



HEALTH CARE
AUTHORITY



JOB AID ON ENTERING MI VIA AND SUPPORTS WAIVER PARTICIPANTS IN THE NM WAIVER TRAINING HUB

You must be either a “Mi Via Consultant” or “Supports Waiver Coordinator” and have a login and password for this role to enter participants. If you do not have this job classification, please contact the Hub via email.

This job aid shows the basic process of entering a participant. The same screen is used for all of three of these situations:

- Case one: all services are provided by people hired directly by the participant with the assistance of the EOR.
- Case two: all services are provided by vendors/provider agencies with which the participant and the EOR have contracted. The participant and the EOR have not hired anyone directly.
- Case three: services are being provided by a mixture of people (a) hired by the participant/EOR and (b) employed by an existing provider agency.

Note: if a participant leaves your agency, or your agency starts providing consultant/coordinator Services to a participant that was formerly somewhere else, please contact the Hub so we can update the participant’s record.

January, 2024

CDD-NMWaiverTrainingHub@salud.unm.edu

THE BASICS



Here is the basic screen used to enter participants. Note that your name has already been filled in. (It will show SW Coordinator if that's your role). If you have both roles, you'll be able to change from one waiver to the other using the dropdown carrot to the right of "Consultant".

All of the boxes with a red asterisk (*) are required. Please make sure you have this information before you begin.

Browser address: <https://ddsctrain.cdd.unm.edu/Participant.aspx>

My UNM | LobotimeKronos Work... | Disability and Health P... | NM Waiver Training H... | AUCD NIRS | Thera

UNM CENTER FOR DEVELOPMENT & DISABILITY

 	* Required	NEW PARTICIPANT
Participant	*	Last Name <input type="text"/> , First Name <input type="text"/> Last 4 SSN: <input type="text" value="####"/>
E-Mail		<input type="text"/> Phone: <input type="text"/>
Region	*	<input type="text"/> ▼
Waiver	*	<input type="text"/> ▼
EOR	*	Last Name <input type="text"/> , First Name <input type="text"/> Last 4 SSN: <input type="text" value="####"/>
E-Mail	*	<input type="text"/> Phone: <input type="text"/>
Comments		<input type="text"/>
Consultant	*	Anthony Cahill, Mi Via Consultant at Center for Development and Disability ▼
E-Mail		acahill@salud.unm.edu Phone: (505) 272-2990

When you've entered the basic information, hit the "save" icon (the blue disc on the upper left corner). A popup box will appear letting you know that the participant has been entered and the person has been sent to pending web changes at the Hub.

The boxes at the bottom where you'll enter people providing services to the participant will appear. Please read the rest of the job aid to learn how to enter service providers in the three cases listed on the first page of this job aid.

Note that the participant and the EOR – who you entered when you began (see the page above) have already been entered.

If a service provider stops providing services, please go to the participant and put in a "left date" to the right of the person.

The screenshot shows a web browser window with the URL <https://ddsstrain.cdd.unm.edu/Participant.aspx>. The page header includes the logo for the Center for Development & Disability (CDD) and navigation tabs for "Participants", "Reports", and "Maintenance". The main heading is "SELF DIRECTED PARTICIPANTS AND SERVICE PROVIDERS".

The interface displays a form for a participant named "Frogmore Stew". The form fields are as follows:

- Participant:** Stew, Frogmore; Last 4 SSN: 4321
- E-Mail:** (empty field); **Phone:** (empty field)
- Region:** Metro (dropdown menu)
- Waiver:** Supports Waiver (dropdown menu)
- EOR:** Boop, Betty
- E-Mail:** betty@boop.com; **Phone:** 505-555-1212
- Comments:** (empty text area)
- Consultant:** Anthony Cahill, SW Community Supports Coordinator at Center for Development and Disability (dropdown menu)
- E-Mail:** acahill@salud.unm.edu; **Phone:** (505) 272-2990

Below the form, there is a filter for "Active Only" (selected) and "All". A table lists the service providers for this participant:

	DDSD ID	Service Provider	E-Mail	Phone	Service	Date Hired	Date Left	Comply
	BOO-BE-2341	Boop, Betty *	betty@boop.com	505-555-1212	SW Employee Of Record (EOR)	12/26/2023		✓
	STE-FR-4321	Stew, Frogmore			SW Participant	12/26/2023		✓
	AAA-AA-####	Last Name, First Name						

CASE ONE: ALL SERVICES ARE PROVIDED BY PEOPLE HIRED DIRECTLY BY THE PARTICIPANT WITH THE EOR

Mr. TheGrey and his EOR have hired all service providers directly; no vendor/provider agencies are involved. In this case, all service providers (in this case PT and Respite) are entered in the Service Provider table at the bottom.

my UNM | Log Out | Log Out | Disability and Health P... | NM Waiver Training P... | ADD NM | Log in to your account | Therapist Login | EOR Manager Home | Developmental Disab... | NM - SQL Server 20...

