

Date: June 8, 2026 DDSD-DDW Numbered Memo 2026-10

To: Developmental Disabilities Waiver Provider Agencies, Case Management Agencies, Mi Via Participants, Employer of Records, Consultant Agencies, Vendor Agencies and Interested Parties

From: Selina Leyba, Community Programs Bureau Chief, Developmental Disabilities Supports Division *SL*

Subject: Documentation Requirements Frequently Asked Questions (FAQ)

In 2025, the Centers for Medicare & Medicaid Services (CMS) conducted a Payment Error Rate Measurement (PERM) audit. The audit findings identified instances of missing or insufficient documentation to support the services billed, resulting in an inability to verify that services were provided as claimed.

On March 1, 2026, the Developmental Disabilities Supports Division (DDSD) issued DDSD-DDW Numbered Memo 2026-03 to all Developmental Disabilities (DD) Waiver Provider Agencies and Case Management Agencies. DDSD also issued the memo titled, “Mi Via Waiver Billing and Documentation Requirements: Clarification and New Instruction” to all Mi Via Participants, Employer of Records (EOR), Consultant Agencies, Vendor Agencies and interested parties. The memos provided updated guidance regarding timely documentation requirements and established a requirement that all documentation supporting the provision of services be completed within forty-eight (48) hours of service delivery.

DDSD is issuing clarification regarding the 48-hour service documentation requirement outlined in the two previously issued memoranda. Effective immediately, DDSD requires that documentation of service delivery be completed within two (2) business days following the provision of services. This clarification supersedes the previous requirement specifying completion within forty-eight (48) hours and is intended to ensure consistent application of documentation standards across providers.

The following Frequently Asked Questions (FAQs) are intended to clarify key aspects of the revised documentation requirements and assist agencies in developing quality assurance processes to ensure timely, accurate, and compliant documentation of service delivery.

FREQUENTLY ASKED QUESTIONS (FAQ)

1. **Question:** *Is the documentation requirement 48 hours or 48-business hours?*

Answer: Documentation of service provision must be completed within two (2) business days of the date services are provided.

2. **Question:** *How does DDSD intend to interpret system-generated timestamps when providers conduct internal documentation audits and make corrections to notes that were originally completed within the required timeframe?*

Answer: The Division of Health Improvement's Quality Management Bureau (QMB) will verify the original date of entry to ensure it was entered within two (2) business days of service delivery.

3. **Question:** *How does DDSD intend to apply the 48-business hours standard in relation to billing time frames?*

Answer: The 48-hour requirement has been clarified to mean two (2) business days. This documentation requirement does not pertain to billing time frames.

4. **Question:** *Are service providers required to complete their billing within 48 hours of the when the service was provided?*

Answer: No. NMAC 8.302.11 (Billing and Claims Filing Limitations) Claims for services must be received within 90 calendar days of the date of service unless an alternative filing limit is stated within this section.

5. **Question:** *How does DDSD intend to reconcile Electronic Visit Verification (EVV) records with provider documentation systems during review or audit?*

Answer: QMB will review the provider's documentation (description of service / narrative) and cross reference them with the EVV records to confirm the service delivery.

6. **Question:** *How does DDSD intend to interpret documentation timing in environments where system-generated timestamps may not fully reflect the original time of documentation would assist providers in implementing the requirement consistently across differing documentation platforms.*

Answer: QMB will verify the original date of entry to ensure it was entered within two (2) business days of service delivery. Subsequent audits, corrections, updates to the

record shall not alter the original date used for compliance determination. It is the providers' responsibility to maintain and preserve the original date of entry for all service documentation.

- 7. Question:** How is DDS interpreting documentation timelines in circumstances where eligibility or budget approvals are pending or delayed?

Answer: Delays in eligibility and budget approvals should not prevent the documentation of service delivery by the provider agency.

- 8. Question:** Will DDS request any changes to a provider agency's internal processes they utilize for compliance and ensure their records are accurate?

Answer: In the event that records and documentation of service are identified as non-complaint in a QMB survey, the expectation is the agency will review and revise, as necessary, internal processes to ensure compliance.

- 9. Question:** Are Case Management Monthly Site Visits documentation, required to be completed within 48 hours of the visit?

Answer: Case Management Monthly Site Visit documentation must be completed within two (2) business days.

- 10. Question:** Are employees hired by EOR's, under the Mi Via Waiver, required to complete their documentation of service provision (contact notes/service notes) within 48-business hours of the services being provided?

Answer: Yes, all employees hired by EOR's in the Mi Via Waiver must complete their documentation of service delivery within two (2) business days of the service provision.

- 11. Question:** Should vendors ensure that the EOR who approves the invoice within FOCoS online also has access to the supporting service notes prior to approving the invoice, or is the expectation that the vendor will maintain the supporting documentation and make it available upon request during review or audit?

Answer: Yes, vendors should ensure that EOR's have access to service delivery documentation/notes prior to their approval of Payment Request Forms. Vendors are required to maintain documentation of service provision that must be made available during a review or audit.

For any questions regarding this FAQ please contact:

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