



Michelle Lujan Grisham, Governor

Kari Armijo, Secretary

Alanna Dancis, Acting Medicaid Director

January 21, 2026

RE: Tribal Notification to Request Advice and Comments Letter 26-02: Proposed Renewal of the 1915c Home and Community-Based Services (HCBS) Medically Fragile 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 Developmental Disabilities Supports Division (DDSD), is accepting written comments until **5:00 p.m., Mountain Time (MT) on March 23, 2026**, regarding the renewal of the 1915c Home and Community-Based Services (HCBS) Medically Fragile 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 amendments are as follows:

1. Throughout the document, 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 impact to participants currently receiving services under approved ISP/budgets, or a financial impact to tribes and their healthcare providers.

2. Throughout the document, the terms "Case Management Agency" and "University of New Mexico Center for Developmental Disabilities Nurse Case Management" were updated to "Nurse Case Management Agency." In addition, all references to "Case Manager" were updated to "Nurse Case Manager."

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.

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. 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 impact to participants currently receiving services under approved Individual Support Plans (ISP)/budgets, or a financial impact to tribes and their healthcare 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 impact to participants currently receiving services under approved Individual Support Plans (ISP)/budgets, or a financial impact to tribes and their healthcare providers.

5. 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.

6. 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.

7. Appendix C: Annual capped dollar amounts were increased to align with updated provider rates and ensure participants continue to have adequate access to needed services.

HCA anticipates a positive service and financial impact to participants and to tribes and their healthcare providers.

8. Appendix C1/C3: Acupuncture, Biofeedback, Chiropractic, Cognitive Rehabilitation Therapy, Hippotherapy, Naprapathy, Play Therapy, and Music Therapy were added as covered services.

HCA anticipates a positive impact to participants, as these expanded therapeutic services strengthen the array of available supports and further enhance the delivery of person-centered care. HCA does not anticipate a financial impact to tribes and their healthcare providers.

9. 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.

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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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

DDSD anticipates a financial impact of \$5,500,000 due to increase in annual capped dollar amounts.

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 26-02.**

A written copy of these documents may be requested by contacting the HCA Developmental Disabilities Supports Division (HCA/DDSD) 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 10:30 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/26928763435801?p=EqWtX5SH1k2xJSnhOm>

Meeting ID: 269 287 634 358 01

Passcode: ba2Sx68v

Dial in by phone

[+1 505-312-4308,,109096545#](tel:+15053124308,,109096545#) United States, Albuquerque

[Find a local number](#)

Phone conference ID: 109 096 545#

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 Medicaid Director
Medical Assistance Division