NM CENTER FOR DEVELOPMENT & DISABILITY | Data Screens | Reports | Maintenance | Change Password

SELF DIRECTED PARTICIPANTS AND SERVICE PROVIDERS

Gandolf TheGrey
Inactive:

Participant *	TheGrey, Gandolf	Last 4 SSN:	1223
E-Mail		Phone:	
Region *	Metro		
Waiver *	Mi Via		
EOR *	Greiff, Robert		
E-Mail *	rlgreiff@wizard.net	Phone:	(505) 123-4567
Consultant *	Cahill, Anthony (Center for Development and Disability)		
E-Mail	acahill@salud.unm.edu	Phone:	(505) 272-2990
Comments			

..... Find Participant

Active All

Add Participant


Delete Participant

Active Only All

	DDSD ID	Service Provider (Click to Select)	E-Mail	Phone	Position	Date Hired	Date Left	Comply
	CAH-AN-8031	Cahill, Anthony	acahill@salud.unm.edu	(505) 272-2990	Mi Via Physical Therapist	5/1/2022		X
	GAL-CL-4670	Galloway, Clint	crgalloway@salud.unm.edu	(505) 272-0286	Mi Via Respite	10/1/2022		X
	GRE-RO-1234	Greiff, Robert	rlgreiff@cinderalla.org	505-555-1234	Mi Via Employee of Record (EOR)	10/31/2022		X
	THE-GA-1223	TheGrey, Gandolf			Mi Via Participant	10/31/2022		X
	AAA-AA-####	Last Name, First Name						

CASE TWO: ALL SERVICES ARE PROVIDED BY VENDORS/ PROVIDER AGENCIES WITH WHICH THE PARTICIPANT AND THE EOR HAVE CONTRACTED. THE PARTICIPANT AND THE EOR HAVE NOT HIRED ANYONE DIRECTLY.

Mr. Luther and his EOR have contracted with two agencies to provide services. They have not hired anyone directly. Because the agency has hired the person or people providing these services, they have already been entered in the Hub by their agency. In this case, the vendors/provider agencies are entered into the comment box and are not entered in the Service Provider box. Only the participant and the EOR are listed in the Service Provider table.



[Data Screens](#) ▶ [Reports](#) ▶ [Maintenance](#) ▶ [Change Password](#)

SELF DIRECTED PARTICIPANTS AND SERVICE PROVIDERS

Lex Luther
Inactive:

Participant *	Luther, Lex	Last 4 SSN:	1223
E-Mail		Phone:	
Region *	Metro		
Waiver *	Mi Via		
EOR *	Greiff, Robert		
E-Mail *	rlgreiff@wizard.net	Phone:	(505) 123-4567
Consultant *	Cahill, Anthony (Center for Development and Disability)		
E-Mail	acahill@salud.unm.edu	Phone:	(505) 272-2990
Comments	Physical Therapy services are being provided by Finnegan PT New Mexico, LLC. Respite Services are being provided by Sweeney Respite Services, Inc.		

..... Find Participant

Active All

Add Participant

Delete Participant

Active Only All

DDSD ID	Service Provider (Click to Select) ▼	E-Mail	Phone	Position	Date Hired	Date Left	Comply
GRE-RO-1234	Greiff, Robert	rlgreiff@cinderalla.org	505-555-1234	Mi Via Employee of Record (EOR)	10/31/2022		X
LUT-LE-1223	Luther, Lex	Lex@superman.net		Mi Via Participant	10/31/2022		X
AAA-AA-####	Last Name, First Name						

NOTE:
ALL participants and EORs, including those who have only contracted with vendors/provider agencies, must be entered in the Hub.

CASE THREE: SERVICES ARE BEING PROVIDED BY A MIXTURE OF PEOPLE HIRED BY THE PARTICIPANT AND EMPLOYED BY AN EXISTING PROVIDER AGENCY

Mr. Baggins and his EOR hired Anthony Cahill to provide nursing services. This is entered in the Service Provider table at the bottom.

Mr. Baggins also contracted with the vendor/provider agency Employment Services, LLC for employment support services. Because the agency has hired the person or people providing these services, they are already in the Hub. They should not be entered in the Service Provider table, but this information should be noted in the “Comments” box.

The screenshot shows the 'AdminParticipant.aspx' page for 'Bilbo Baggins'. The participant is marked as 'Inactive'. The form includes fields for Participant (Baggins, Bilbo), EMail, Region (Metro), Waiver (Mi Via), EOR (Baggins, Frodo), EMail (hobbit@gandalf.net), and Consultant (Cahill, Anthony). The Comments field contains: 'Employment services are being provided by Employment Services, LLC.'

Below the form is a table of service providers:

	DDSD ID	Service Provider (Click to Select)	EMail	Phone	Position	Date Hired	Date Left	Comply
	BAG-BI-1234	Baggins, Bilbo			Mi Via Participant	11/2/2022		
	CAH-AN-8031	Cahill, Anthony	acahill@salud.unm.edu	(505) 272-2990	Mi Via Nurse	11/1/2022		
	AAA-AA-####	Last Name, First Name						