Public Comments: Mi Via Waiver Amendment for the 1915 (c) HCBS Mi Via Waiver (NM. 0448.R04)

The Mi Via Waiver is being amended to add Support Broker Services as a covered service. A public hearing was held on September 28, 2026. Support Broker Services are being added to ensure that Mi Via participants who do not have a guardian, family member, or other natural support available to assist with employer-related functions have access to the support needed to successfully direct and maintain their waiver services. In addition, the term "Employer of Record" is being replaced with "Supports Broker (voluntary or paid service)" to more accurately describe the role of the individual who assists the participant with employer-related functions and to align the waiver language with the new Support Broker Services. These changes are reflected in Appendices C (1/3), E-1, E-2, I-2, and J-2.

Commenter	Public Comment	State Response
Commenter: Advocate, Family member, Guardian and Employee of Mi Via participant.	**Comment:** What is the difference of the consultant and Support Broker responsibilities? What is the job description? Supports Broker sounds like a tough term or name. It would help to have a better title. Can the Support Broker work as a volunteer or does it have to be a paid service? If it is a paid service how would that be funded? If it is from the individual's budget, that's not right. The money allocated for that person should be used for the participant and their wellbeing.	**State Response:** DDSD thanks you for your comment. The name of the service was changed from Employer of Record to Support Broker in response to recommendations from the Centers for Medicare and Medicaid Services (CMS) to align with the federal definition. A consultant helps participants plan and coordinate their waiver services including assisting with development of their Service and Support Plan. The Support Broker helps the participant with employer-related functions. The Support Broker may serve in either a voluntary or paid capacity. The purpose of the Support Broker waiver service is to assist Mi Via participants who wish to self-direct their services but need additional support to do so with employer-related functions. This service was identified by participants as an area of need during town hall meetings and other opportunities for input. The addition of this service is a direct result of participant feedback and reflects the State's commitment to responding to participants' expressed needs

Commenter	Public Comment	State Response
		and supporting their ability to exercise choice and control over their services. A paid Support Broker is an additional option for participants who need this support and choose to use their Mi Via budget for the service. By adding this service, DDSD is expanding the ways participants can obtain the support they need to successfully self-direct their waiver services while maintaining flexibility and participant choice.
Commenter: Parent- Guardian of Mi Via Participant	**Comment:** Please note my support of adding a Supports Broker to the Mi Via Waiver. I am a parent of a child with a disability, and we are on the Mi Via Waiver. Our daughter is very much on her way to being her own decision maker, with support. I see this addition as beneficial and in alignment with much of the positive and forward motion New Mexico has been making for our individuals with disabilities.	**State Response:** Thank you.
Commenter: Disability Rights New Mexico, Legal Counsel	**Comment:** Please accept these brief comments from Disability Rights New Mexico (DRNM), our state's Protection & Advocacy System, a federally authorized nonprofit organization serving to protect, promote, and expand the legal rights of people with disabilities. We offer these quick thoughts regarding the proposed Mi Via Waiver application. We thank you in advance for consideration of our input. The environmental modification service continues a disservice to participants. The $5000 limit is illegal, as it disregards the individualized needs of participants. And to the extent this $5000 cap indeed serves as a limitation as stated in Appendix	**State Response:** DDSD thanks you for your comment. Environmental modification cap amount is at $5,000 recommendation to increase the cap to $7,000. The State agrees that the current $5,000 cap for Environmental Modifications

