

Participant or Consultant to provide the following fully completed documents with required signatures:

Mi Via (DD waiver) LOC

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.*

UNM Medically Fragile Case Management Program to provide the following fully completed documents with required signatures:

Mi Via (MF Waiver) LOC

DOH 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.*

Qualis Health to schedule and complete:

In-home Assessment

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/DOH 378



History & Physical (H&P) Form
Mi Via, NM Self-Directed Medicaid 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, Mi Via, 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:

Qualis Health – Third Party Assessor

PO Box 20910

Albuquerque, NM 87154-0910

Mi Via Waiver Fax Line: (800) 251-9993 (Toll Free)