Comagine Health

New Mexico Medicaid Checklist
Developmental Disabilities Traditional Waiver Level of Care

Recipient's case manager to provide the following fully completed documents with required signatures:

- ☐ MAD 378
- ☐ History and Physical (H&P)
- ☐ Allocation letter — if new to program
- ☐ Expedited allocations will have additional documentation
- ☐ Jackson Class members and children will be identified via fax cover sheet

Please double check the accuracy of all information submitted:

- ☐ Correct spelling of recipient name
- ☐ Accuracy of recipient Medicaid ID
- ☐ Recipient date of birth
- ☐ Physician's signature and date completed
- ☐ Correct service dates
- ☐ All NM state service provider IDs completed and accurate
- ☐ All required fields on LOC completed