



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

March 1, 2026

Interested Parties:

The Medical Assistance Division (MAD) of the Health Care Authority (HCA) is seeking approval from the Centers for Medicare and Medicaid Services regarding renewal of the 1915c Home and Community-Based Services (HCBS) Developmental Disabilities Waiver. The State intends to submit the renewal to the Centers for Medicare and Medicaid Services (CMS) on April 1, 2026.

The key components of the proposed changes under the waiver amendment are as follows:

1. Throughout the application, 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.
2. **Throughout the application, language referencing the Jackson Class Lawsuit and Members was removed as the state formally exited the *Jackson, et al. v. Los Lunas Center for Persons with Developmental Disabilities, et al.* lawsuit in April 2022.**
3. Appendix A: Language differentiating between the roles and responsibilities of the administrative and operational agencies was removed due to the creation of the Health Care Authority (HCA). The performance measure tracking the percentage of delegated functions/deliverables specified in the Joint Powers of Agreement (JPA) with which DOH is compliant was eliminated.
4. Appendix A, Use of Contracted Parties: Language was updated regarding the use of contracted parties, including Third Party Assessor (TPA) compliance and operational requirements. Language related to the University of New Mexico Outside Reviewer (OR) was removed due to the termination of the OR contract, which was ended to simplify and streamline the budget review and approval process for DD Waiver participants.
5. Appendix B and J: Projections for unduplicated recipient counts were updated in tables B-3a and J-2-a.

6. Appendix B-6: Language was updated throughout to standardize Third-Party Assessor (TPA) processes to align with the contracted-party updates made in Appendix A, Use of Contracted Parties.
7. Appendix B-6, d and f: Language was updated for consistency and standardization across waivers, and the Vineland/norm-referenced adaptive behavior scale was added as an approved assessment tool.
8. **Appendix B-6 and D: Evaluation/Reevaluation of Level of Care language is update for consistency and standardization across waivers.**
9. Appendix B-7: Freedom of Choice, Procedures: Language was updated to clarify procedural step and maintenance of records.
10. Appendix B-8: Participant Access and Eligibility. Language was updated to reflect current resources.
11. Appendix C1/C3 The requirement for providers to hold a Certificate of Accreditation from Certificate of Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Quality and Leadership in Supports for People with Disabilities (CQL), or an approved waiver issued by DDS was removed.
12. Appendix C1/C3: The Outside Reviewer contractor (OR) was removed and replaced with the Third-Party Assessor (TPA) to align with the contracted-party updates made in Appendix A, Use of Contracted Parties. All COVID-19–related language was removed from the appendix.
13. Appendix C1/C3, Supported Employment, Community Integrated Employment: The requirement for the Person-Centered Assessment (PCA) was removed, as the information it collected is already captured through other person-centered documents, including the Individual Service Plan (ISP).
14. Appendix C1/C3, Residential Habilitation, Living Supports: Added language to strengthen participant protections from eviction in accordance with the HCBS Settings Requirements, which outline tenant-like rights and protections for individuals receiving waiver services.
15. Appendix C1/C3, Other Service, Adult Nursing: The language requiring a medical emergency response plan was removed as this requirement has been discontinued and language was added clarifying age requirements for adult nursing services.
16. Appendix C1/C3: For congruency among services and waivers, language was updated under all services in the section of Other Standards, Entity Responsible for Verification, and Frequency of Verification.
17. Appendix C and I: Language was removed related to temporary additional funding previously available through the American Rescue Plan Act (ARPA) of 2021, as this funding is no longer available to states.
18. Appendix C-2. a: Language regarding criminal history and/or background investigations was

updated.

19. Appendix C-2. b: Clarifying language was added to Abuse Registry Screening to ensure the continuity of care when a service provider is added to the abuse registry.
20. Appendix D: Language related to service plan development process, implementation and monitoring was updated.
21. Appendix F: Language related to additional dispute resolution and the grievance complaint system was updated.
22. Appendix G: Language was updated to clarify responsibility for reviewing and responding to critical events or incidents, as well as reporting and follow-up requirements to align with the creation of the HCA.
23. Appendix H: Language was updated to describe how the state identifies trends, prioritizes emerging issues, and incorporates them into system implementation.
24. Appendix I: Appendix I: Language was updated to reflect the current financial integrity and accountability process, and current rate methodologies.
25. **Appendix J: Removal of “Community Integrated Employment, Job Aide” as a component of the Community Integrated Employment Service as the same support is provided under Community Integrated Employment, Job Maintenance.**
26. **Appendix J: Removal of “Community Inclusion Aide” as a component of the Customized Community Supports Service as the same support is provided under Customized Community Supports, Individual.**

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

A public hearing to receive testimony on this proposed waiver renewal will be held on **March 30, 2026, at 9:00 a.m., Mountain Time (MT)**. The hearing will be held in the Large Conference Room at the Administrative Services Division (ASD), 1474 Rodeo Rd., Santa Fe, NM 87505 and via Microsoft Teams.

Microsoft Teams meeting

Join: <https://teams.microsoft.com/meet/24338884021918?p=rpDUouLSkZG8bGVkTE>

Meeting ID: 243 388 840 219 18

Passcode: MC6Hy3tz

Dial in by phone

[+1 505-312-4308,,221966294#](tel:+15053124308221966294) United States, Albuquerque

Phone conference ID: 221 966 294#

Interested parties may submit written comments directly to: Health Care Authority, Office of the Secretary,

ATT: Medical Assistance Division Public Comments, P.O. Box 2348, Santa Fe, New Mexico 87504-2348.

Recorded comments may be left at (505) 827-1337. Interested persons may also address comments via electronic mail to: HCA-madrules@hca.nm.gov. Written mail, electronic mail and recorded comments must be received no later than **5:00 p.m. Mountain Time (MT) on March 30, 2026**. Written and recorded comments will be given the same consideration as oral testimony made at the public hearing.