



Michelle Lujan Grisham, Governor

Kari Armijo, Secretary

Alanna Dancis, Acting Medicaid Director

January 21, 2026

RE: Tribal Notification to Request Advice and Comments Letter 26-01: Proposed Renewal of 1915(c) Home and Community-Based Services (HCBS) Developmental Disabilities Waiver

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 March 23, 2026**, regarding the renewal of 1915(c) Home and Community-Based Services (HCBS) Developmental Disabilities Waiver.

The state intends to submit the waiver renewal application to the Centers for Medicare and Medicaid Services (CMS) on April 1, 2026. The key components of proposed changes under the waiver renewal 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.

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

2. 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.

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

3. 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.

HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers.
4. Appendix B and J: Projections for unduplicated recipient counts were updated in tables B-3a and J-2-a.

HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers.
5. 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.

HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers.
6. 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.

HCA anticipates a positive impact for participants currently receiving services as it will assist person-centered planning processes and budget development. HCA does not anticipate a financial impact to participants currently receiving services, to tribes and their health care providers.
7. Appendix B-7: Freedom of Choice, Procedures: Language was updated to clarify procedural step and maintenance of records.

HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers.
8. Appendix B-8: Participant Access and Eligibility. Language was updated to reflect current resources.

HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers.
9. 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 DDSD was removed.

HCA anticipates a positive impact for waiver participants by reducing barriers to provider enrollment and expanding the selection of available providers.

10. 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.

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

11. 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).

HCA anticipates a positive impact for participants by reducing administrative burden and promoting greater access to services. HCA does not anticipate a financial impact to tribes and their health care providers.

12. 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.

HCA anticipates a positive impact for participants who benefit from strengthened protections. HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers.

13. 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.

HCA anticipates a positive impact for participants by reducing administrative burden and promoting greater access to services. HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers

14. Appendix C1/C3: For congruity among services and waivers, language was updated under all services in the section of Other Standards, Entity Responsible for Verification, and Frequency of Verification.

HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers as funding reverted to previously approved rates and limits.

15. 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.

HCA does not anticipate a service or financial impact to participants currently receiving services under approved Individual Service Plans (ISP)/budgets, to tribes and their health care providers as funding reverted to previously approved rates and limits.

16. Appendix C-2. a: Language regarding criminal history and/or background investigations was updated.

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

17. 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.

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

18. Appendix D: Language related to service plan development process, implementation and monitoring was updated.

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

19. Appendix F: Language related to additional dispute resolution and the grievance complaint system was updated.

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

20. 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.

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

21. Appendix H: Language was updated to describe how the state identifies trends, prioritizes emerging issues, and incorporates them into system implementation.

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

22. Appendix I: Appendix I: Language was updated to reflect the current financial integrity and accountability process, and current rate methodologies.

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

Estimated Total Financial Impact

HCA does not anticipate a financial impact.

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 26-01.**

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 23, 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:+15053124308) United States, Albuquerque

Phone conference ID: 221 966 294#

Written comments must be submitted by 5:00 p.m. Mountain Time (MT) March 23, 2026. Please send your comments to the MAD Native American Liaison, Pharon Morgan, at (505) 469-6877 or by email at: Pharon.Morgan@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 April 6, 2026.

Sincerely,



Alanna Dancis, Acting Director
Medical Assistance Division