HEALTH CARE AUTHORITY

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)
QUARTERLY PROVIDER MEETING 9/15/2026

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START…

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.

A cloudy morning looking over Santa Cruz Lake
photo by Jessica Gomez

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

HEALTH CARE AUTHORITY

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS

LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.

BUILD the best team in state government by supporting employees' continuous growth and wellness.

ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)- MISSION STATEMENT

To serve those with intellectual and developmental disabilities by providing a comprehensive system of person-centered community supports so that individuals live the lives they prefer, where they are respected, empowered, and free from abuse, neglect, and exploitation

To Act With:	To Be:
• Accountability	• Person-Centered
• Collaboration	• Proactive
• Respect	• Innovative
• Transparency	• Inclusive

AGENDA

- Medical Assistance Division – Turquoise Claims Updates
- Introduction to Certified Community Behavioral Health Clinics (CCBHCs)
- Division of Health Improvement (DHI) Incident Management Bureau Updates
- Community Inclusion
- Therap Individual Service Plan (ISP) Update
- Technology First Updates
- Clinical Services Bureau Updates
- Regional Office Bureau Updates
- Developmental Disabilities Waiver Updates
- Health and Wellness Visits
- Mi Via Waiver Updates
- Medically Fragile Waiver Updates
- Bureau of Behavioral Supports Updates

MEDICAL ASSISTANCE DIVISION – TURQUOISE CLAIMS UPDATES

Investing for tomorrow, delivering today.

AGENDA

Turquoise Claims:

- System Improvement Status Updates
- Timely Filing
- Provider Resources
- DDSD Frequently Asked Questions (FAQs)

SYSTEM ISSUES: STATUS UPDATES

SYSTEM ISSUES: STATUS UPDATES

- **Turquoise Claims Portal**—
  - We implemented a system enhancement to improve the overall claims submission time, enabling Providers to increase productivity for claims submission.
- **Partial Payments**—
  - We reprocessed the impacted claims, after Comagine sent in new budget updates with additional units. (claims were being short paid cutting back to the units available on the Prior Authorization)
- **Delayed Payments**—
  - We released in-process and suspending claims for exception codes 9090, 9379 and 3805 on Monday, 8/17.
  - We are continuing to analyze the remaining claims that are suspended.

SYSTEM IMPACTS: STATUS UPDATES

- **8045/8040 Denials**—
  - We are aware of an issue of overutilizing lines for different services approved on the Prior Authorization; it is consuming all the units on a specific line, and Providers received an incorrect denial for exception code 8040 and 5040. Additionally, exception 8045 posted when units were met, so if any of these authorizations were impacted by the overutilization, this exception code also posted incorrectly.
  - The code fix was implemented on Sunday, 9/6.
  - We are working on reprocessing the impacted claims over the next two weeks, by Monday, 9/21.
  - We have set 8040 and 8045 to suspend in the system while we work through the reprocessing.

SYSTEM IMPACTS: STATUS UPDATES

- **Missing Claims** —
  - Additional steps have been implemented to ensure we account for all EDI file submissions to be loaded into the system by 5pm MT on Friday's.
- **Tracking Difficulty (PA)** —
  - The PA Report is now available for waiver providers to access on demand through the Provider Web Portal.
  - The report includes detailed services, approved units, remaining units, and used units. PA_SA_Report-Job-Aid

SYSTEM IMPACTS: STATUS UPDATES

- **Remittance Advice (RA)**—
  - We are aware of the alpha sort by member change that is needed and have captured it on our prioritization list.
  - It was reported that suspended claims no longer appearing on the RA– This will be resolved by Monday, 9/21. (Please call the CCSC if you have any questions)
- **Gross Receipts Tax (GRT)** —
  - We are reviewing to ensure the profit indicators are set correctly on the enrollment files.
  - Claims will be reprocessed for any impacted providers where the tax was not applied.
  - If your organization is still impacted by GRT please add your Provider ID and name to the chat during the meeting.

SYSTEM IMPACTS: STATUS UPDATES

- **Suspended Claims**—
  - We have reduced the suspended counts for 9379, 9090/9095 and 3800/3805 down to 200 total claims hitting for Waiver claim type, and we continue to analyze the remaining claims for release.
  - We will be outreaching to providers (8 in total) billing T2021 HB U9 claims, due to suspending for exception 49302 (Unable to price procedure code) to request they rebill, because in July rates were updated causing denials when billed across the months of June and July.
    - We are requesting providers rebill for June services on one claim and July services on a separate claim. The system will then read the rate change correctly and claims should not suspend.
  - Claims suspending for exception 81015 (service exceeded one month unit) will be released on Wednesday, 9/9, and this exception will continue to pend and worked to be under 20 days.
  - Claims will continue to suspend for Prior Authorization exceptions, and we have been processing these claims under 20 days.
  - For claims suspending for exception 35514 (service dates within Centennial/Turquoise Care managed care enrollment period), a denial report for waiver claim type will be pulled this week to see if Providers are still hitting this exception.

