

**APPENDIX TO VENDOR AGREEMENT
CHECKLIST FOR PROVIDERS OF TRANSPORTATION SERVICES
Self-Direction Medicaid Waiver**

This form is ONLY required if driving the member is your job function or part of your assigned tasks.

VENDOR INFORMATION	
Full Name	ID/Last 4 of SSN

All Providers/Vendors who provide transportation services of any sort to a Self-Direction participant must possess the following qualifications:

- Possess a valid New Mexico driver's license
- Each Driver will be at least 18 years of age
- Each Driver will have no driving while intoxicated (DWI) convictions or chargeable (at fault) accidents within the previous two years
- Each Driver will be free of physical or mental impairment that would adversely affect driving performance
- Each Vehicle will possess a current insurance policy and vehicle registration
- Have a current basic First Aid in the vehicle
- Have current CPR/First Aid Certification
- Complete Training on Critical Incident, abuse, neglect, and exploitation reporting.
- Trained on New Mexico Department of Health Improvement (DHI) Critical Incident

I attest that I have verified that my transportation provider possesses each of these qualifications. (Please complete and sign in ink.)

Employer Printed Name

Vendor Signature

Date

Please attach copies to this form of the following documents from the provider (vendor) listed above:

- Current Insurance Policy
- Current Vehicle Registration

These documents are necessary in order to verify if the provider is qualified to perform transportation services within Self-Direction. Without these documents, transportation cannot be provided.