



Request for Services by Legally Responsible Individuals

1-866-786-4999 (toll-free) • www.MiViaNM.org

Mi Via Self-Directed Medicaid Waiver Program services provided by a legally responsible individual (LRI) MUST be justified, in writing, and submitted for State approval. An LRI is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. LRIs may be paid for waiver services, under extraordinary circumstances, in order to assure the health and welfare of the participant and avoid institutionalization. The LRI request must be completed with both initial and annual Service and Support Plans (SSP). The LRI request must list the waiver service that the LRI wishes to provide and must include documentation describing in detail how the LRI request meets each of the bullets below. Failure to submit any of the required documentation may cause the LRI request to be denied.

Criteria for an LRI request:

- The waiver service the LRI is requesting to provide must not be a service the LRI would ordinarily perform in the household for individuals of the same age who did not have a disability or chronic illness.
- The waiver service the LRI is requesting to provide must not be a service available to the participant through another source. **Example:** Children who receive homemaker/companion services through the state plan, including EPSDT program or Medicaid school-based services, would not be able to purchase duplicate homemaker/companion services through Mi Via.
- The LRI must not be the Employer of Record for the participant.

The following documentation **MUST** be submitted with the LRI request (please use separate page):

- Extraordinary circumstances of the participant's situation that lead to making this request.
- Attempts that have been made to find other qualified, suitable providers.
- Unique needs of the participant that require the LRI to provide the service.
- Special skills and abilities that enable the LRI to meet the unique needs of the participant.
- Specific job duties/tasks the LRI is requesting to provide.

PLEASE COMPLETE THE FOLLOWING:

Mi Via Participant Name _____
(First) (Middle) (Last)

Date of Birth _____ Medicaid Card ID # _____

Address _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

Employee Name _____
(First) (Middle) (Last)

Legal relationship to **Mi Via** Participant _____

Participant Signature _____ Date _____

LRI Signature _____ Date _____

Please see Page 2 for information about "Your Right to a Fair Hearing."



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YOUR RIGHT TO A FAIR HEARING

If you disagree with the action taken on your request for a Legally Responsible Individual (LRI) to provide waiver services, you have a right to request a fair hearing within 90 days of the date of this letter. The request must be received by the Human Services Department (HSD) Hearings Bureau/ Medical Assistance Division and the Aging and Long-Term Services Department no later than the close of business on the 90th day. You can request a fair hearing orally or in writing. You can send your written request for a fair hearing to HSD's Hearings Bureau at P.O. Box 2348, Santa Fe, New Mexico 87504-2348; you can also request a fair hearing by telephoning the Hearings Bureau at 1-800-432-6217 or (505) 827-8164. You may also contact your local Income Support Division office or the Hearings Bureau to receive help with submitting a request for a fair hearing.

You have the right to look at any documentation used to make the decision regarding your request for a Legally Responsible Individual (LRI) to provide waiver services. At the hearing, you may represent yourself or have a friend, relative, attorney or other person represent you, as well as an opportunity to present your case. You will receive a written decision based on the record made at the hearing.

Mi Via State Office Use Only

Approved Denied Note _____
State Authorized Signature _____ Date _____