
- Provide assessment, coordination and oversight of services and supports for individuals who are medically fragile and their families, with monitoring progress towards goals.
- Maintain regular (at least monthly) communication with the individual/family, nursing agency and MCO and as needed communication with other service providers and IDT members.
- Monthly documentation of progress towards goals, medical status and needs of individual and family.
- Be available to individual/families with prompt return of messages within one working day.
- Annually reassess eligibility for services and complete necessary paperwork on time.
- Report any known or suspected incidents of abuse, neglect and/or exploitation (ANE).
- Follow all Medicaid, Department of Health, and UNM Policies and Procedures.

To request a new copy of your rights and responsibilities, contact your RN Case Manager or the main office – 505-272-2910.

For concerns regarding eligibility, service delivery, and termination of services it is best to discuss with the nurse case manager first.

If the problem remains unresolved, contact the MFCMP Program Director, Ann Marie Parmenter, at 505-362-6932.

For concerns directly related to eligibility determination or termination of services, Level of Care (LOC) and Individual Service Plan (ISP) denials come from Comagine (TPA). Comagine sends the individual and family a letter, describing what happened and what the appeal process is. The denial letter includes contact information for Comagine. Their phone number is 866-962-2180.



ABUSE, NEGLECT AND EXPLOITATION

Reporting Child Abuse or Neglect

“New Mexico “Duty to Report Child Abuse and Child Neglect” law (32A-4-3) states that every person who knows, or has reasonable suspicion, that a child is being abused or neglected in New Mexico must report the matter immediately to CYFD’s Statewide Central Intake (SCI) child abuse hotline (1-855-333-SAFE [7233] or #SAFE from a cell phone), law enforcement, or the appropriate tribal identity.” (From <https://www.cyfd.nm.gov/>)

Per CYFD, “When making a report of abuse or neglect, you may choose to remain anonymous as the reporter, and will be immune from liability, civil or criminal, as long as you have acted in good faith by reporting.

We encourage reporters to provide information about who they are, as it assists us in the investigative process.” (From <https://www.cyfd.nm.gov/>)

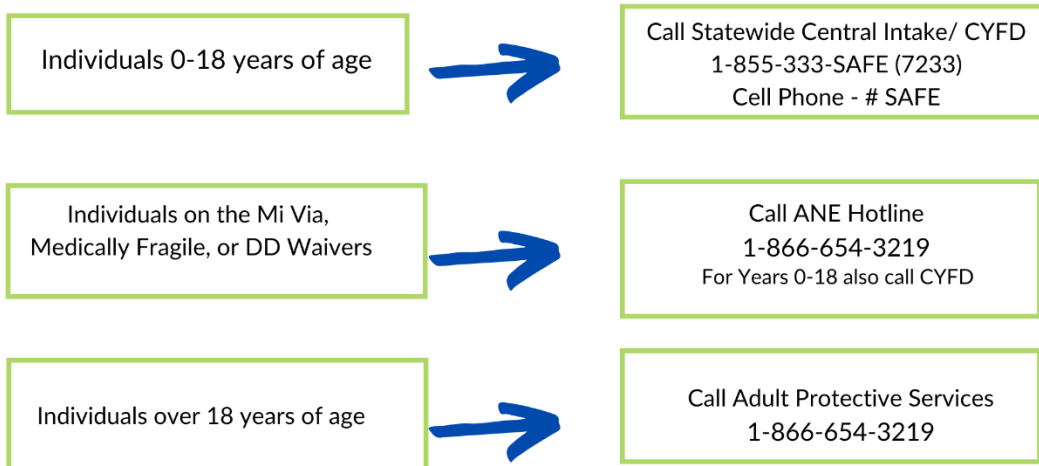
To report suspected or known child abuse or neglect:

- Dial #SAFE (7233) from a cell phone
- Call 1-855-333-SAFE (7233)
- Text 505-591-9444 (to report via text message)

Call any time, day or night - CYFD Statewide Central Intake is staffed 24/7/365.