Commenter	Public Comment	State Response
	C, $5000 cannot possibly be both the upper limit and the "Avg. Cost/Unit" as reflected in Appendix J. The bigger problem is that the MVW started with a $7000 e-mod cap, and the reduction now leaves the participant with a real spending power – adjusted for inflation in the home rehab field – of about 1/3 what it was when the program began. This is a disgrace. The new proposed "Support Broker" service leaves many open questions. DDSD and HCA repeatedly promised the advocacy community that the EOR service would become a paid MVW service outside of – in addition to – the participants' budgets. Is that still the proposal? If not, when and why did it change? Excuse me if I am missing it, but the draft application – to my eyes – seems to suggest that the "Support Broker" service would be pulled out of the participant's IBA or MVW budget. Obviously, the participants who need this service would much prefer that it not hit the budget for their necessary services. The frequent pitch for many months from DDSD/HCA that the new EOR service would not come out of the MVW budget was widely celebrated, and this proposal as I read it seems to be a significant disappointment. Furthermore, the "Support Broker" billing is neither self-evident nor explained in any way. Appendix J shows the "Avg. Units Per User" as 360 hours per year, though I would be stunned if anyone's "Support Broker" service is really needed for almost an hour daily throughout the year. At the $20.65 "Avg. Cost/Unit," this would then mean that HCA expects the average participant user of this service would lose $7434 per year from their budget for their services. Is this really the intention? Does HCA think this a good idea?	may be insufficient to meet participant's needs. DDSD requested additional legislative funding during 2026 legislative session to increase the cap to $7,000; however, the requested funding was not approved. DDSD will continue to monitor participant needs and seek opportunities to increase the rate in the future. Regarding the proposed Support Broker service, we recognize the concerns expressed about how this service would be reflected within the participant budget and questions raised about prior discussions related to the Employer of Record (EOR) service and whether it would remain outside the Mi Via budget. DDSD secured input and recommendations of Support Broker (EOR) as a waiver service during the Mi Via Waiver Renewal town hall meetings. The town halls were held throughout the state. At that time, it was shared that the Support Broker may serve in either a voluntary or paid capacity. A participant may use a guardian, family member, or other natural support as a voluntary Support Broker at no cost to the participant. When a participant chooses to use a paid Support Broker, the cost of that service will be paid from the participant's Mi Via budget. This information was well received, and the feedback was mostly positive. The proposed service was developed in response to positive feedback received statewide during Mi Via Waiver Renewal Town Halls.

Commenter	Public Comment	State Response
	DRNM thanks HCA and MAD for your commitment to our shared constituents. The Mi Via Waiver program represents a fabulous opportunity for many of the most vulnerable people in our state. We support any effort to help it live up to its potential to best serve these participants. Please do not hesitate to contact me with any questions or other feedback.	By adding the Support Broker as a paid service, DDSD is expanding opportunities for participants to access the support they need to successfully self-direct their waiver services while preserving flexibility and participant choice. When additional support is needed, participants will have the option to hire a Support Broker and access these services using funds from their annual budget.
Commentor: Advocate on behalf of Mi Via Stakeholders, Participants, parents and family members and consultants.	**Comment:** Submitted on behalf of Mi Via stakeholders, including participants, parents and family members, and consultants. We support providing assistance when participants lack an eligible and willing person to perform necessary employer-related functions. Our concerns involve the proposed Support Broker structure, the program-wide replacement of the EOR designation, overlap with existing roles, and insufficient operational detail. Before CMS approval or implementation, HCA should identify and quantify the need; distinguish the authority and responsibilities of participants, voluntary EORs/Support Brokers, paid Support Brokers, consultants, and the FMA; explain the eligibility, utilization, and rate methodology; and establish safeguards protecting participant choice, program integrity, and Medicaid funds. Stakeholders are being asked to comment on a major structural change before the State has fully defined the systems, provider structure, training requirements, monitoring, accountability, and operational procedures that will determine how the service works in practice. The status of the Mi Via Service Standards further complicates meaningful public comment. Draft Service Standards prepared for October 1, 2025,	**State Response:** DDSD thanks you for your comment. The purpose of the Support Broker waiver service is to assist Mi Via participants who wish to self-direct their services but need additional support to do so with employer-related responsibilities. DDSD secured input and recommendations of Support Broker, previously Employer of Record (EOR) as a paid service during the Mi Via Waiver Renewal Town Halls. The town halls were held throughout the state. This service was identified by participants as an area of need during town hall meetings and other opportunities for input. At that time, it was shared that the Support Broker may serve in either a voluntary or paid capacity. A participant may use a guardian, family member, or other natural support as a voluntary Support Broker at no cost to the participant. The Support Broker service is an additional option for participants who need this support and choose to use their Mi Via budget for the service. The addition of this service is a direct result of participant feedback and reflects the State's