TIMELY FILING

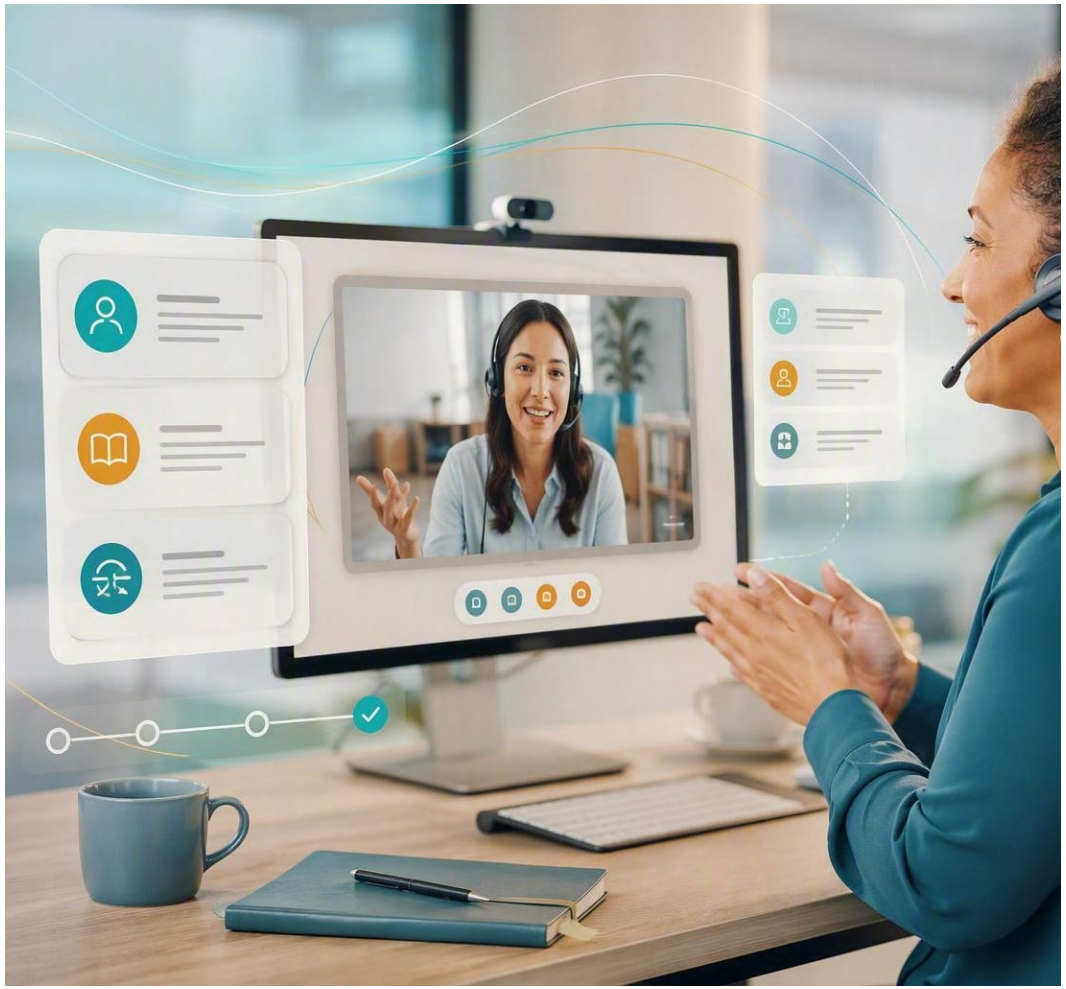
TIMELY FILING

- Timely filing requirements are waived for providers affected by Turquoise Claims issues, including claim suspensions, system-related fixes, and associated processing delays.
- If a claim is denied due to timely filing limitations, please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.
- Providers may also submit the claim with a reconsideration form for timely filing consideration.

PROVIDER RESOURCES

PROVIDER RESOURCES

- Providers are encouraged to join the daily Hypercare Bridge call for any issues related to turquoise claims, available Monday through Friday from 8:00 a.m. to 5:00 p.m. MST. Hypercare Bridge: https://teams.microsoft.com/meet/21085073928 31?p=zs0IJ5pqROwZQHaYJ5
- Call the Consolidated Customer Service Center's Provider Line: 800-299-7304 or email NM.Providers@hca.nm.gov.
- Turquoise Claims System User Guides https://www.hca.nm.gov/turquoise-claims/
- We're committed to keeping you informed. You can find the latest updates, past communications, and FAQs on the Turquoise Claims web page.



DDSD FAQs

FREQUENTLY ASKED QUESTIONS (FAQS)

Topic	Question	Answer
Communication	How do we know from all the information being sent, what impacts our provider community? For example, there was information going out to MCOs and it is getting confusing.	All TC communication will come to DDSD first, and DDSD will determine and send out relevant information pertaining to our services.
Communication	Is there a way for us to communicate these problems directly to TC, or have one shared location where we can contribute, like a Smart Sheet, to see patterns?	DDSD will send this presentation out to everyone, and it will be shared in other meetings. DDSD will share it out widely to the community tomorrow, as well.
Communication	We are having to make repeated calls and are not receiving communication back. Is our information going anywhere? This is not the best use of our time, we have had to hire more staff to work billing problems, are taking out loans, and not getting the entire loan back.	We recently identified that we have a communication issue and are working with our partners and vendors to resolve it. We did not initially understand the magnitude of the issue, but we now have a better grip on it and are overseeing communications at a higher management level.
Resubmissions	Why is it incumbent on the provider to deliver what they paid and resubmit billing repeatedly? Is there some way to minimize the amount of time a provider has to resubmit billing, which can be as much as 7 times?	We are working to streamline this process. We will identify the claim impacted and reprocess it if it was tied to a system issue. Multiple claims for providers have been processed in the system, and we can do mass adjustments. Mass adjustments cannot be made for every single type of claim, so we may need more specific information to best resolve an issue.

FREQUENTLY ASKED QUESTIONS (FAQS)

Topic	Question	Answer
Timely Filing	What is the process for providers to submit billings if they are older than 90 days? Is the notification coming from Turquoise Claims (TC)?	Timely filing will be waived, if it is a TC issue. Contact CCSC if needed, but most issues will be automatically waived when TC completes the resolution. This communication has already been sent out by DDSD.
Printing RA & PA with iMac	I am an apple user. I set up my iMac to be both Safari/Windows based, which has always worked, prior to TC. How do I print my RA & PA?	Apple users set up for Windows based cannot print PA or RA either—Users should be able to download free software that is compatible to Microsoft Office on their Apple Computer. FreeOffice is a seamless look-alike alternative to Microsoft Office.
Access to Care	Are there Medical providers that won't see patients because they won't get paid, impacting access of care for our clients?	We are not aware of any issue with impacts to access of care. We do not have specific data, but if any provider or stakeholder is impacted, we are resolving them timely.
Comagine Budget Prior Authorizations	Where should we be directed if we are still having Prior Authorization issues on new and updated budgets?	New budgets and budget updates for waiver authorizations have been updated in the Turquoise Claims system, and associated claims have been reprocessed. If budget updates appear inaccurate in Turquoise Claims, please contact CCSC at 1-800-299-7304.

INTRODUCTION TO CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

Investing for tomorrow, delivering today.

WHAT IS A CCBHC?

Certified Community Behavioral Health Clinics (CCBHCs) provide a comprehensive range of *outpatient* mental health, substance use disorder, and primary care screening services, serving all ages, regardless of diagnosis, insurance, place of residence, or ability to pay.

The CCBHC model is a proven *outpatient* model that:

- Ensures access to integrated services including 24/7 crisis response and medication-assisted treatment.
- Meets stringent criteria regarding timeliness of access, quality reporting, staffing, and coordination with social services, judicial, and education systems.
- Receives funding through a Prospective Payment System (PPS) to support the real costs of expanding services to fully meet the need for care.

WHAT CCBHCs BRING TO NEW MEXICO

- Quality and outcomes-focused
- Expanded and improved access to evidence-based behavioral health services
- No-wrong door approach
- 24/7 crisis services
- Comprehensive mental health and substance use treatment
- Coordinated care

POPULATIONS SERVED BY CCBHCS

Patients throughout the **full lifespan**, across **all mental health and substance use disorders**, including co-occurring diagnoses.

This includes:

- Adults with serious mental illness (SMI)
- Youth with serious emotional disturbances (SED) and their families
- Individuals with a substance use disorder (SUD)

New Mexico is dedicated to the treatment and recovery of <u>all people</u> who need help with their behavioral health.

WHAT SERVICES DO THEY PROVIDE?

Screening, Assessment, Diagnosis & Risk Assessment

Patient & Family-Centered Treatment Planning

Outpatient Services for Mental Health & Substance Use Disorder

Crisis Services (24-Mobile Response & Crisis Stabilization)

9 REQUIRED SERVICES

The majority of services (51%) must be directly provided by the CCBHC

Peer Support, Peer Counseling & Family Supports

Psychiatric Rehabilitation Services

Targeted Case Management

Primary Health Screening & Monitoring

Services for Armed Forces, Veterans, and their Families

Services must be provided for the full lifespan.