ABUSE NEGLECT EXPLOITATION REPORT IT!

In case of an Emergency call 911



Lines are open 24/7. When you call the numbers above, you can remain anonymous and all the information is kept confidential.

EARLY INTERVENTION SERVICES

Family Infant Toddler (FIT) Program Early Childhood Intervention Services

- Services for infants and toddlers, birth to age 3, and their families
- Early Intervention promotes development when a child is identified as having, or at risk for, a developmental disability or delay.
- The early intervention team will consist of services, including therapies, identified as necessary in the Individualized Family Service Plan.
- The FIT Program bills Medicaid and private insurance with the agreement of the parent. A law passed in 2005 requires that all health insurance plans cover up to \$3,500 per year in FIT services. The FIT Program does not charge copays or deductibles.
- If the child's family or doctor, child care professional, or other provider are concerned about a child's development, they can make a referral to the local Family Infant Toddler (FIT) Program.
- The local FIT Provider agency in the child's county upon receiving the referral will set up a time to meet and complete a developmental evaluation of the child.
- To find a local FIT Provider agency refer to the [FIT Contact List](#).



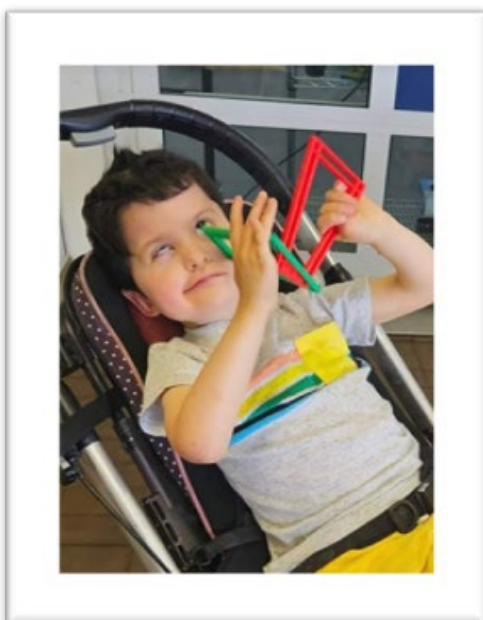
SENDING YOUR CHILD TO SCHOOL

Special education services begin as early as 3 years old. If your child has, or is suspected of having a delay or disability, it is important to contact your local school district to identify services and resources.

Sending your child who is medically fragile to school can be an exciting and fun time for both you and them. Preparing for it can be a bit scary and daunting, but there are supports available.

Here are a few tips for making the school experience successful:

- Communicate with the school early so they have time to ensure all necessary supports are in place for your child.
- Share that your child has or may need an Individualized Education Plan (IEP), Individualized Health Plan (IHP) and/or 504.
- Use this [Transition Worksheet \[PDF\]](#) to share important information with new school staff about your child.
- Start a communication journal that travels back and forth to school with your child for:
 - Staff (teacher, therapists) to help your child share what went on during their day, especially if they are non-verbal.
 - You, as the parent, to share special considerations, like your child having a rough night's sleep the night before or a change in a medication that may affect them.
- Start early in gathering necessary medical paperwork for school, such as their Seizure Action Plan and necessary rescue medication.
- Communicate with school staff about when your child's schedule may require a late arrival, early dismissal or absence.
- Remember, you are an expert in your child's needs and their biggest advocate. Share what will help your child reach their fullest potential.



Need help with special education or the IEP process?

Contact the Office of the Special Education Ombud (OSEO)

- The Office of the Special Education Ombud provides comprehensive information, resources, and support to public school students and families navigating the special education system in New Mexico.
 - Call the intake and information line: (505) 841-4565
 - Email the Special Education State Ombud
 - Michelle Tregembo: Michelle.Tregembo@state.nm.us

DO YOU HAVE A
DISABILITY OR NEED HELP
WITH SPECIAL ED?

.....