Commenter	Public Comment	State Response
	waiver renewal already incorporated EOR as a paid service before that service received CMS approval. HCA has since acknowledged that CMS requested removal of the paid EOR service from the 2025 renewal pending additional federal review (HCA-MVU DDSD Consultants Agenda July 16, 2026). Those revised Service Standards still have not been formally released, and as recently as July 16, 2026, DDSD stated that they remained in final review and were anticipated to be released by the end of the summer. HCA is now asking stakeholders to comment on essentially the same proposed service under a new name, while the unreleased standards apparently contain provisions developed for the earlier, unapproved Paid EOR model. HCA should publish the current draft standards, identify every provision affected by the proposed Support Broker amendment, and explain its plan for revising the standards if CMS modifies or does not approve the amendment. Stakeholders should not be required to evaluate a major new service without knowing which portions of the governing operational standards are current, obsolete, contingent, or still under revision. The result is a circular process in which stakeholders are being asked to comment on a proposed waiver service while the standards that would govern that service remain unpublished and, in part, appear to have been drafted around a version of the service that CMS did not approve. Also, let it be noted that HCA began communicating the EOR-to-Support-Broker change to stakeholders before completion of the formal waiver amendment process. At the July 16, 2026, DDSD Consultants Meeting, HCA stated that EOR terminology would be changed to Support Broker for both voluntary and paid EORs and that "Employer of record will now be called Support Broker." (HCA-MVU DDSD Consultants Agenda July	commitment to responding to participants expressed needs allowing DDSD to expanded the ways participants can obtain the support they need to successfully self-direct their waiver services while maintaining flexibility and participant choice. The Employer of Record role currently exists in the Mi Via Program. The role is going to remain the same with the opportunity to allow payment to individuals serving participants with employer-related functions and access to systems that Employer of Record currently uses such as FOCoSonline and Palco. The name Employer of Record was changed to Support Broker in response to recommendations from the Centers for Medicare and Medicaid Services (CMS) to align with the federal definition of Support Broker. Provider agency structure is currently outlined in the drafted waiver application and can be found on page 65-67, Appendix C1/C3. Training requirements for EORs/Support Brokers are currently outlined in the current Mi Via Service Standards Appendix G page 3 and will remain the same once implemented. The rate methodology was outlined in the 2025 HMA Rate Study final report. Monitoring, accountability and operational procedures will be included in the draft service standards that will be released for stakeholder feedback October 6, 2026. The content and scope of service was shared during the Mi Via waiver town halls that were conducted throughout the state.

Commenter	Public Comment	State Response
	16, 2026). The same presentation showed that the formal Notice of Public Comment was planned for August 2026 and submission to CMS for October 2026. HCA was also already soliciting feedback on renaming and revising the EOR Guidebook as the Supports Broker Guidebook, with stakeholder feedback due before the formal public-comment period had concluded. Communicating a proposed terminology change as an impending program change before completion of public comment and CMS approval creates unnecessary confusion, particularly where the term appears throughout the waiver, NMAC, Service Standards, FMA forms and agreements, FOCoS, Training Hub materials, participant documents, and other program policies and instructions. If CMS does not approve the amendment as proposed, or requires modification, HCA will then have to correct terminology that stakeholders have already been told is changing. Proposed changes should be clearly identified as proposed and contingent upon CMS approval until that approval occurs. 1. What problem is the service intended to solve? HCA's August 18, 2026, notice states that Support Broker Services will assist participants who lack a guardian, family member, or other natural support available to perform employer-related functions. HCA should distinguish participants who truly lack appropriate natural support from those whose family or other supports cannot or do not serve as unpaid EORs because they provide paid Mi Via services. HCA should provide supporting data, including how many participants have been unable to enter or remain in Mi Via because no qualified unpaid EOR was available, why an EOR was unavailable, and what alternatives were considered.	The Standards are still in draft process and will be released for stakeholder feedback in October 2026. The proposed language will be incorporated into the service standards for stakeholder review and feedback prior to finalization. DDSD will issue updated Mi Via Service Standards with the Support Broker service included once CMS approves the service.

Commenter	Public Comment	State Response
	Vendor-only participants and authorized signers Current Mi Via rules do not require an EOR for participants using only vendors. Instead, an authorized signer may approve vendor payment requests. This role is materially different because there are no participant-employed workers to recruit, hire, train, supervise, terminate, or manage through payroll. An authorized signer does not complete the FMA EOR packet and does not apply for an EIN number. HCA should clarify whether this option will remain after the EOR-to-Support-Broker change; whether a vendor-only participant without an unpaid signer may use a limited paid authorized signer rather than the broader Support Broker service; and, if not, why a participant with no employees requires a service structured around employer responsibilities. 2. What changed from the 2025 Paid EOR proposal? The paid EOR service included in the 2025 Mi Via renewal was not approved as part of that renewal, and HCA later indicated it would pursue the service through a waiver amendment. The 2026 proposal is more than a terminology change. The earlier proposal described a paid EOR; the current amendment describes a paid Support Broker "assisting with employer-related functions." Other elements have changed while significant utilization and cost assumptions remain. HCA should publish a 2025-to-2026 crosswalk identifying what was retained, revised, removed, or added and why. HCA has stated that CMS suggested the Support Broker terminology. HCA should identify that CMS communication and clarify whether CMS recommended the term for the reimbursable	The addition of Support Broker as a paid service is an opportunity to expand participant choice, flexibility, and access to self-directed services. The purpose of the Support Broker waiver service is to assist Mi Via participants who wish to self-direct their services but need additional support to do so with employer-related functions. The Support Broker service does not change the existing options available to participants. Participants may continue to use a guardian, family member, or other natural support as a Support Broker on a voluntary basis. Vendor-only participants may also continue to use an authorized signer, consistent with current requirements. A paid Support Broker is an additional option for participants who need this support and choose to use their Mi Via budget for the service.

