



HEALTH CARE  
AUTHORITY

Michelle Lujan Grisham, Governor  
Kari Armijo, Secretary  
Dana Flannery, Medicaid Director

April 25, 2025

**RE: Tribal Notification to Request Advice and Comments Letter 25-10: Proposed 1915(c) Home and Community-Based Services (HCBS) Mi Via Waiver Renewal**

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico's Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Health Care Authority's (HCA's) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HCA, through the Medical Assistance Division (MAD), is accepting written comments until **5:00 p.m., Mountain Time (MT) on June 26, 2025**, regarding the 1915(c) Home and Community-Based Services (HCBS) Mi Via Waiver.

The state intends to submit the waiver renewal application to the Centers for Medicare and Medicaid Services (CMS). The Key components of proposed changes under the waiver renewal are as follows:

1. Language was removed related to the Joint Powers Agreement as it is no longer relevant due to the creation of the Health Care Authority (HCA) which encompasses both the Medical Assistance Division, and the Developmental Disabilities Supports Division. This change includes removal of all references of the Department of Health (DOH) and Human Services Department (HSD). The HCA is both the administering and operating agency for the waiver.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their healthcare providers.***

2. Appendix A: Language was removed that differentiates the roles and responsibilities of the administrative and operational agencies due to the creation of the Health Care Authority. Performance measure removed that captured the percentage of delegated functions/deliverables specified in the Joint Powers of Agreement (JPA) with which DOH is compliant.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

3. Appendix B: Table B-3-a and J-2-a, was updated to capture the current unduplicated number of Mi Via participants receiving Mi Via waiver services.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

4. Appendix B-6 and D: Evaluation/Reevaluation of Level of Care- Language is updated for consistency and standardization across waivers.

**New Mexico Health Care Authority**

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***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

5. Appendix C: Employment Supports services was revised to clarify that employment support services should be offered and discussed as a priority service over other day service options for all working age adults. Working age is defined as 21-62 years of age.

***HCA anticipates a positive impact for waiver participants, to tribes and their healthcare providers who provide Employment Support services.***

6. Appendix C: Clarifying language was added to Homemaker Direct Support services that the use of Electronic Visit Verification (EVV) for service providers will be required.

***HCA does not anticipate a service or financial impact to participants currently receiving services, and to tribes; however, HCA anticipates an impact for tribal healthcare providers of Homemaker Direct Support services.***

7. Appendix C: Respite services was revised to implement new limits of 14 days or 336 hours per budget year. Limits are based on review of utilization data across all waivers. Additional language was added that the use of Electronic Visit Verification (EVV) for service providers will be required.

***HCA anticipates an impact for existing participants utilizing Respite services, and to tribes and their healthcare providers providing Respite services.***

8. Appendix C and D: Removal of Personal Plan Facilitation as a waiver service as there has been zero utilization of this service since 2021.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

9. Appendix C: Addition of Employer of Record as a paid service.

***HCA anticipates a positive impact for existing and new participants, to tribes, and their healthcare providers.***

10. Appendix C: Addition of Socialization and Sexuality Education as a service.

***HCA anticipates a positive impact for existing and new participants, to tribes, and their healthcare providers.***

11. Appendix C: Clarifying language was added to Environmental Modifications (EMOD) service that the use of additional funding for (EMOD) service is not allowed.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

12. Appendix C: Community Direct Supports services was revised to implement new limits of 40 hours a week or 2,080 hours allowed per budget year. Limits are based on review of utilization data across all waivers.

***HCA anticipates an impact for existing participants utilizing Community Direct Support services, and to tribes and their healthcare providers providing Community Direct Support services.***

13. Appendix C: Customized Community Group Support was revised to allow remote based support which will assist the individual to explore the community and online community activities, groups, and resources.

***HCA anticipates a positive impact for participants, to tribes and their health care providers.***

14. Appendix C: Clarifying language was added to In-Home Living Supports to include requirement of lease agreements to include protections from evictions and due process.

***HCA anticipates a positive impact for participants receiving services under In-Home Living Supports. HCA does not anticipate a service or financial impact to tribes and their health care providers.***

15. Appendix D: Clarifying language added that Service and Support Plans are monitored by the consultant during the monthly in person visit.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

16. Appendix G: Clarifying language added that training for abuse, neglect, and exploitation (ANE) will need to be completed prior to working with a participant and annually thereafter.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved SSP/budgets, to tribes and their healthcare providers. This change is further clarification of existing requirements on training requirements to employees or vendors.***

17. Appendix G: Financial abuse has been added as an abuse, neglect or exploitation (ANE) reportable incident.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

18. Appendix I: American Rescue Plan Act (ARPA) language will be removed as this is no longer applicable during the new waiver term.

***HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.***

19. Appendix I: Language was added to outline state law requirements for conducting rate reviews through biennial rate studies, along with the subsequent implementation of rate recommendations derived from these studies, effective July 1 of the year following their completion.

*HCA does not anticipate a service or financial impact to participants currently receiving services under approved Service and Support Plans (SSP)/budgets, to tribes and their health care providers.*

### **Tribal Advice and Comments**

Tribes and tribal healthcare providers may view the proposed changes, on the HCA webpage at: <https://www.hca.nm.gov/providers/written-tribal-notification-letters/>. *Notification letter 25-10.*

A written copy of these documents may be requested by contacting the HCA Medical Assistance Division (HCA/MAD) in Santa Fe at (505) 827-1337.

### **Important Dates**

**Written comments must be submitted by 5:00 p.m. Mountain Time (MT) on June 26, 2025.** Please send your comments to the MAD Native American Liaison, Theresa Belanger, at (505) 670-8067 or by email at: [Theresa.Belanger@hca.nm.gov](mailto:Theresa.Belanger@hca.nm.gov). All written comments received will be posted on the HCA website at: <https://www.hca.nm.gov/providers/written-tribal-notification-letters/> along with this notification letter. The public posting will include the name and any contact information provided by the commenter.

All comments and responses will be compiled and made available after July 10, 2025.

Sincerely,



Dana Flannery, Director  
Medical Assistance Division