AVAILABILITY & ACCESSIBILITY OF SERVICES

Access and availability

- Expanded hours of operation, including evening and weekend hours
- Accessible locations, including service delivery throughout the community
- Transportation
- Telehealth

Timely access to services and assessment

- Initial triage: crisis, urgent, routine
- Crisis: immediate walk-in services, or mobile crisis response within 2 hours or less
- Urgent: initial evaluation within 1 business day
- Routine: initial evaluation within 10 business days

24/7 access to crisis management services

No refusal of services due to inability to pay and residence

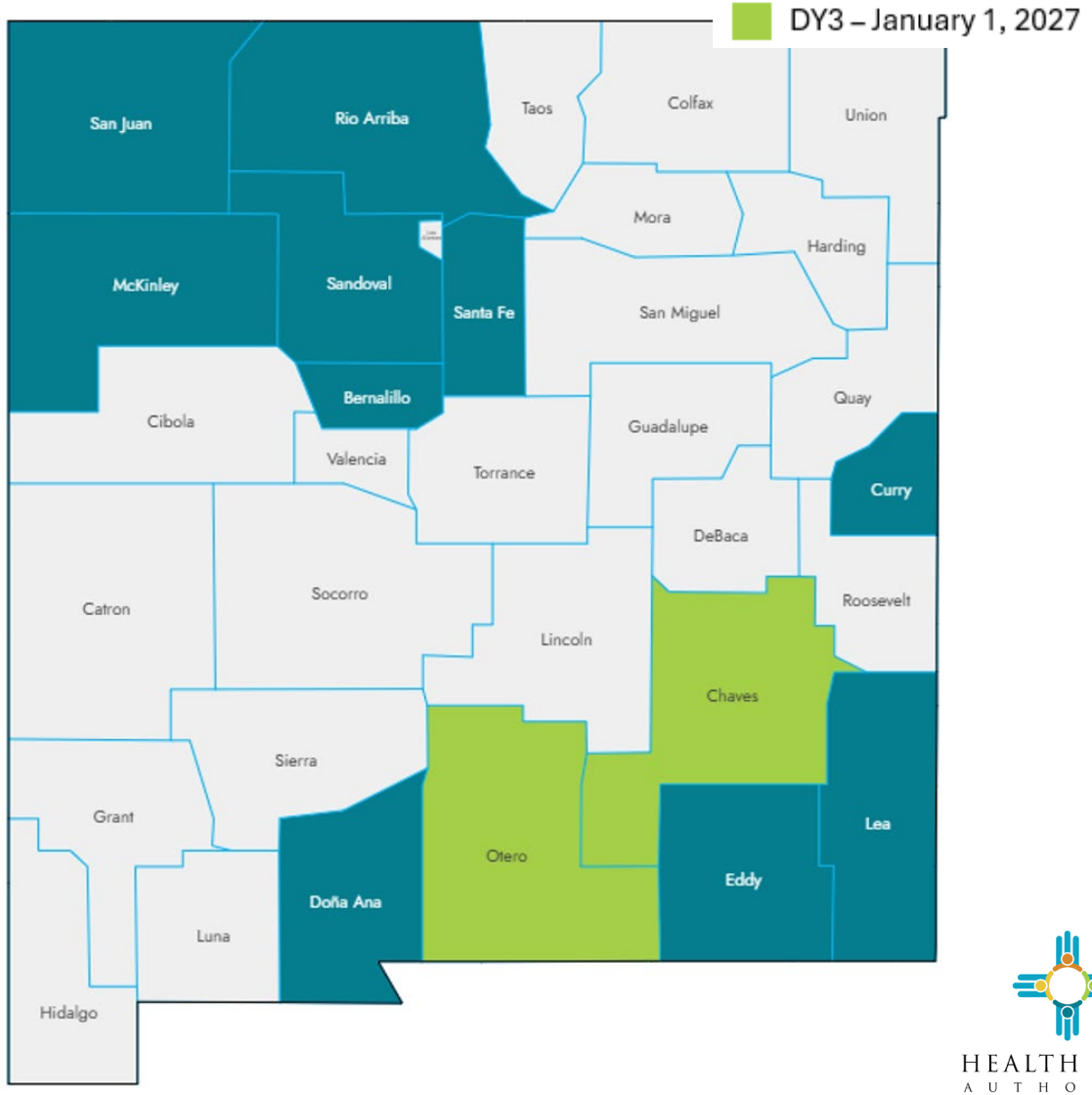
NEW MEXICO CCBHC LOCATIONS

Current CCBHCs:

- **Carlsbad Life House** – Eddy County
- **Families & Youth Innovations Plus** – Doña Ana County
- **Guidance Center of Lea County -** Lea County
- **La Clinica de Familia –** Doña Ana County
- **Mental Health Resources** – Curry County
- **New Mexico Solutions** – Bernalillo County
- **Presbyterian Medical Services –** Santa Fe, San Juan, and Rio Arriba Counties
- **Santa Fe Recovery Center** –McKinley County
- **University of New Mexico Health System** – Bernalillo and Sandoval Counties

Prospective CCBHCs (2027):

- **Carlsbad Life House –** Chaves County
- **Presbyterian Medical Services –** Otero County



Contact information: [NMCCBHC_ContactInfo_June2026.pdf]

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

CRISIS SERVICES

988 Telephonic Crisis Intervention Services

24-hour Mobile Crisis Teams

Crisis Receiving/ Stabilization

Crisis Management Services

Someone to Call

Someone to Respond

Somewhere to Go

PROSPECTIVE PAYMENT SYSTEM (PPS)

Key PPS Concepts:

- Provides a cost-based reimbursement structure that accounts for the costs needed to provide core CCBHC services
- Aims to cover costs and provide greater financial predictability to providers
- Supports practice transformation efforts
- CCBHCs cannot bill FFS for CCBHC services rendered

New Mexico is implementing **PPS-1**:

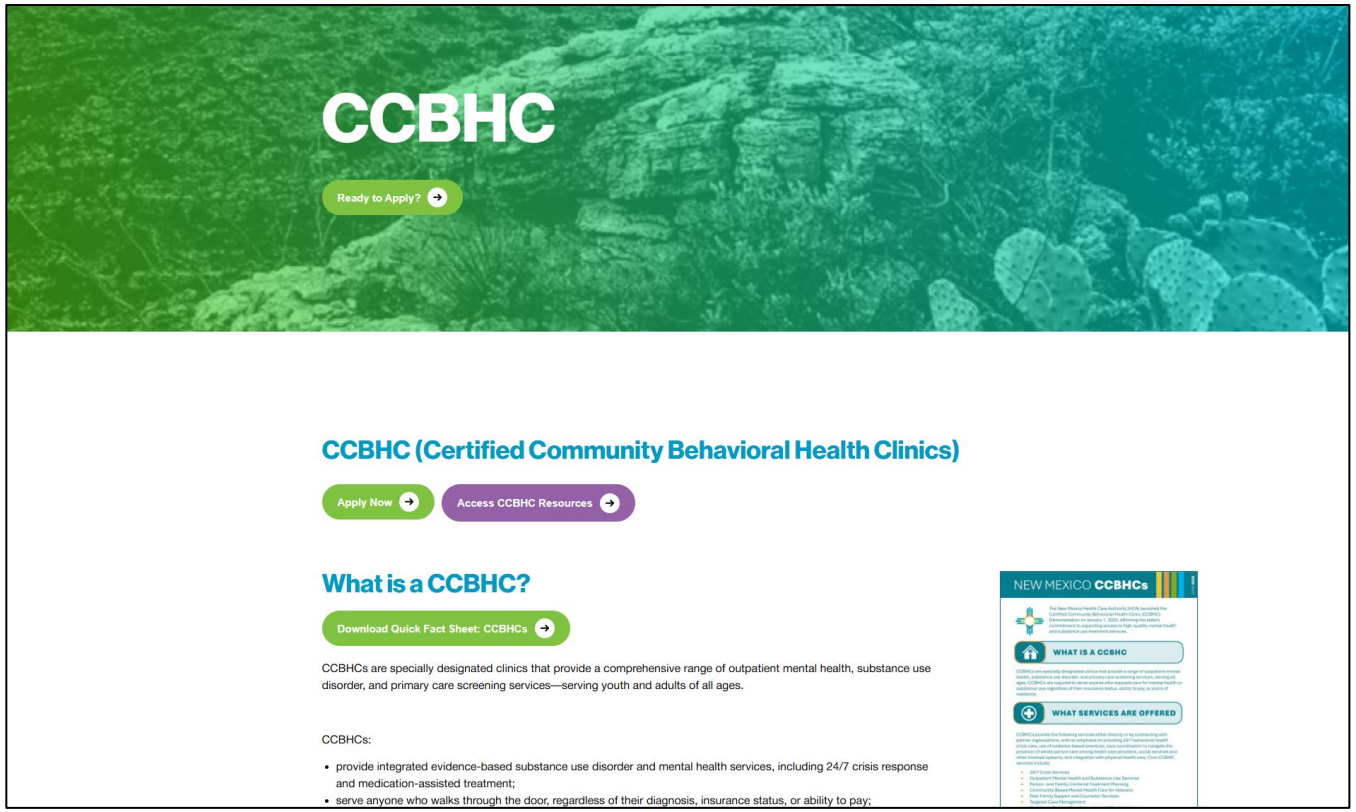
- Each CCBHC will be paid a clinic specific rate daily for all CCBHC services provided on a given day to a Medicaid beneficiary

THE CCBHC TRANSFORMATION

What it is...	What it is NOT...
A new way of designing services with quality-of-care outcomes at the core	Maintaining current services with a few tweaks
Directly providing or overseeing core services for the entire identified population across the lifespan	A repackaging of current services
Participation in a national model with shared criteria and opportunities for learning & solutioning	An easy shift from FFS to PPS
A model that emphasizes knowledge of community needs and changes the way services are delivered	The newest form of compliance
A change in the way clinics are paid to allow for more flexibility in how services can be delivered	Solving all the problems of the system

ADDITIONAL RESOURCES

Visit [CCBHC – New Mexico Recovery Project (nmrecovery.org)]



- Program Overview
- NM Certification Criteria
- CCBHC Providers and Locations
- FAQs
- Other resources

Program Staff	Emails
CCBHC mailbox	NM-CCBHC@nmrecovery.org
Austin Curtis	Austin.curtis@hca.nm.gov
Jazmin Gonzalez	Jazmin.gonzalez@hca.nm.gov
Russel Grayson	Russel.grayson@hca.nm.gov
Alex Herrera	Alexandra.Herrera@hca.nm.gov

INCIDENT MANAGEMENT BUREAU UPDATES

Investing for tomorrow, delivering today.

RESTORED DHI IMB HOTLINE NUMBER REPORTING ABUSE, NEGLECT, OR EXPLOITATION

REPORTING ANE TO IMB

TERI.COTTER@HCA.NM.GOV

As a reminder – refrigerator magnets will be dispersed with the IMB reporting ANE hotline number soon – but as a reminder – please see the new (restored) ANE hotline number in yellow listed below. Please try to call the IMB hotline and not the APS hotline for IMB.

New way to report abuse, neglect or exploitation of adults with developmental disabilities in New Mexico.

Starting July 1, you can report concerns directly to state intake specialists through a restored toll-free hotline.

📞 Call **800-445-6242** to report suspected abuse, neglect or exploitation of someone who is enrolled in:

- Developmental Disabilities (DD) Waiver.
- Mi Via self-directed waiver.
- Medically Fragile Waiver.
- State General Fund developmental disability programs.

When you call, you will be connected right away to Intake specialists in the Incident Management Bureau team.

You can also submit a report online (link in comments).

https://www.hca.nm.gov/report-abuse-neglect-exploitation/

Please share this information with families, caregivers, providers and advocates so people know where to call if they see something wrong.

DHI IMB MAGNETS
FOR REPORTING ABUSE, NEGLECT, OR EXPLOITATION

Restored Hotline

Launches July 1, 2026

1-800-445-6242

Report abuse, neglect, and exploitation involving individuals receiving services through home and community-based waiver programs, connecting you directly to the Incident Management Bureau (IMB).

- Connect directly with an IMB intake specialist.
- No automated phone system navigation.
- Faster intake and response.

HEALTH CARE AUTHORITY

IMMEDIATE ACTION AND SAFETY PLAN (IASP)

TERI.COTTER@HCA.NM.GOV

- Who is responsible to provide an IASP?
- Does it matter what waiver type – is an IASP always necessary?
- What to do when an IASP is not accepted at IMB
- It is not for the agency to decide if the incident happened; you are to provide IMB with action steps to ensure health and safety for the individual – IMB will do one of the following things:
- 1. Conduct an Enhanced screening of the incident with the collection of the *safety verification – which is an IASP for a closure at intake
- 2. Investigate the allegation with the *responsible* agency providing an IASP
- Who is the *responsible* agency – it's the agency who is responsible for the individual at the time of the incident (ex. If an individual receives services from my agency and my employee inflicts any type of ANE on the individual – I am considered the *responsible* agency.
- If an individual only receives Case Management or Consultant services; IMB will look to the CM or Consultant to provide an adequate IASP.

CONTINUED IMMEDIATE ACTION AND SAFETY PLAN

TERI.COTTER@HCA.NM.GOV

- If the IASP does not address the allegation or concern, the IASP will not be accepted.
- Common IASP action steps can include but are not limited to:
  - Contacting law enforcement
  - Ensuring some type of medical attention to the individual (nursing evaluation, call EMS, transport to the hospital)
  - Removing staff until further notice
  - Double staffing and not allowing the accused person to work alone (depends on the allegation.)
  - Immediate retraining on a healthcare plan and/or ANE
  - Transporting the individual to where they need to be (work, school, Dr.'s appt., medical attention, home from hospital, etc.)
  - Covering a shift when a staff is removed or sent home or walks off the job
  - Ensuring there is enough food in the home immediately.
  - Ensuring medications are available and given as prescribed.

COMMUNITY INCLUSION (CI) FY26 INITIATIVES SUMMARY

Investing for tomorrow, delivering today.

COMMUNITY INCLUSION AND EMPLOYMENT (CI/E) UNIT UPDATES

- Community inclusion FY26 initiatives summary
- Transportation planning practices
- Budget submission document requirements for employment services
- DD Waiver renewal updates to community inclusion and employment services
- Disability Employment Awareness Month

alix.dean@hca.nm.gov
Community Inclusion and Employment Lead
(505) 819-7346

COMMUNITY INCLUSION INITIATIVES FY26

ALIX.DEAN@HCA.NM.GOV

In FY26, the CI/E Unit completed two projects to understand CI services in both the DD and Mi Via waiver programs. They were

1. The **Community Inclusion Provider Survey** (November 5th – 15th, 2025) solicited input from CI providers and vendors
2. The **Quality Visits** (January 15th – March 30th, 2026) regional office Community Inclusion Coordinators (CICs) toured all (52) agency-operated buildings where CI services are provided in a group model

COMMUNITY INCLUSION INITIATIVES RESULTS

ALIX.DEAN@HCA.NM.GOV

CI PROVIDER SURVEY

CI provider's top concerns:

- Direct Support Professional (DSP) ongoing staff shortages to meet all service requests
- Funding limitations related to cost for community-based activities
- Transportation (high cost and barriers to access)
- Coordinating care and trainings with therapists and behavioral support (DD waiver-specific)

CI providers asked for more webinars and trainings

QUALITY VISITS

- All agencies were welcoming and confident about the quality of services occurring within the agency-operated building
- Most agency-operated buildings offer a mix of activities at their location and outings to community-based activities
- A few providers require ongoing assistance to increase access to community-based activities

COMMUNITY INCLUSION UNIT NEXT STEPS

ALIX.DEAN@HCA.NM.GOV

As a result of these projects, the CI/E Unit is taking the following steps:

1. Webinars on requested topics will be hosted through the Partners for Employment
2. The CI/E Unit can support teams with transportation
3. Americans with Disabilities Act (ADA) Rights card for Direct Support Professionals (DSP) and people in services will be created to support easier ADA accommodation requests to various community settings—expanding the regional options and DSP tools for implementing the ADA process for free/ low-cost community events

TRANSPORTATION PLANNING PRACTICES

TRANSPORTATION PLANNING PRACTICES

ALIX.DEAN@HCA.NM.GOV

1. Establish person-centered transportation planning mindset
2. Learn about transportation options in your community
3. Help people plan for their transportation needs
4. Inform people about their Americans with Disabilities Act (ADA) access rights

ESTABLISH A PERSON-CENTERED TRANSPORTATION PLANNING MINDSET

ALIX.DEAN@HCA.NM.GOV

- Transportation planning should
  - Be person-centered
  - Use informed choice
  - Promote self-determination
- Transportation services should meet individual needs and support access to activities as outlined in the Individual Service Plan (ISP) and Service and Support Plan (SSP)

LEARN ABOUT TRANSPORTATION OPTIONS IN YOUR COMMUNITY

ALIX.DEAN@HCA.NM.GOV

- The Developmental Disabilities Supports Division (DDSD) Community Inclusion and Employment (CI/E) Unit is the centralized resource for supporting individualized, self-determined approaches to transportation
- How the CI/E Unit can help:
  - Connect you with local transportation agencies
  - Research individualized transportation options
  - Explain the DD and Mi Via Waiver Non-Medical Transportation Service options
- Send questions, comments, concerns to the CIC in your area using SComm or by email/phone

HELP PEOPLE PLAN FOR THEIR TRANSPORTATION NEEDS

ALIX.DEAN@HCA.NM.GOV

- Plan to purchase adult public transportation passes, Uber and Lyft rides through the DD Waiver ISP and budget process
  - Find the transit agency(ies) in your area: https://nm-ta.com/map/
- Plan for appropriate support services
  - Community Inclusion and Employment services in the Developmental Disabilities and Mi Via Waiver programs provide, arrange for, and train on transportation (including public transportation) use and can also accompany the person as needed
  - Technology is available to support independence with transportation. To learn more, see https://www.hca.nm.gov/enabling-technology/ webpage.

INFORM PEOPLE ABOUT THEIR ADA ACCESS RIGHTS

Accessible Bus Stops and Stations

Accessible Vehicles

Accessible Communication

Personal Care Attendants Ride Free

Service Animals Allowed

Complementary Paratransit if Eligible

BUDGET SUBMISSION DOCUMENT REQUIREMENTS FOR EMPLOYMENT SERVICES

DOCUMENTATION-FOR INDIVIDUAL SERVICE PLAN (ISP)/SERVICE AND SUPPORT PLAN (SSP) AND BUDGET APPROVAL BY THIRD PARTY ASSESSOR OF LONG-TERM EMPLOYMENT SERVICES

ALIX.DEAN@HCA.NM.GOV

WAIVER	SERVICE	SUPPORTING DOCUMENTATION
Mi Via	EMPLOYMENT SUPPORTS	Employment verification
DD	CIE JOB MAINTENANCE	Employment verification
	CIE INTENSIVE	Employment verification CIE Intensive Letter of Justification demonstrative hours of supports needed exceeds 40hours/month

DD WAIVER RENEWAL UPDATES TO COMMUNITY INCLUSION AND EMPLOYMENT SERVICES

PERSON CENTERED ASSESSMENT (PCA) UPDATE

ALIX.DEAN@HCA.NM.GOV

- The PCA is no longer needed when adding Customized Community Supports (CCS) or Community Integrated Employment (CIE) services to the budget
- CCS and CIE providers will continue to create Career Development Plans for people in services who are employed
- Case Managers are to complete ISP Appendix A: Employment Exploration when the person is not currently employed
- CCS and CIE providers are expected to contribute to the ISP meeting and support the Appendix A planning process

YOUTH EMPLOYMENT

ALIX.DEAN@HCA.NM.GOV

- Community Integrated Employment services are now available to youth starting at working age (14+) rather than being limited to adults (18+)
- The purpose of the change is to ensure students transitioning out of school with a job or who have a summer job can more easily access needed supports
- CIE services complement not replace or duplicate the role of school-based services or supports from the Division of Vocational Rehabilitation for employment exploration or job development

DISABILITY EMPLOYMENT AWARENESS MONTH

Investing for tomorrow, delivering today.