Commenter	Public Comment	State Response
	service or replacing 'EOR' throughout Mi Via, including for unpaid individuals. HCA should also identify substantive changes made following CMS review. 3. Replacing 'EOR' with 'Support Broker' creates substantive terminology and implementation problems HCA's notice states that 'Employer of Record' will become 'Supports Broker (voluntary or paid service).' This is not merely a terminology change. 'Employer of Record' identifies the individual's function and authority: the person serves in an employer role. 'Support Broker' ordinarily describes assistance with self-direction and does not itself communicate employer status or authority. If the individual continues to hire, supervise, terminate, approve employee time and payment, and perform other employer responsibilities, replacing 'EOR' with 'Support Broker' makes the nature of the role less apparent rather than more accurate. The terminology is also inconsistent with other self-directed models. New Mexico's Self-Directed Community Benefit Waiver (SDCB) uses "Support Broker" for its Case Manager/Consultant-like self-direction assistance role while separately retaining an EOR. Under the proposed terminology, SDCB would have a Support Broker and an EOR, while Mi Via would have a consultant and a 'Support Broker' who may be either an unpaid person performing the former EOR role or a paid Medicaid provider. Both programs utilize the same FMA Call Center (CCSC) and share both several Palco FMS and FMA Conduent forms. Palco's Support Brokerage model provides another useful comparison. Its Support Broker functions as an advisor or coach assisting with self-direction activities while preserving participant decision-making authority. This	By adding this service, DDSD is expanding the ways participants can obtain the support they need to successfully self-direct their waiver services while maintaining flexibility and participant choice. The Employer of Record description in the 2025 Mi Via Waiver renewal remains consistent with the Mi Via Waiver Amendment language and CMS Technical Guide. Per the CMS Technical Guide, the core service definition is as follows "*Service/function that assists the participant (or the participant's family or representative, as appropriate) in arranging for, directing and managing services. Servicing as the agent of the participant or family, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and service. Practical skills training is offered to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing and providing information on effective communication and problem-solving. The service/function includes providing information to ensure that participants understand the responsibilities involved with directing their services. The extent of this assistance is furnished to the participant, or family is specified in the service plan. This service does not duplicate other waiver services, including case management. ´*

Commenter	Public Comment	State Response
	illustrates that support brokerage and employer authority are not inherently the same function. The terminology change also has extensive implementation consequences. 'Employer of Record' is embedded throughout Mi Via's governing and operational framework, including the waiver, NMAC, Service Standards, FMA forms and agreements, FOCoS, Training Hub materials, participant and EOR documents, vendor and consultant agency websites, other policies and instructions. A program-wide change requires HCA to identify and reconcile every document, system, training resource, and policy that assigns rights or responsibilities to an EOR. The FMA implications are particularly significant. Mi Via and the SDCB Waiver currently use common Palco employee and vendor documentation after previously separate program packets were consolidated. If SDCB retains an EOR while Mi Via replaces EOR with Support Broker, HCA should explain whether separate program packets will again be necessary and how common FMA forms will accurately identify employer authority in each program. The terminology also cannot eliminate employer terminology used outside Mi Via. Tax, employment, unemployment, workers' compensation, and workforce processes may continue to identify the responsible individual as an employer or household employer. HCA should explain how the new 'Support Broker' designation will correspond to those external classifications and prevent uncertainty about who actually holds employer authority and responsibility. HCA should clarify whether CMS recommended 'Support Broker' specifically for the new paid service or also recommended eliminating the EOR designation for unpaid individuals; whether the legal or common-law employer changes or only	The scope of the service remains the same, the only difference was the name change. The name of the service was changed from Employer of Record to Support Broker in response to recommendations from the Centers for Medicare and Medicaid Services (CMS) to better align the name to the federal definition.