THE OFFICE
OF THE
SPECIAL
EDUCATION
OMBUD CAN
HELP!

- We advocate for public school students and their families
- We provide comprehensive support for people navigating the special education system in NM



NEW MEXICO
Developmental
Disabilities
Council
nmddc.org

michelle.tregembo@state.nm.us
(505) 841-4565

ACCESSING SUPPLIES

Durable Medical Equipment (DME) providers support access to necessary supplies and equipment.

Some tips in accessing necessary supplies:

- Diapers are available through Medicaid beginning at age 3 years old.
 - The child's medical provider can provide an order, with their visit notes, to the DME provider contracted with the child's MCO.
- Placing the order 5-10 business days prior to the supply anniversary date allows time for the order to be filled and shipped.
- For backordered supplies, such as formula, the client's provider will need to provide an order for an alternative. Having the provider include acceptable alternatives in the original order can help eliminate delays in the event of a backorder.
- If a certain supply is needed above the amount that Medicaid allows, the child's medical provider can request an exception with appropriate justification and approval from the MCO.

Accessing equipment, like a wheelchair

1. Identify DME providers contracted with the MCO
2. If accessing an equipment/wheelchair evaluation with a therapist, they can help navigate the DME provider
3. Wheelchairs may be authorized for an eligible recipient:
 - a. Under 21 years of age, every 36 months or 3 years
 - b. For adults, every 60 months or 5 years.
 - c. Earlier authorization is possible when dictated by medical necessity.

Finding a DME provider

Contact the insurance/MCO, refer to the insurance/MCO member handbook, or view insurance/MCO website to identify contracted DME providers

Recycle or reuse DME equipment

Look for places like [Adelante's Back in Use](#) in Albuquerque which takes donations of equipment and recycles it to new individuals who need it.

Includes equipment like, wheelchairs, walkers, and hospital beds.

Alternative Placement

Accessing Alternative Placement

An alternative to home and community-based services through a waiver program, for individuals who meet the level of care requirements, is to access an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

An ICF/IID is a Medicaid benefit which provides a residential setting in which the individual receives the support, supervision and treatment needed to thrive.

The Human Services Department notes, “The ICF/IID benefit provides active treatment in **the least restrictive setting** and **includes all needed services** for individuals whose mental or physical condition require services on a regular basis that are above the level of a room and board setting, and can only be provided in a facility which is equipped and staffed to provide the appropriate ICF/IID services.”

There are a variety of ICF/IID providers throughout New Mexico, with facilities that are individually licensed and certified by the Department of Health.

These residential setting facilities are located in the community and may include up to sixteen beds with an average of 6 beds in a facility.

For more information on ICF/IIDs and the care and services they provide, please visit - <https://www.hsd.state.nm.us/lookingforinformation/intermediate-care-facility-ifc-iid/>.

There is only one ICF/IID licensed organization in New Mexico that accepts children and young adults – Casa Angelica. Casa Angelica is a home for children and young adults with developmental disabilities, owned and operated by the Canossian Daughters of Charity since 1967. For more information about Casa Angelica, please visit <https://casa-angelica.com/>.

COMMUNITY RESOURCES

For emergencies - Dial 911

Suicide and Crisis Lifeline – Dial 988

Poison Control Centers - 800-222-1222

Adaptive Equipment/Assistive Technology

- Need assistance accessing assistive technology or adaptive technology services? [NMTAP](#)
- [Carrie Tingley Hospital Foundation](#) provides assistance to children receiving care at Carrie Tingley Hospital and their families for items such as adaptive devices.
- [Adelante Back in Use](#) recycles durable medical equipment and assistive devices and provides them free of charge to those who need them. Call 505.341.7171 or go to their website to request equipment or make an appointment to donate.