October is Disability Employment Awareness Month (DEAM)

- October 21st, 2026: **Webinar: Tips for Designing Accessible Application Processes**

  Join Zoom Meeting
  https://us02web.zoom.us/j/88421294642?pwd=ZYs3xfE77GWdv1iwM1MeLsbRg2sg4k.1

  Meeting ID: 884 2129 4642
  Passcode: 929900

- October 22nd, 2026: **Hiring and Resource Fairs across the state at the local Department of Workforce Solutions offices**

  Connect with the local office to post open positions or connect with job seekers as a resource

  Find your local office: https://www.dws.nm.gov/Office-Locations

CONTACT INFORMATION FOR THE CI/E UNIT

Southeast Regional Office	• Eugene Vigil – eugene.vigil@hca.nm.gov • Maira Chairez – maira.chairez@hca.nm.gov
Southwest Regional Office	• Fatima Renteria – fatima.renteria@hca.nm.gov • David Chavez – David.Chavez3@hca.nm.gov
Metro Regional Office	• Anna Zollinger – anna.zollinger@hca.nm.gov • Anne Montoya – anne.montoya2@hca.nm.gov • Terry-Ann Moore – terrya.moore@hca.nm.gov
Northwest Regional Office	• Katherine Johnson (Farmington) – katherine.herrera@hca.nm.gov • Orlinda Charleston (Gallup) – orlinda.charleston@hca.nm.gov
Northeast Regional Office	• Kristina Memmer – Kristina.memmer@hca.nm.gov
Statewide	• Alix Dean – Statewide Lead, alix.dean@hca.nm.gov

DEVELOPMENTAL DISABILITIES WAIVER INDIVIDUAL SERVICE PLAN (ISP) IN THERAP

JULIE.PIERCE@HCA.NM.GOV

DDW ISP IN THERAP STATUS

- 3,326 ISPs currently 'approved' in Therap
- *If you are having trouble uploading or viewing ISPs in Therap, please contact the Therap Unit for assistance.*
- DDSD Individual Plans - New Mexico

THERAP SUPPORT

- NM Therap Support Page
- How to contact the Therap Support
  - For Technical Assistance (no PHI) please **email**.
  - DDSD.Therap.Support@hca.nm.gov
- For Individual specific assistance please **SComm**.
  - DDSD, Therap Unit / Inbox Only - Auto Reply (DOH-DDSD)
- If you would like to request a virtual support meeting
  - Book time with Pierce, Julie, HCA

ENABLING TECHNOLOGY

AARON.JOPLIN@HCA.NM.GOV
KATHERINE.HERRERA@HCA.NM.GOV

Webpage: Enabling Technology – New Mexico Health Care Authority
Spotlight: Enabling Technology Spotlight/Community of Practice (This is the new link starting in September.)
Vendor List: Technology Vendors Resource List
Tech Champions: Contact List for DDSD Tech Champions

Reminder that our Spotlight/Community of Practice meetings will occur the 1st Wednesday of March, June, September, and December at 10am.
New Link: https://teams.microsoft.com/meet/21349120465748 5?p=xXvqRgq0RmBmNuaMgo

If you know any individuals supported by any of the three waivers who utilize technology to be more independent to live the life they prefer and may be interested in sharing their story, please reach out to Kathy Johnson Katherine.Herrera@hca.nm.gov or Aaron Joplin Aaron.Joplin@hca.nm.gov.

Clinical Services Bureau Updates

Investing for tomorrow, delivering today.

Process Review: Out of Home Placement (OOHP)

Melissa.McBride@hca.nm.gov

Out of Home Placement (OOHP) is defined as:

- Acute hospitalization for medical or mental health needs;
- Admission into a nursing home, rehabilitation center, skilled nursing facility or sub-acute hospital
- Incarceration

When an OOHP has occurred, the following notifications must be made:

- Provider agencies must notify the **Case Manager immediately** of any OOHP & file a general events report (GER).
- The case manager will be the team member to coordinate all necessary steps for Client Information Update (CIU), if applicable.
- The IDT is expected to share updates with the rest of the team as they become available.

The case manager is the point of contact and will convene the team when necessary.

9.3 Out of Home Placement (OOHP) can be reviewed in the DDW-ServiceStandards.pdf, Pg. 98.

Regional Office Bureau Updates

Health Tracking in Living Supports

- DD Waiver Standards Chapter 10.3.8 outlines the Scope of Living Supports (Supported Living, Family Living, and IMLS) and includes, “19. assisting the person as needed to attend health related appointments or services and to communicate health needs by utilizing the *Health Passport* and *Physician Consultation* forms;”
- DD Waiver Standards Chapter 20.5.3.3 says, “Primary and Secondary Provider Agencies must assure that the current *Health Passport* and *Consultation* form accompany each person when taken by the provider to a medical appointment, urgent care/emergency room visits, emergency service encounter, or are admitted to a hospital or nursing home for details see Health Tracking: Appointments”

Health Tracking in Living Supports (continued)

- DD Waiver Standards Chapter 20.5.4 says, “The use of Health Tracking is required by the provider agencies as applicable to the services they provide.” It then outlines the requirements for entering appointments in Therap.
- Although Chapter 20.5.4.1.d says nursing must review and ensure all appointment results and requirements are implemented within 24 hours, Chapter 13.2.3.3. says, “If the person resides with their biological family, and there are no nursing services budgeted, the family is responsible for implementation or follow up on all orders from all providers.”

Health Tracking in Living Supports (continued)

- Supported Living, Family Living and IMLS, must utilize the Health Passport and Physician Consultation Form.
- Family Living Providers cannot “opt out” of this requirement via the Decision Consultation Process, even if they have opted out of Ongoing Adult Nursing (OANS).
- Even if the FLP has opted out of OANS, appointments must still be entered in Therap.

Communicating Protected Health Information (PHI)

- DD Waiver Standards require all confidential protected health information to be sent through Secure Communication (SComm) in Therap.
- DDSD is aware of “Text” messages sent by participants, advocates or guardians to Case Managers and other service providers.
- The use of “Text” messages to send PHI is strictly prohibited and is not allowable.
- If you receive PHI via text, please delete the message and notify the sender of the requirement to only send PHI via approved methods such as Therap SComms.

Documentation Requests

Before requesting documents from other providers, first check internal sources:

- Request the document(s) from your agency's Service Coordinator.
- If the Service Coordinator does not have the document(s), check Therap.
- Only after these steps should you contact the Case Manager or Consultant for assistance.

When requesting documents from another provider:

- Make document request through Therap
- Clearly identify yourself.
- State your agency and role (e.g., Records Custodian).
- Specify the document(s) being requested.
- Explain why the document(s) are needed.

Protecting Protected Health Information (PHI):

- Providers may be hesitant to release records containing PHI if the requestor is unfamiliar to them.
- Clear identification and a stated purpose help ensure appropriate sharing of records and reduce concerns about privacy and confidentiality.

METRO REGION

MICHAEL.DRISKELL@HCA.NM.GOV

- Please welcome our new Metro nurse Amy Mondragon.
- Please reach out to our regional office nurses when you need help or support during hospital discharges.
- Thank you to all our Metro providers for responding and assisting our team with contacting individuals for health and wellness visits when needed. We appreciate you!