Commenter	Public Comment	State Response
	the Mi Via terminology; how Mi Via's terminology will be distinguished from SDCB's existing Support Broker and EOR roles; whether Palco will require separate Mi Via and SDCB employee packets, vendor agreements, or other FMA documents; and what inventory HCA has completed of regulations, waiver provisions, Service Standards, FMA materials, FOCoS functions, Training Hub materials, forms, policies, and participant documents requiring revision. HCA should also state whether the paid Support Broker is intended to support the person exercising employer authority or actually assume some or all of that authority. Unless HCA can demonstrate that 'Support Broker' accurately describes the legal and operational role and can be implemented consistently, retaining a distinct EOR designation for the employer role would provide greater clarity. 4. Employer authority and legal responsibility must be explicit Changing a title does not determine who is the employer or who holds legal authority. For each arrangement - participant acting independently, guardian/legal representative, voluntary EOR/Support Broker, and paid Support Broker - HCA should identify: • the legal/common-law or household employer; • who hires, trains, schedules, supervises, disciplines, and terminates employees; • who signs FMA employer and tax documents; • who approves time sheets and vendor payments; • who controls the budget; • which functions a paid Support Broker assists with or performs as an authorized agent; and	The Support Broker name is replacing the Employer of Record in response to recommendations from the Centers for Medicare and Medicaid Services (CMS) to better align the name to the federal definition. However, the responsibilities of

Commenter	Public Comment	State Response
	• who bears legal and financial responsibility for errors. If a paid Support Broker assists rather than replaces participant employer authority, that boundary should be explicit. 5. Eligibility requires objective standards The amendment refers to the absence of a guardian, family member, or natural support willing and able to serve voluntarily but does not explain how that determination will be made. HCA should define 'willing and able,' identify who makes the determination and what documentation is required, and provide review or appeal rights. It should clarify whether an existing unpaid EOR may become a paid Support Broker and how that is consistent with eligibility based on the absence of a willing volunteer. Eligibility rules should also address participants acting for themselves and vendor-only authorized signers. 6. Support Broker, Consultant, and FMA responsibilities must be separated Per the current Mi Via Service Standards/Service Descriptions (March 1, 2023), Consultants are required to assist with program requirements, SSP and budget development and implementation, identifying EORs, locating and hiring workers and contractors, FMA processes, problem solving, and monitoring. The proposed Support Broker scope overlaps these duties and existing EOR functions. HCA should publish a function-by-function responsibility matrix covering the participant, voluntary EOR/Support Broker, paid Support Broker, consultant, and FMA and explain how duplicate reimbursement will be prevented where Consultant and Support Broker Services overlap. Any responsibilities shifting from consultants to paid Support Brokers should be expressly	the Support Broker will include hiring, training, scheduling, supervising and terminating employees. They will also be responsible for completing the FMA employer and tax documents including approving time sheets and vendor payments as required in the current Mi Via Service Standards. The participant has full budget authority as is currently captured in our approved waiver. This authority is not changing. Current Mi Via service standards (Appendix A, Service descriptions) identifies the roles that the FMA and TPA have as well as the Employer for Record (EOR), to be renamed Support Broker, Responsibilities. The responsibilities and roles of the EOR will remain the same under the name of Support Broker. The TPA will continue to review Mi Via budgets and the FMA will continue to process payroll and oversee the process of background checks and hiring of employees. The need for a Support Broker is identified solely by the Mi Via waiver participant. The participant has full ability to self-direct their waiver service including identification of the need of a paid Support Broker. If at any time a budget request is denied, the Mi Via participant has the right to: 1) reconsideration request; 2) agency review conference; and 3) a fair hearing.

Commenter	Public Comment	State Response
	identified rather than leaving overlapping paid services. 7. A paid professional service requires professional competency and accountability The existing EOR structure was designed around an unpaid, participant-selected individual, often a family member or other natural support. Historically, the role has not been accompanied by standardized operational training, demonstrated competency, professional supervision, or provider-level accountability comparable to a Medicaid-paid professional service. The proposed model changes that relationship. Once Medicaid reimburses an individual or agency to perform or assist with employer functions, the State should establish corresponding competency, security, supervision, documentation, and accountability standards. The existing Training Hub EOR training provides a brief overview of EOR responsibilities but does not teach the operational tasks involved in performing the role. FMA/FOCoS billing training materials also exist, are outdated, but completion of billing training and a competency quiz is no longer a prerequisite to receiving FOCoS credentials as it was previously. A paid Support Broker therefore requires more than general program orientation. Depending on the final scope, required competency should address: • recruiting, interviewing, hiring, supervising, disciplining, and terminating employees; • lawful interviewing and hiring practices, including nondiscrimination requirements; • applicable wage-and-hour and basic employment requirements;	Vendor-only participants may also continue to use an authorized signer, consistent with current requirements. A Support Broker is an additional option for participants who need this support and choose to use their Mi Via budget for the service. In the Mi Via Waiver application, and draft Mi Via Service Standards, the Support Broker, Consultant and Financial Management Agency (FMA) responsibilities are separated and outlined including roles, responsibilities and functions.

