



NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT
Add—Change Request Form

PURPOSE: This form is to be submitted with a Helpdesk ticket to request an addition or change to the A&D database. By submitting this form, you are officially notifying ALTSD of the requested addition or change to the A&D database.

Person requesting change

First Name	Last Name	Agency/Provider/Site
Work Phone	E-Mail	Request Date

Program Definition Requests

Fund Identifiers:	☐ Add	☐ Update	☐ Deactivate
-------------------	------------------------------	---------------------------------	-------------------------------------

Fund Identifier Code:	Distribution Priority:
Description:	
Services:	
Start Date:	End Date:

Levels of Care:	☐ Add	☐ Update	☐ Deactivate
-----------------	------------------------------	---------------------------------	-------------------------------------

Description:	
Start Date:	End Date:
Care Programs:	

Service Categories:	☐ Add	☐ Update	☐ Deactivate
---------------------	------------------------------	---------------------------------	-------------------------------------

Family Caregiver Program Type:	Description:
Services:	

Service Programs:	☐ Add	☐ Update	☐ Deactivate
-------------------	------------------------------	---------------------------------	-------------------------------------

Description:	
Services:	
Start Date:	End Date:

Services:	☐ Add	☐ Update	☐ Deactivate
-----------	------------------------------	---------------------------------	-------------------------------------

Description:	Service Category:
Unit Type:	NAPIS Service:
Requires Contract: ☐	Other:

Subservices:	☐ Add	☐ Update	☐ Deactivate
--------------	------------------------------	---------------------------------	-------------------------------------

Service:	Description:
----------	--------------

☐ This request has been approved by the A&D User Group (SUG). (If approved by SUG, the justification sections below are not required.)

Justification Section—New Service(s) or Sub-Service(s) Requested:

Description of request:

Why is the request necessary?

What would be the impact of implementing this request? (Who will be affected?)
--

A&D Business Operations Guide Form 520—Continued

Justification Section—Projected Outcome			
Pros		Cons	
Organization Requests			
Instructions:	AAA Admins: Please create and test the Provider(s) and/or Site(s) to be added in the Test site (Sandbox). Once you have done so, ALTSD IT will mirror the additions in the Production site.		
Note:	If you need full administrative privileges in the Test site, please contact the ALTSD IT Helpdesk.		
Providers:	☐ Add ☐ Update ☐ Deactivate		
	Name(s):		
Sites:	☐ Add ☐ Update ☐ Deactivate		
	Name(s):		
☐ This request has been approved by the A&D User Group (SUG).			
Process Checklist			
Completed and Dated	Step Number	Action	Responsibility
☐	1. Fill out form	Complete the Add—Change Request Form	Requestor
☐	2. Submit form to ALTSD Helpdesk	IT with SUG, when appropriate, determines viability of the request	IT and/or SUG
☐	3. Implement request	IT notifies the requestor of the decision	IT
☐	4. Reject request	IT notifies the requestor of the decision	IT