

New Mexico Medicaid

Checklist: Supports Waiver Level of Care – Agency Based & Participant Directed

Community Service Coordinators (CSC) to provide the following fully completed documents with required signatures:

Supports Waiver LOCs – Agency Based & Participant Directed

- MAD 378
- H&P - *Disclaimer: The H&P form attached is an example of what is needed for this requirement but can follow any format issued by the physician office.*

Please double check the accuracy of all information submitted:

- Correct spelling of recipient name
- Accuracy of recipient Medicaid ID
- Recipient date of birth
- Completed assessment factor scores
- Signature of Physician or Person completing form on MAD 378

Third Party Assessor

History & Physical (H&P) Form
New Mexico Mi Via Waiver Program
New Mexico Supports Waiver Program

(If your office or practice has its own H&P form, it may be used in place of this form.
Please see delivery instructions bottom Page 2.)

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Vital Signs

Pulse: Resp: Temp: BP:

Ht: Wt:

Diagnosis(es) and ICD-9 code:

Current Medications (including OTC and supplements, if known):

Brief medical history, with specific attention to reasons for any disability (may be physical and/or cognitive/behavioral):

General/Constitutional:

Skin/Breast:

Eyes/Ears/Nose/Mouth/Throat:

Continued, History & Physical/Participant Name: _____

Cardiovascular:

Respiratory:

Gastrointestinal:

Genitourinary:

Musculoskeletal:

Neurologic/Psychiatric:

Allergic/Immunologic/Lymphatic/Endocrine:

Follow up/Comments:

Provider (MD, DO, CNP or PAC only) Signature and Title:

Date: _____

Office Telephone: _____

Please mail or Fax to:

Comagine Health – Third Party Assessor

PO Box 20910

Albuquerque, NM 87154-0910

Fax Line: (800) 251-9993 (Toll Free)