Commenter	Public Comment	State Response
	• workers' compensation processes and unemployment claims; • personnel records and employer documentation; • FMA employee enrollment and termination; • FOCoS billing, timesheet and vendor-payment approval, and corrections; • EVV duties and responsibilities; • monitoring authorized services, units, and participant budgets; and • recognizing when an employment, payroll, tax, legal, or other matter requires referral to the FMA, HCA, or an appropriate professional. HCA should identify who will develop and deliver standardized training, what competency must be demonstrated before a paid Support Broker receives FOCoS or payment-approval authority, who verifies initial and continuing competency, and what continuing education is required. The FMA's responsibility for training individuals who exercise payroll and payment authority through its systems should also be defined. If Support Broker agencies may train their own staff, HCA should establish qualifications for the entities providing that training. Experience as a Medicaid provider, consultant agency, or other waiver provider does not by itself demonstrate expertise in employer responsibilities, employment practices, or Mi Via FMA operations. Consultant understanding of the EOR role and its responsibilities vary. The paid model also requires stronger system controls. HCA should require unique user credentials, prohibit credential sharing, maintain audit trails identifying who enters, modifies, and approves payment information, and establish appropriate segregation of duties so employees or	Professional competency and accountability will be included in the drafted Mi Via Service Standards, pending CMS approval. DDSD is updating all other relevant training and operational materials to reflect the Support Broker name and responsibilities, and these will be published once the service is approved by CMS.

Commenter	Public Comment	State Response
	vendors cannot effectively review or approve their own payments using another person's credentials. The transition from an unpaid natural-support role to a Medicaid-reimbursed professional service should be accompanied by a corresponding transition from informal role expectations to defined competency, security, supervision, documentation, and accountability standards. 8. The provider model must be defined Before enrollment, HCA should publish requirements governing Support Broker agencies, including provider enrollment and agreements; ownership and controlling interests; employee/contractor status; qualifications and supervision; background and exclusion screening; insurance and bonding; confidentiality and information security; record retention; quality review and audits; conflicts and anti-steering; sanctions and recredentialing; and remote-work protections. A paid provider handling employer functions; payment authority, confidential employment information, and participant budgets require clear organizational accountability in addition to individual Support Broker competency. Rural access and contact requirements also need to be defined before implementation. If Support Broker Services are furnished through enrolled provider agencies that must accept participants who select them, HCA should explain how statewide access will be assured when participants live in rural or remote areas and few or no Support Broker providers are located nearby. The State should specify whether any face-to-face contact will be required, how often it must occur, whether remote contact may substitute for in-person contact, and what standards will apply when a Support Broker is	

Commenter	Public Comment	State Response
	responsible for employer oversight without routinely observing the participant's services in person. These questions are especially important because the EOR role is expected to involve familiarity with the participant, the participant's needs, employees and vendors, and the services being authorized and paid. HCA should explain how a paid Support Broker can meaningfully supervise employer-related functions, verify that services are being furnished as authorized, and exercise payment approval responsibilities when the broker may be serving participants hundreds of miles away or primarily through remote contact. The amendment should also address what happens if no Support Broker provider is available or willing to serve a participant in a rural area. 9. Utilization, rate, and budget impact require support The amendment assumes approximately 360 hours per paid-service user annually - 30 hours monthly - at $20.65 per hour. At 30 hours per month, a 25-participant caseload would represent 750 billable service hours per month, which is not operationally possible for one full-time worker and calls into question how the utilization and caseload assumptions were developed. HCA has received substantial feedback from Mi Via stakeholders regarding this large number possible hours to be billed against the participant's budget. At $20.65/hour that equals $7,434.00 a year. This seems in opposition to recent efforts to maximize budget funds for needed services through increased budget IBAs, and the cessation of billing GRT from the participant's budgets in January 2026.	The provider model is currently defined within the waiver application C1/C3 under Service Delivery Method with provider requirements outlined under Provider Specifications. Upon CMS approval, provider applications will be available through DDSD's Provider Enrollment and Relations Unit. The provider application will outline all policies and procedures that are required of a Support Broker (SB) agency. No SB agency will be able to provide services without approval and a contractual agreement with DDSD.

