



**Send report Fax
to DDSD Eligibility Worker on the 15th of each month**

Today's Date:		Total months in Pre-Eligibility:	
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DDSD ELIGIBILITY INFORMATION

DDSD Eligibility Worker			
Telephone Number		Fax Number	
Region			
E-Mail Address			

PARTICIPANT & CONSULTANT AGENCY INFORMATION

Participant's Name		Social Security #	
Consultant Agency			
Consultant			
Telephone Number		Fax Number	
Consultant E-Mail Address			

MEDICAL/FINANCIAL ELIGIBILITY

Date of 1 st Consultant contact with the Participant	PFOC Received		
Date Abstract submitted to Physician (if known)		Date Abstract Signed by Physician (if known)	
Date Abstract and H&P submitted to TPA (if known)		Date of approved LOC	
Date Medicaid Application submitted to ISD		Date of approved Medicaid Eligibility	

*Please fax or send secure email, documentation of approved financial eligibility and approved Abstract and/or Qualis LOC approval letter with this form to the designated DDSD Eligibility Worker

SERVICE AND SUPPORT PLAN (SSP)

Date SSP Submitted		Date of Approved Plan	
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*Please fax or send secure email a copy of the first page of the approved Plan with this form to the designated DDSD Eligibility Worker.

DELAYS (e.g. Request for More Information, Missed Appointments, Financial Eligibility Issues, etc.)

Delay 1			
Start Date		End Date	
Reason for Delay			
Delay 2			
Start Date		End Date	
Reason for Delay			
Delay 3			
Start Date		End Date	
Reason for Delay			

DEVELOPMENTAL DISABILITIES MEDICAID SELF-DIRECTED WAIVER
Developmental Disabilities Supports Division
NM Department of Health
Allocation Reporting Form



Comments: