



Public Comments: Proposed Developmental Disabilities Waiver (NM.019.08.00) Renewal Application

The State secured formal public input during the Developmental Disabilities Waiver (DD Waiver) 1915(c) Renewal Application process from March 1, 2026, through March 30, 2026. The Health Care Authority (HCA,) Developmental Disabilities Supports Division (DDSD) solicited public input via multiple avenues including mailings, emails, newspaper announcements, web postings, and statewide public forums.

Commenter	Public Comment	State Response
Family Representative/Provider	<p>Comment:</p> <p>The Year 1 Avg. Cost/Unit of the draft renewal application for the DD Waiver and the year 5 values of the current waiver for each of the Waiver Service/Components are identical (with one exception).</p> <p>Why is that? I thought there would be a rate increase. Will there be?</p>	<p>State Response:</p> <p>DDSD thanks you for your question.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>
Family Representative/Provider	<p>Comment:</p> <p>Table J-2-a</p> <p>Why does the number of users drop from 6442 in year five of the expiring waiver to 5880 in year one of the draft waiver?</p>	<p>State Response:</p> <p>DDSD thanks you for your question.</p> <p>DDSD initially projected a higher number of enrolled waiver participants for Waiver Years (WY) 1–5 under the previously approved waiver. In response to this overestimation, DDSD has reevaluated and adjusted its projections for participant enrollment for the upcoming five-year waiver cycle.</p>



<p>Family Representative/Provider</p>	<p>Comment: Section J-2-b</p> <p>Why does the average length of stay on the waiver drop from 325 in year five of the expiring waiver to 278 in year one of the draft waiver?</p>	<p>State Comment: DDSD thanks you for your question.</p> <p>Several factors contribute to the average length of stay on the waiver in Waiver Year Five (WY5), including transitions to other waivers, participant mortality, relocation out of state, and other reasons for exiting the waiver.</p>
<p>Family Representative /Provider</p>	<p>Comment:</p> <p>Why is the average cost per unit for “Supported Living, Category 4 Extraordinary Medical/Behavioral Support” Exactly the same in year five of the expiring waiver as in year one of the draft waiver?</p>	<p>State Response: DDSD thanks you for your question.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>
<p>Provider</p>	<p>Comment:</p> <p>Protest Regarding Proposed Rate Disparities for Therapy Services in the 2025 Rate Study Submission to CMS</p> <p>To the Leadership of the Medical Assistance Division of the Health Care Authority, As the owner of Viva Physiotherapy, LLC and a Physical Therapist who has served the waiver population since 2017, I strongly oppose the current proposal to submit disproportionate reimbursement rates for Physical, Occupational, and Speech-Language Pathology services to the Centers for Medicare & Medicaid Services (CMS). While I appreciate the Division’s recent move toward temporary rate parity for FY27, failing to mirror this parity in the official 2025 Rate Study</p>	<p>State Response: DDSD thanks you for your comment.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>



	<p>recommendation is a missed opportunity to ensure long-term system equity.</p> <p>The Case for Rate Parity</p> <ul style="list-style-type: none">• Recognition of the 2025 Findings: The 2025 Rate Study explicitly recommends rate parity. Moving forward with "mirror" recommendations from the outdated 2023 study—which contains known inaccuracies regarding the relative value of these services—ignores the most current and relevant data available to the state.• The Interdisciplinary Foundation: In my eight years of practice on the waiver, I work daily alongside my colleagues in Occupational Therapy and Speech Therapy. While our clinical interventions differ, the complexity of our caseloads, the administrative burden of waiver compliance, and the level of expertise required are identical. Providing higher compensation for one discipline over another suggests a "false sense of superiority" that threatens the very foundation of our collaborative care model.• Provider Stability and Collaboration: Disparate rates create unnecessary competition and friction between providers and such discrepancies make it difficult to maintain a cohesive team environment. Parity ensures that providers are focused on client outcomes rather than navigating the morale issues caused by inequitable pay scales.• Consistency in CMS Submissions: Submitting disproportionate rates to CMS now, while acknowledging parity is necessary for FY27, creates a confusing and contradictory record. For the sake of the long-term health of the Developmental Disabilities system,	
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	<p>the recommendation should be unified and consistent with the 2025 Study's findings.</p> <p>I urge the MAD HCA to revise the submission to CMS to reflect full rate parity across all therapy disciplines. Our clients are best served when their therapists work as equals. We must ensure that our reimbursement structures reflect the value we place on a unified, multidisciplinary approach to care.</p> <p>Thank you for your time and for your dedication to the individuals we serve.</p>	
Provider	<p>Comment:</p> <p>Good afternoon— My name is Ken Cordova and I am an occupational therapist who works in the DDW program. I have been a provider in this distinct program for 20 years now. Since working in this program, we have had many challenges that we have faced both as practitioners and as business owners. One such recent challenge has been the rate parity for my discipline. During my time as an occupational therapist, I have been part of IDT members to include speech language pathologists and physical therapists, where we often collaborate and develop effective treatment plans for our mutual clients. Often our disciplines overlap, with other distinct characteristics and subcategories of care that occupational therapists provide. Since that rate parity has taken place, it has created some changes in how others view our therapy and often overlook our value as clinicians in the DDW program. Therefore, I am urging MAD/HCA to revise the CMS submission to realign with the 2025 rate study recommendations. This would be to</p>	<p>State Response: DDSD thanks you for your comment.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>



	<p>equally pay PT, OT, and SLP and to align it with the most recent approved rate parity for FY27. Over the years, many upper administration have said this rate was due to our level of degree. This is detrimental to our program, as many excellent therapists graduated with their bachelor's degree even before their programs offered master's or doctorate level degrees. Now they cannot receive the same pay or respect as their counter therapists. I respectfully encourage that submitting "mirror" rates from 2023 ignores the most current, validated findings and creates a contradictory record for CMS.</p> <p>Thank you for support and consideration in this matter.</p>	
<p>Provider</p>	<p>Comment:</p> <p>To Whom It May Concern,</p> <p>I am writing to formally request that the New Mexico Medical Assistance Division–Health Care Authority (MAD-HCA) revise the proposed “mirror” rate recommendation scheduled for submission to CMS on April 1st to ensure full rate parity for Occupational Therapy (OT) services.</p> <p>The continued use of 2023 rate study data perpetuates significant and unjustified disparities between Occupational Therapy, Physical Therapy, and Speech-Language Pathology services. These disparities do not reflect the equivalent clinical value, complexity, and responsibility shared across these disciplines. Occupational Therapists provide medically necessary, outcomes-driven services that are integral to maintaining health, safety, independence, and community participation for waiver recipients across New Mexico.</p> <p>Submitting outdated “mirror” rates from</p>	<p>State Response:</p> <p>DDSD thanks you for your comment.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>



	<p>the 2023 study disregards the most current and validated findings from the 2025 Rate Study, which supports equal reimbursement across PT, OT, and SLP disciplines. Furthermore, the recently approved temporary rate parity for FY27 demonstrates recognition at the state level that parity is appropriate and justified. Continuing unequal reimbursement for an additional five years contradicts both current data and recent policy decisions.</p> <p>Unequal reimbursement undermines the interdisciplinary care model that is essential to the success of Medicaid waiver programs. Occupational Therapy services are not ancillary; they are foundational to safe mobility, functional independence, caregiver training, environmental adaptation, and prevention of higher-cost medical complications. Sustained reimbursement inequities place access to qualified Occupational Therapy providers at risk, particularly in rural and underserved areas of New Mexico, where provider shortages already exist.</p> <p>For these reasons, I respectfully request the following:</p> <ol style="list-style-type: none">1. Immediate revision of the CMS submission to reflect full rate parity across PT, OT, and SLP disciplines.2. Alignment of long-term reimbursement policy with the recently approved FY27 parity action.3. Consideration of the direct impact that prolonged rate disparities will have on provider retention, service availability, and the health outcomes of Medicaid waiver recipients. <p>Occupational Therapy practitioners in New Mexico have demonstrated resilience and dedication despite prolonged reimbursement inequities. However, continued disparity is not sustainable and places essential services at risk for the very populations Medicaid waiver programs are designed to support.</p>	
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	<p>I urge MAD-HCA leadership to take corrective action now and ensure that the final CMS submission reflects equitable reimbursement that supports the integrity of interdisciplinary care and protects access to Occupational Therapy services statewide.</p> <p>Thank you for your prompt attention to this urgent matter.</p>	
<p>Provider</p>	<p>Comment: To whom it may concern,</p> <p>I am writing to provide comments on the MAD-HCA's proposed rate recommendations. As occupational therapists and members of the New Mexico Occupational Therapy board, we have been working tirelessly for pay parity, and we have successfully secured a temporary rate-parity increase to ensure that all physical therapists, speech-language pathologists, and occupational therapists receive the same pay starting in July 2026. This aligns with the 2025 Rate Study recommendations.</p> <p>The concerns below are not new to MAD-HCA, as they are similar to those the occupational therapists expressed when the initial pay rates were published. By continuing to value the disciplines differently, it disrupts the interdisciplinary team model and has deterred additional occupational therapists from working with this population.</p> <p>By mirroring 2023 rates, it continues to ignore the most recent findings and recommendations from the 2025 rate study.</p> <p>The initial methodology used in the 2023 rate study was flawed, and it has been acknowledged as such.</p>	<p>State Comment: DDSD thanks you for your comment.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>



<p>Provider</p>	<p>Comment:</p> <p>To Whom It May Concern:</p> <p>I am an occupational therapist who has worked on the waiver for over 20 years. I brought to table a graduate degree in education as well as occupational therapy. I was an educator for 16 years before becoming an OT.</p> <p>I must submit my written request that I get paid the same as the other professionals on the waiver. Though the profession of occupational therapy is not as clear cut to many as speech and language therapy or physical therapy, it is essential to the community-based services our clients receive. We provide functional support across every occupation through their lifespan.</p> <p>We work as equals in our interdisciplinary teams. We deserve equal pay.</p> <p>Submitting "mirror" rates from 2023 ignore the most current findings and represents a contradiction.</p> <p>Occupational therapy is an essential service of safe and successful function</p>	<p>State Response:</p> <p>DDSD thanks you for your comment.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>
<p>Provider</p>	<p>Comment:</p> <p>Thank you for the opportunity to comment on the proposed DDW Application.</p> <p>The proposed rate tables for waiver years 1-5 include OT and OTA rates that match the current fee schedules. Will the application be revised with rates that align with the FY27 Proposed Provider Rate Increases memo from Jennifer Zwally dated 3/27/26?</p>	<p>State Response:</p> <p>DDSD thanks you for your comment.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p>



Provider	Comment:	Response:
	<p>On the application, p. 62 (Occupational Therapy for Adults), p. 66 (Physical Therapy for Adults), and p. 70 (Speech and Language Therapy for Adults) state:</p> <ul style="list-style-type: none"> • Ongoing services must meet clinical criteria related to allocation, core or fading factors, and aspiration risk add ons. • Authorized units may range from 72 to 280 units (15 minute units) depending on need and licensure level. • Evaluations are billed at a frequency of “each” unit. <ul style="list-style-type: none"> • Unclear why the 'authorized units may range from 72 to 280 units' statement is included here? DDW Standards do not include this statement or any detail about therapy budget units. There is not a minimum or maximum level of units for therapy services as long as justification for the request is provided. If limits must be specified, please consider this wording, “Requests from eligible recipients for therapy services with units over limits as outlined in the DDS service standards will require submission of additional documentation as applicable.” • What is meant by ‘... and licensure level’? All therapy practitioners are required to provide interventions according to their NM Licensure Acts, however therapy budget requests are based on the need of the individual rather than the licensure level of the provider. • Initial therapy evaluations are not billed at a frequency of ‘each unit’. At one point in the past, initial evaluations were approved/budgeted separately from ongoing therapy services budget units, but this was discontinued many years ago. <p>3. On the application, both p. 66 (Physical Therapy for Adults) and p. 70</p>	<p>DDS thanks you for your comment.</p> <p>During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11th, 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1st, 2026.</p> <p>DDS thanks you for your comment.</p>



	<p>(Speech and Language Therapy for Adults) include the wording below. I'm unsure why this is not included on p. 62 (Occupational Therapy for Adults)? Requesting that this information be added to p. 62 (Occupational Therapy for Adults) to ensure consistent expectations across therapy disciplines that align with the Collaborative Consultative Model of Service Provision.</p> <p>PTs/SLPs must:</p> <ul style="list-style-type: none"> • Deliver services consistent with the Collaborative Consultative Model • Collaborate with the individual, direct support personnel, and the interdisciplinary team (IDT) • Ensure services are person centered and aligned with ISP outcomes • Provide training and support to DSPs and caregivers as needed • Monitor the effectiveness of therapeutic interventions and adjust strategies accordingly 	<p>The requested language/information was added to page 62 of the waiver application. This will ensure consistent expectations for all therapy disciplines.</p>
<p>Provider</p>	<p>Comment:</p> <p>How many times have public comments from the Public Comment Meeting been actually incorporated into a CMS proposal when the comment period is less than 24-hours before the CMS response is due?</p>	<p>State Response:</p> <p>DDSD thanks you for your question.</p> <p>The state regularly reviews and carefully considers all public comments received. Feedback from stakeholders, including individuals receiving services, families, providers, and advocates, has directly informed revisions to proposals, program design, and implementation strategies. In many cases, public comment has led to meaningful changes that improve clarity, strengthen services, and better align programs with the needs of the community. While not every individual suggestion can be adopted, all input is evaluated and contributes to a more informed and responsive decision-making process. The state remains committed to transparency and engagement and values the important role that public participation plays in shaping effective and person-centered</p>



		systems.
DDSD	<p>Comment:</p> <p>Appendix I: Financial Accountability I-3: Payment (4 of 7) d. Payments to state or Local Government Providers. Specify whether state or local government providers receive payment for the provision of waiver services.</p> <p>No. State or local government providers do not receive payment for waiver services.</p> <p>Yes. State or local government providers receive payment for waiver services.</p>	<p>State Response:</p> <p>“No”, was incorrectly marked for this section of the waiver application.</p> <p>This error has been corrected, and the application was updated to reflect a “Yes” answer.</p> <p>Specify the types of state or local government providers that receive payment for waiver services and the services that the state or local government providers furnish:</p> <p>The below language was added as a requirement of a “Yes” answer to the above question of this section of Appendix I.</p> <p>Los Lunas Community Programs (LLCP), operated by the Health Care Authority (HCA), may be selected by a participant for services as a vendor. LLCP provides the following DD Waiver services: Adult Nursing, Community Integrated Employment-Individual, Crisis Supports, Customized Community Supports-Group and Individual, Living Supports-Intensive Medical Living, and Living Supports-Supported Living.</p>



DDSD	Comment: The rate increases, including rate parity for OT, PT, SLP, were not included in the drafted waiver application due to unforeseen delays.	State Response: During the public comment period, rate increases were not reflected in the waiver application due to legislative appropriations still being finalized. House Bill 2 was signed on March 11 th , 2026, and does contain appropriations for limited rate increases for designated service categories. These rate increases were written into the waiver application that was submitted to CMS on April 1 st , 2026.
Provider Organization	Comment: Appendix I-3 (c), Page 196 of the application - The state does not make supplemental or enhanced payments - Incentive payments for therapies	State Response: DDSD thanks you for your comment As defined in the CMS Technical Guide, the state does not make any supplemental or enhanced payments, in other words additions to the already existing rates, which include the incentive rates.