Commenter	Public Comment	State Response
	The Mi Via consultant role encompassing monthly face-to-face contact, service-plan development, budget work, monitoring, documentation, coordination, problem solving, and extensive administrative responsibilities operates on a dramatically smaller monthly time scale than the proposed 30 hours per participant for employer-related Support Broker functions. Consultant monthly duties per participant would be an approximate 1-2 hours per month depending on participant location and other factors. HCA should explain what task-and-time analysis supports an assumption that Support Broker duties require 360 hours annually. HCA should identify the evidence supporting 360 hours and clarify whether 30 hours monthly is an actuarial assumption, expected utilization, authorization ceiling, or presumptive service level. HCA should explain the $20.65 rate methodology and whether it represents an individual wage or total agency reimbursement. If it is the agency rate, the methodology should account for payroll costs, supervision, training, insurance, records, overhead, and other provider obligations. The utilization assumption should also be reconciled with the previously discussed 25-participant caseload: 30 hours monthly for 25 participants equals 750 service hours per month before administrative or supervisory time. HCA should state whether Support Broker Services comes from the participant's existing budget or an additional allocation. Participants should not lose needed disability services because they require paid assistance to exercise self-direction. 10. Documentation, payment approval, and liability must be defined	

Commenter	Public Comment	State Response
	Can a paid Support Broker approve employee time or vendor payments without observing the underlying service? HCA should define sufficient verification and distinguish documentation review from verification that a service occurred. Standards should address timesheet and vendor-payment approval, budget and unit monitoring, documentation deadlines, prevention of unauthorized expenditures, system alerts and audit trails, unsupported or fraudulent documentation, overpayments and recoupment, and allocation of responsibility among the participant, legal employer, Support Broker, agency, employee/vendor, and FMA. Payment controls should also ensure that the individual whose service is being billed cannot effectively perform the Support Broker's approval function. If paid providers assume functions associated with EOR financial responsibility, HCA should state whether they also assume responsibility for errors or unsupported approvals arising from those functions. 11. Conflict-of-interest and participant-choice protections are necessary HCA should clarify whether existing Mi Via Consultant agencies will be permitted to enroll as Support Broker providers. HCA should clarify the proposed change to this conflict-of-interest standard and explain how independence will be maintained. HCA has stated that Mi Via consultant provider agencies will be allowed to apply for the Support Broker Services contract. Paid Support Brokers will have participant access and influence over employees, vendors, budgets, and payments. HCA should prohibit steering, solicitation, self-dealing, misuse of confidential information, and related-provider conflicts.	

Commenter	Public Comment	State Response
	The current March 1, 2023, Mi Via Service Standards, F. Conflicts of Interest "A Consultant Agency may not be a provider agency for any other Mi Vi Waiver service." The current Mi Via Waiver NMAC 8.314.6 states "consultant agency cannot provide other direct services to an active Mi Via participant it serves." Support Broker agencies should follow ethics and conflict standards at least comparable to those for consultants. System access should be limited to the minimum necessary, auditable, and prohibited from use for marketing, recruitment, solicitation, or competitive purposes. 12. Support Broker changes must not interrupt services HCA should establish transition procedures covering FMA paperwork, effective dates, system access, employee/vendor relationships, records, payment authority, and continuity of payroll and vendor payments. An expedited process is also needed when a paid Support Broker resigns, is terminated, becomes unavailable, or is removed for alleged misconduct. Participants should not lose workers or payments because an administrative provider changes unexpectedly. Changing an EOR at the FMA is not a speedy process. The prospective EOR must correctly complete the EOR Enrollment paperwork. The FMA has up to ten working days to review and request corrections, which starts the ten-day review process again. Also, all Vendors and employees must be re-hired by correctly completing new packets under the new EOR. This process has historically been difficult, as the packets are tricky and can cause multiple rejections.	If a Mi Via participant chooses to transition to a Support Broker service, the current Support Broker must continue providing the necessary assistance until the new Support Broker is in place. Support Broker agencies should follow their established transition policies to ensure continuity of support during any transition. Once the Support Broker service is approved by CMS, DDSD will provide a statewide listing of available Support Broker agencies for participants to select from.