Community Access / Activity

- [America the Beautiful-The National Parks and Federal Recreational Lands Access Pass](#)- A free, lifetime pass - available to individuals with a disability. Provides access to more than 2,000 recreation sites.
- [Carrie Tingley Hospital Foundation](#) – Quality Life Programming includes summer camp, virtual camp, wheelchair basketball, and Tread Setters Adaptive Cycling
- [Traillink.com](#) – Look up the best wheelchair accessible trails around New Mexico -
- [Adaptive Sports Program New Mexico](#) offers therapeutic recreational activities to children and adults with disabilities.

Early Intervention Services (Birth to 3 years)

- Find an EI Provider - [FIT CONTACT LIST](#) or Refer for services - [FIT Referrals](#)

Emergency Preparedness

- [Ready.gov](#) provides tips on being prepared for an emergency

Financial

- ABLE accounts allow a person with a disability to save money without losing eligibility for Medicaid, Supplemental Security Income (SSI), and other programs. Money in the account is used for qualified disability expenses. Find out more at [ABLE New Mexico](#).
- A Special Needs Trust allows a person with a disability additional financial support without risk of losing important benefits. Find out more at [The Arc of New Mexico](#).

Food

- Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program
 - Apply at [YesNM](#)
- Need emergency food assistance?
 - Click [NM Food Banks](#) or [Roadrunner Food Bank](#) to find food banks in your area
- Do you live on an Indian reservation or are you Native American?
 - [Food Distribution Program on Indian Reservations \(FDPIR\)](#) provides USDA Foods to income-eligible households living on Indian reservations and to Native American households residing in designated areas.

Guardianship

- Need assistance with navigating guardianship and alternatives to guardianship? [Office of Guardianship](#)

Housing

- Need [public housing](#) assistance?
 - Contact your local Public Housing Agency at [Choose your state](#) or [NM HUD](#).
- Need emergency housing?
 - [Emergency Shelter](#)
- Need help with rent or utilities?
 - [St. Vincent de Paul](#) or call 505-346-1500
 - [NM Home Fund](#)
- Facing eviction?
 - [NM Eviction Prevention](#)
- Own your home, but need help with mortgage and utilities?
 - [St. Vincent de Paul](#) or call 505-346-1500
 - [NM Home Fund](#)
- Accessing the internet
 - [The Affordable Connectivity Program](#) provides a discount of up to \$30 per month toward internet service for eligible households and up to \$75 per month for households on qualifying Tribal lands. Eligible households can also receive a one-time discount towards computer equipment.
 - [Carrie Tingley Hospital Foundation](#) provides assistance, to children receiving care at Carrie Tingley Hospital and their families for items such as ADA accessible home improvements, and rent and utilities.

Medicaid MCO Contacts

- BCBS of NM Customer Service - 1-866-689-1523
 - BCBS Ombudsman – 888-243-1134 nmcentennialcareombudsman@bcbsnm.com
- Presbyterian – 505-923-5678 or 1-800-356-2219
 - Presbyterian Ombudsman – 505-923-5780 ombudsman@phs.org
- Western Sky Community Care – 1-844-543-8966
 - WSCC Ombudsman – 844-225-6672 ombudsman@westernskycommunitycare.com
- Care Coordination can be requested through any of the MCOs and provides support with accessing necessary care and treatments and addressing barriers to access.

Mental Health

- Suicide and Crisis Lifeline – Dial 988 or 1-800-273-8255; Available 24 hours a day. The 24/7 Lifeline for Emotional, Mental or Substance Misuse Support
- UNM Mental Health - (505)272-2800
- Alcoholics Anonymous - (505)266-1900
- AGORA UNM Crisis Center - (505)277-3013
- Domestic Violence Hotline - 1-800-773-3645
- National Maternal Mental Health Hotline - 1-833-TLC-MAMA (1-833-852-6262)

