

Choosing Mi Via: Understanding Participant Responsibilities



I, _____
Participant Name (Print)

choose to participate in Mi Via, the New Mexico Medicaid Self-Directed Home and Community-Based Services Waiver. I understand that my participation in Mi Via is completely voluntary and comes with certain responsibilities, in accordance with program regulations.

As a participant in Mi Via:

- I will comply with the rules and regulations that govern the Mi Via program.
- I will complete required documentation demonstrating medical and financial eligibility, meet in person with the medical Third Party Assessor (TPA) for an annual Level of Care (LOC) assessment, have an annual history and physical completed by my doctor, and seek assistance with the application and annual recertification process, as needed, from a Mi Via consultant.
- I will work with my consultant to develop a Service and Support Plan (SSP), which addresses my needs and is in line with my budget and the Mi Via program regulations.
- I will create and update an Emergency and Backup Plan in my SSP.
- I will speak monthly and meet quarterly with my consultant.
- I will access consultant services based upon identified needs in order to carry out the approved SSP.
- I will notify my consultant if my needs change, so that my consultant can help me to revise my SSP.
- I will choose who provides my services and support, and I understand that all employees, providers and vendors must be enrolled with the FMA before they provide any goods or services for me.
- I will arrange for the delivery of services, supports and goods identified in my SSP or arrange for someone to assist me with this process.
- I will hire, manage, and terminate my employees or arrange for someone to assist me with these responsibilities.
- I will use state funds appropriately, by only requesting and purchasing goods and services covered by the Mi Via program and identified on my approved SSP.

- I will keep track of all budget expenditures and not exceed my annual budget.
- I will work with my consultant to appropriately document service delivery and maintain those documents, as evidence of services I have received.
- I will report concerns or problems with any part of my Mi Via program to my consultant.
- I will provide additional documentation and information, as requested, from my consultant, FMA (Financial Management Agency), and TPA within the required timelines.
- I will report to the local income support division office within 10 days of any change in circumstances, including a change in address, which might affect my eligibility for the program. I agree to also report changes in address or other contact information to my consultant and the FMA within 10 days.
- I will report to the TPA and consultant provider, if hospitalized for more than three nights, so that an appropriate LOC assessment can be obtained.
- I will submit all required documents to the FMA to meet employer-related responsibilities. This includes, but is not limited to documents for payment to employees and vendors and payment of taxes and other financial obligations within required timelines.
- I understand that the FMA will assist me by paying the workers that I hire and deducting taxes from my employee’s paychecks.
- I will maintain records and documentation in accordance with 8.302.1.17 NMAC, related to personnel, payroll and service delivery.
- I will report any incidents of abuse, neglect or exploitation to the appropriate state entity and/or to my consultant.
- I understand that failure to comply with these responsibilities or other program rules and regulations can result in involuntary termination from the program.

I have read and understand or have received assistance in understanding my responsibilities and have a copy of this document for my records.

Participant Signature/Date

If applicable, Representative or Guardian/Date

Participant Name (Print)

Name (Print) – Representative or Guardian

PARTICIPANT RESPONSIBILITIES are further described in 8.314.6.14 NMAC.