NORTHEAST REGIONAL OFFICE (NERO)

KIM.HAMSTRA@HCA.NM.GOV

- The Northeast Regional Office would like to thank all Consultants and Case Managers for the follow-ups and supports when issues are identified at the health and wellness visits.
- We would like to remind all providers that if you are on a Secondary Freedom of Choice (SFOC), a timely acceptance and starting of services is required by Chapter 4.4.1 of the DD Waiver Standards.
- Northeast Regional Office Staff are available to attend Interdisciplinary Team (IDT) and ISP meetings and will offer Technical Assistance (TA) should you reach out to us. RO staff are assigned select supported Living homes. They are asked to visit each home at least 1 time a month.
- The goal is to develop relationships within the agency to promote a close working relationship. Feel free to reach out to Kim Hamstra, Northeast Regional Director at kim.hamstra@hca.nm.gov

NORTHWEST REGIONAL OFFICE (NWRO)

AARON.JOPLIN@HCA.NM.GOV

- All Case Management Change forms and Waiver Change Forms need to go through Linda Murray, NWRO Case Management Coordinator, linda.murray1@hca.nm.gov. Individuals and families can reach her by calling 505-608-0103 to request the change. Linda will need to be invited to all waiver transition meetings.
- All Environmental Modification requests need to be sent to Maria Montelongo, Provider Engagement Coordinator, through SComm.
- Northwest Regional Office staff are completing Health and Wellness Visits – Thank you to everyone who assists the regional office staff with scheduling visits.

SOUTHEAST REGIONAL OFFICE (SERO)

GUY.IRISH@HCA.NM.GOV

- SERO staff continue to conduct health and wellness visits across the region. Thank you for your support with coordinating those visits.

- We understand it can be difficult to talk about end-of-life planning but want to stress the importance of having a plan. Please speak to the individuals you serve about their wishes and document their decisions. There are tools, such as the Five Wishes, available to assist in navigating this topic.

SOUTHWEST REGIONAL OFFICE (SWRO)

ISABEL.CASAUS@HCA.NM.GOV

- Community Inclusion Coordinator David Chavez attended a National Employment Conference in Arlington, Virginia, from August 31st to September 2.
  - The National Employment Network Association (NENA) serves Employment Networks (***ENs***), American Job Centers (AJC), and State Vocational Rehabilitation (SVR) agencies operating the Ticket to Work (see below) and Self-Sufficiency program, which is based in the Social Security Administration.
  - Social Security's Ticket to Work (Ticket) Program supports career development for people ages 18 through 64 who receive Social Security disability benefits and want to work. The Ticket Program is free and voluntary. It helps people with disabilities move toward financial independence, connects them with the services, and support they need to succeed in the workforce.
- On September 17th, Community Inclusion Coordinator Fatima Renteria will be attending Healing Our Community event in T or C.
- A friendly reminder to submit Client Information Updates (CIU) to the Regional Office.

DEVELOPMENTAL DISABILITIES (DD) WAIVER UPDATES

Investing for tomorrow, delivering today.

SAMPLE INDIVIDUAL SERVICE PLAN (ISP)

- DDSD has developed a sample ISP for case managers and interdisciplinary team members.
- This sample is intended to be a guide that illustrates the content, level of detail, and quality expected in a DD Waiver ISP.
- For further guidance and instructions related to the ISP form, please visit out website at: www.hca.nm.gov/ddw-service-planning-budgets/

DD WAIVER PROGRAM CHANGES – VINELAND 3

STEVEN.FERNANDEZ@HCA.NM.GOV

- The Centers for Medicare and Medicaid Services (CMS) approved the Vineland Adaptive Behaviors Scales (Vineland 3).
- Transition period July 01, 2026 – September 30, 2026
  - The TPA has started scheduling the Vineland 3 assessments as of July 1, 2026, for recertification and initial allocations.
  - The TPA schedules the Vineland 3, 90 days in advance of the expiration of the LOC.
  - The TPA schedules the Vineland 3 assessments for initial allocations once they receive the Primary Freedom of Choice.
  - The TPA will being conducting scheduled Vineland 3 on October 01, 2026.
  - The Vineland 3 will follow the expiration date of the participants' level of care for recertifications.

DD WAIVER SERVICE STANDARDS REVISION UPDATE 2026

STEVEN.FERNANDEZ@HCA.NM.GOV

- DD Waiver Service Providers will have an opportunity to review the revised Service Standards before they are issued for use.

- For any questions regarding the Service Standards revisions, please contact the DD Waiver Program Manager, Steven Fernandez, at (505) 584-1687 or steven.fernandez@hca.nm.gov

HEALTH AND WELLNESS VISIT UPDATE

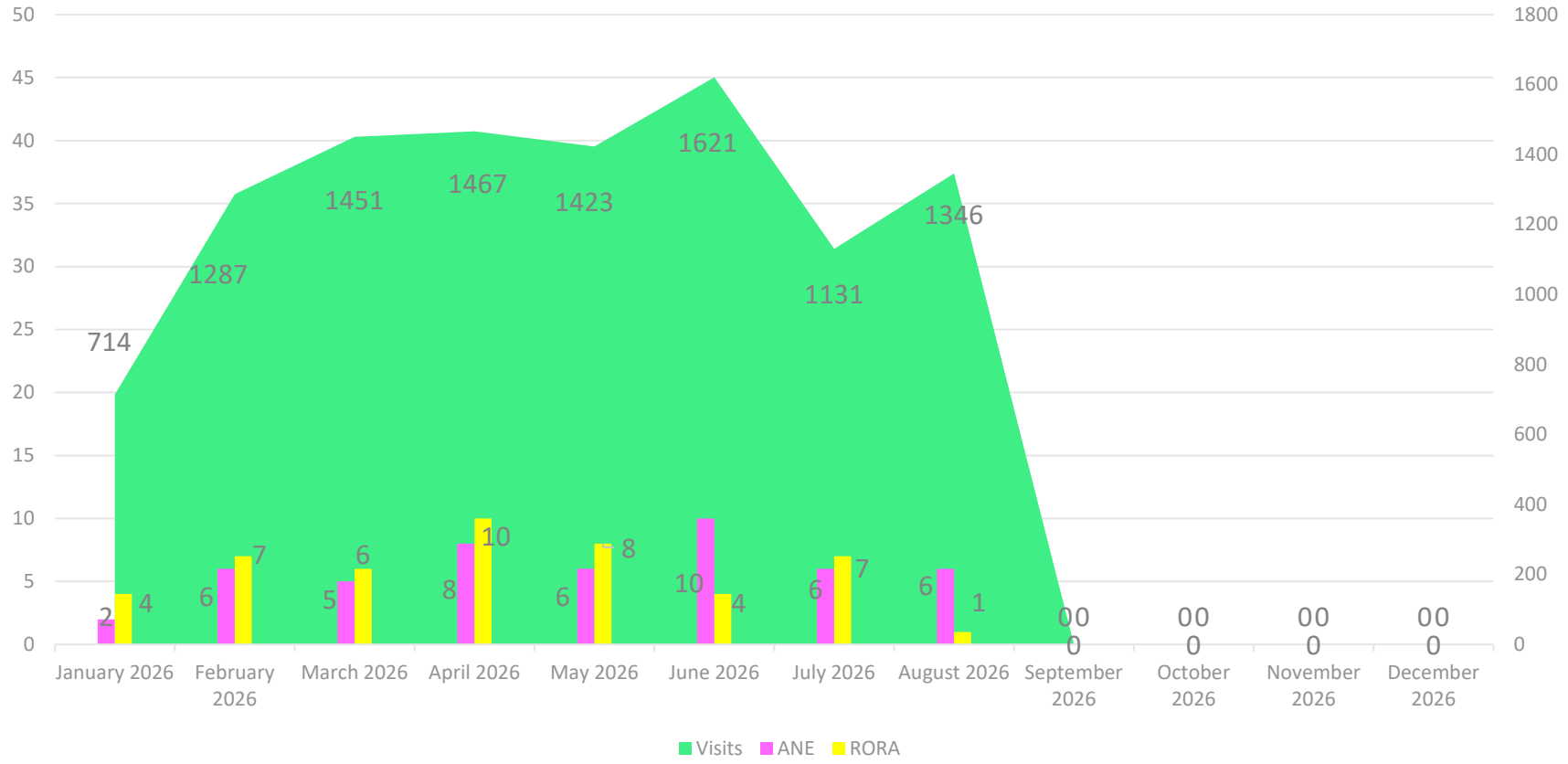
Investing for tomorrow, delivering today.