Commenter	Public Comment	State Response
	13. Systems and responsibilities must be operational before launch The model depends on FOCoS, the FMA, Training Hub, provider enrollment, payment authority, and employee/vendor relationships. HCA should define system changes and responsibility for enrollment, employee training monitoring, documentation follow-up, corrections, and compliance. Support Broker agencies should be responsible for obligations assigned to their own staff and for employee-management functions assigned to the paid service. These duties should not be shifted to consultants as unpaid administrative support for another Medicaid provider. The complete workflow should be tested before implementation, including enrollment, broker changes, employee/vendor relinking, payment approval, recoupment, credential termination, and emergency replacement. 14. Material implementation standards require stakeholder review Service Standards, provider applications and agreements, FMA procedures, training requirements, system instructions, audit tools, and similar materials are substantive when they determine provider authority, competency, payment requirements, conflicts, liability, and participant choice. If these materials exist, HCA should publish them. If they are developed later, stakeholders should receive a meaningful opportunity to review material requirements before implementation. Providing appropriate assistance to participants who need help exercising self-direction is a legitimate objective. It should be accomplished through a clearly defined service that preserves participant authority, avoids duplication, requires	Current Mi Via service standards (Appendix A, Service descriptions) identifies the roles that the FMA have and the role of the TPA as well as the Support Broker (EOR) Responsibilities. Those responsibilities and roles will remain the same. The TPA will continue to review Mi Via budgets and the FMA will continue to process payroll and oversee the process of background checks and hiring of employees. In the Mi Via Waiver application, and draft Mi Via Service Standards, the Support Broker, Consultant and Financial Management Agency (FMA) responsibilities are separated and outlined including roles, responsibilities and functions.

Commenter	Public Comment	State Response
	demonstrated professional competency, assigns accountability to paid providers, and protects participants and Medicaid program integrity.	
Commenter: MV Program Manager w/ UNM-CDD Parent and Advocate	**Comment:** Clarify the language related to who can be a Support Broker. We have a number of participants who are their own EOR. DDSD did not add that language, otherwise it sounds like participants are not capable of being their own EOR. Second of all, people are strapped and we are trying to get away from "the middleman" the best policy is not to use the service. If you have a paid EOR then you reintroduce that middleman. I highly encourage that the EOR/ Support Broker role be outside the budget. You will not have by in; families will continue to struggle. That money can go to speech therapy and other services. I highly recommend that the state go back to having this service outside the budget. Support Broker is not the right word to use. We already have support brokers in the Medicaid world, and they are kind of used as a case manager. I know the state is being really stubborn here. The self-directed programs confuse people. If you use this term, you will have so much confusion. The standards are not finalized yet so, we have a chance to change this. The problems will fall on the families and consultants and not the state, that's all I have right now.	**State Response:** DDSD thanks you for your comments. The Mi Via program continues to allow participants to serve as their own Support Broker, formerly referred to as the Employer of Record (EOR), when they meet applicable program requirements. The introduction of the Support Broker service does not change or limit a participant's ability to self-direct services or manage their own Support Broker responsibilities. DDSD secured input and recommendations of Support Broker, previously Employer of Record (EOR) as a paid service during the Mi Via Waiver Renewal town hall meetings. The town halls were held throughout the state. At that time, it was shared that the Support Broker may serve in either a voluntary or paid capacity. A participant may use a guardian, family member, or other natural support as a voluntary Support Broker at no cost to the participant. When a participant chooses to use the Support Broker service, the cost of that service will be paid from the participant's Mi Via budget. This information was well received, and the feedback was mostly positive. The proposed service was developed in response to positive feedback received statewide during Mi Via Waiver Renewal town halls. The Support Broker may serve in either a voluntary or paid capacity. Participants who do not need or choose not to use a paid Support

Commenter	Public Comment	State Response
		Broker may continue to manage their own employer-related responsibilities or use available natural support. The Support Broker is not a case management service, is not a middleman, and does not replace the participant's responsibility for directing their waiver services. The service is intended to provide additional support, when needed, while maintaining the participant's authority and decision-making role. DDSD also acknowledges the concern regarding the term "Support Broker" and the potential for confusion with other services or roles with the Self-Directed Community Benefits Medicaid program. The name of the service was changed from Employer of Record to Support Broker in response to recommendations from the Centers for Medicare and Medicaid Services (CMS) to align with federal definition.
Commenter: DDSD-HCA Staff-Alix Dean	**Comment:** A technical correction is needed to the working age definition in the draft Mi Via waiver application. DDSD's working age definition is: The age at which an individual is legally permitted to work, set under state and federal law as 14 years old. Please strike references to working age "adult" and the working age definition that does not match the above official definition. Corrections are needed on pages 55 and 56. Additionally, please remove the term "exhausted" from lines #15 and 16 of the service definition for Supported Employment (page 55). In both cases, please replace "exhausted" with "completed."	**State Response:** DDSD thanks you for your comment. The state has adopted these changes, and the language has been updated.