Miscellaneous Information

- Disability Questions? Contact the [UNM Center for Development & Disability Information Network](#) - 800.552.8195 or 505.272.8549.
- [Informational Tip Sheets from the CDD](#) provide information that may be helpful for persons with disabilities.
- [Parents Reaching Out \(PRO\)](#) provides support, training and tools for families and youth with disabilities or complex medical needs.
- [NM Disability Resource FINDER](#) is a directory of services, programs and helpful articles for the disability community.
- [SHARE New Mexico](#) is provides a searchable, comprehensive resource directory.
- [NM DOH Resource Guide for Children and Youth with Special Health Care Needs](#)

School

- Need help navigating special education and the IEP process?
 - Contact Special Education Ombud (505) 841-4565/
Michelle.Tregembo@state.nm.us
 - [Education for Parents of Indian Children with Special Needs \(EPICS\)](#) provides support to Native American children with disabilities and special healthcare needs.
 - NM Public Education Department Special Education [Resources](#)
- [Parents Reaching Out \(PRO\)](#) provides support, training and tools for families and youth with disabilities or complex medical needs navigating many aspects, including school.

Self-Advocacy

- [The New Mexico Center for Self Advocacy](#) holds an Advocate Leadership Academy which provides education, resources and hands-on experience.
- [The Leadership Education in Neurodevelopmental and Related Disabilities \(LEND\)](#) traineeship provides interdisciplinary training and education to self-advocate leaders, family members of individuals with disabilities, students and professionals.

Transition Support

- Healthcare transition
 - [Got Transition](#) aims to help youth and young adults move from pediatric to adult health care.
- Youth to adult transition
 - [School-to-Work Transition Guide](#)
 - [DVR Transition Services](#) supports students with disabilities as they move from high school to the world of work & adult life.

Transportation

- Door-to-door /curb-to-curb accessible transportation [Search by City, State or Zip Code](#)
- [Sun Van - Paratransit service in Albuquerque](#)
- Accessible Vehicles - [United Access of Albuquerque](#) [Freedom Motors](#)

Specific Health Needs

- [The Morgan Project](#) – Provides an extensive list of disability resources and connections
- [National Organization for Rare Disorders](#) search their database for information and resources
- [Complex Child](#) is a source of information written by parents of children with healthcare needs and disabilities
- [Parenting Special Needs Magazine](#)
- [Clinicaltrials.gov](#) is a searchable site to find clinical trials from around the world
- [Dravet Syndrome Foundation](#)

- [The Arc](#) – Provides resources from health to future planning
- [Make-A-Wish](#)
- [Federation for Children with Special Needs](#)
- Service Dogs
 - [New Horizons Service Dogs](#)
- Safety Beds
 - [SleepSafe Beds](#)
- Air Transportation
 - [Children's Flight of Hope](#) and [Miracle Flights](#) provide flights to specialized medical care

Support groups

- [PACER Center](#)
- [Mommies of Miracles | Facebook](#)
- [The Global Tracheostomy Collaborative](#)
- [Caregiver Action Network](#)



APPENDICES

Glossary/Acronyms

CDD – Center for Development and Disability

DDSD - Developmental Disabilities Supports Division

DHI/IMB - The Division of Health Improvement Incident Management Bureau

DME – Durable Medical Equipment

DOH - Department of Health

E-Mods – Environmental Modifications

EPSDT - Early and Periodic Screening, Diagnostic and Treatment

HHA – Home Health Aide

HSD – Human Services Department

ICF – Intermediate Care Facility

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

ISD – Income Support Division

ISP – Individualized Service Plan

LOC – Level of Care

LPN – Licensed Practical Nurse

MCO – Managed Care Organizations (NM Medicaid Providers)

MFCMP – Medically Fragile Case Management Program

MFE- Medically Fragile Non-Waiver EPSDT Program

MFW - Medically Fragile Waiver program

OSEO - Office of the Special Education Ombud

OT – Occupational Therapy

PDN - Private Duty Nursing

PFOC – Primary Freedom of Choice

PRO – Parents Reaching Out

PT – Physical Therapy

RN – Registered Nurse

SFOC – Secondary Freedom of Choice

SLP – Speech Language Therapy

SME - Specialized Medical Equipment

