



KATHYLEEN M. KUNKEL, CABINET SECRETARY



DAVID R. SCRASE, M.D., CABINET SECRETARY

## **Supports Waiver, Mi Via, and Managed Care Program Community Benefit Goods and Services Explanation Letter for Vendors**

I am a participant/member receiving goods, supports, and/or services through a state and federally funded program called Supports Waiver, Mi Via Waiver, or Managed Care Program Community Benefit.

Through the program I am able to purchase certain items/goods and services. In order to make by purchase I need a cost quote from your business or agency. This cost quote should include the following:

- The name of your business or agency;
- Description of the goods or services to be provided; and
- Total cost of the good or service, including applicable sales tax

Once I have your cost quote, I will submit this information to Conduent, the state contracted Financial Management Agency (FMA).

**The FMA will issue a check payable to your business for this purchase.**

**The check will be a business check issued by:**

Palco  
PO Box 242930  
Little Rock, AR 72223

Under state regulation the FMA must issue the check payable to your business and may not issue a check payable to me. If your business would prefer payment be made in the form of a cashier's check please contact me.

I will bring the check, or cashier's check, to you in order to complete this purchase.

If you have questions regarding this payment to your business, you may contact the help desk at 1-800-283-4465.

Information about the Mi Via program may be found here: <http://archive.mivianm.org/>

Information about the Supports Waiver program may be found here:  
<https://www.nmhealth.org/about/ddsd/pgsv/csw/>