DDSD Ongoing Wellness Visits CY26

Total Visits
10,440

Total RORAs
47

Total ANEs
49



Start Date
01/01/2026

Deadline
08/31/2026

HEALTH CARE AUTHORITY

HEALTH CARE AUTHORITY

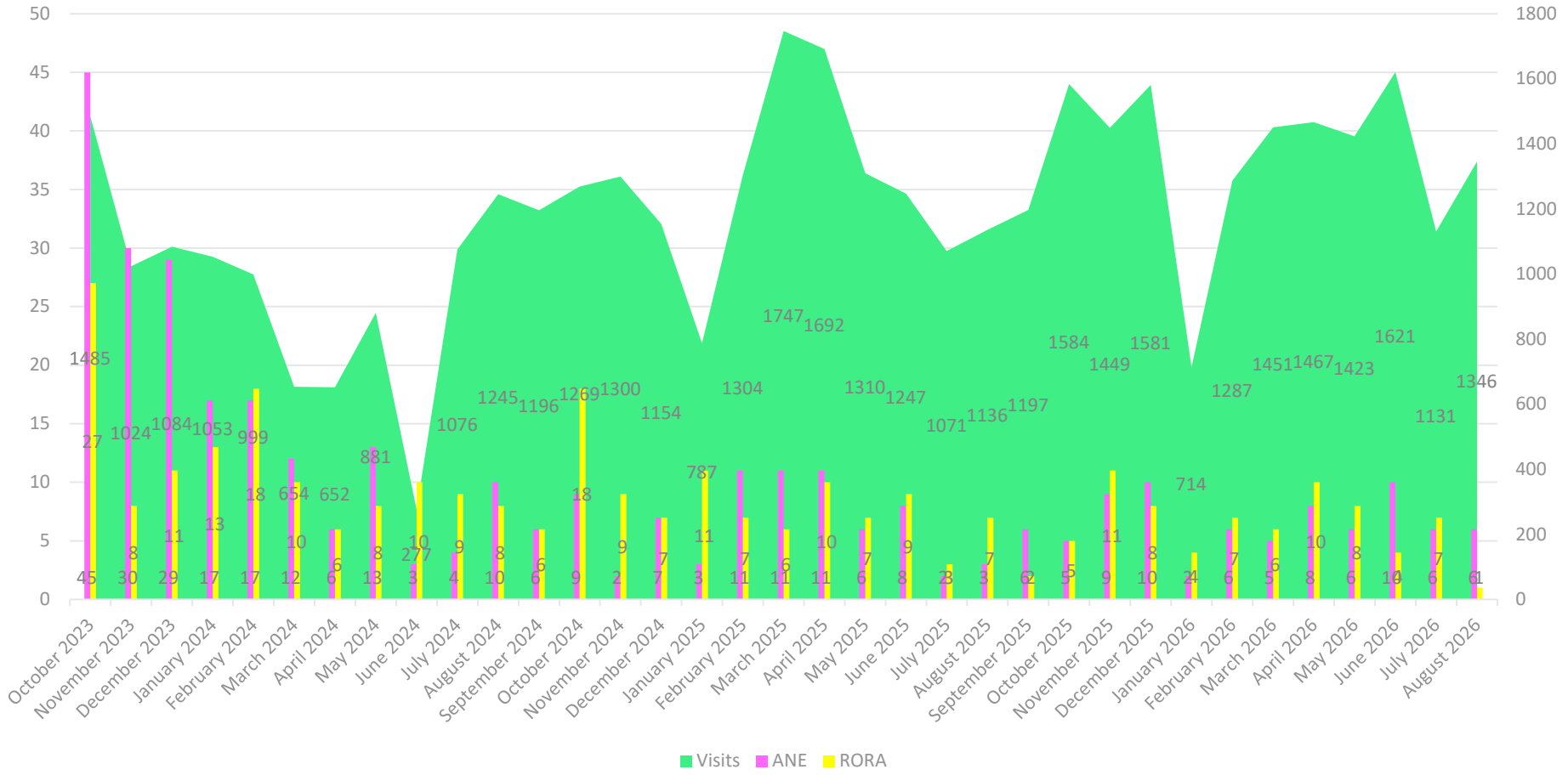
Investing for tomorrow, delivering today.

DDSD Ongoing Wellness Visits

Total Visits
41,894

Total RORAs
301

Total ANEs
344



Start Date
10/01/2023

Deadline
8/31/2026

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

MI VIA WAIVER UPDATES

Investing for tomorrow, delivering today.

QMB SURVEYS FOR IN HOME LIVING PROVIDERS

- Division of Health Improvement's (DHI) Quality Management Bureau (QMB) is projected to begin conducting compliance surveys of Mi Via In-Home Living Support (IHLS) vendors January of 2027.

- Survey tools are currently under development.

- Surveys will not be conducted in participants homes.

MI VIA WAIVER SERVICE STANDARDS UPDATE

ELAINE.HILL@HCA.NM.GOV

- Revised Service Standards are going through a final review at DDSD and are anticipated to be released by November 1, 2026.

- Mi Via Waiver Service Providers will have an opportunity to review the revised Service Standards before they are issued for use.

MI VIA AMENDMENT 2026- SUPPORTS BROKER AS A PAID SERVICE

ELAINE.HILL@HCA.NM.GOV

- A New Service Under a familiar name

  - Rename “Employer of Record (EOR)” to “Supports Broker” per guidance from the Centers for Medicare and Medicaid Services (CMS). This change will apply to both voluntary and paid EORs

  - The proposed Supports Broker service will maintain the same scope of work, provider qualifications, and service and provider requirements as Employer of Record as proposed during the townhalls during the waiver renewal.

MI VIA AMENDMENT 2026- SUPPORTS BROKER AS A PAID SERVICE

ELAINE.HILL@HCA.NM.GOV

- Proposed timeline - TBD
    - Tribal notification –July 20, 2026
    - Notice of Public Comment -August 18, 2026
    - Public hearing- September 28, 2026
    - Submission to CMS – October 1, 2026
    - Effective Date – January 1, 2027

MI VIA SERVICE AND SUPPORT PLAN (SSP) UPDATE

ELAINE.HILL@HCA.NM.GOV

- The updated SSP went live on July 15th, 2026, in the Financial Management Agent (FMA) online system and in FOCoSOnline.
  - Consultants begin using SSP 2026 for new allocations beginning July 15th
  - Current waiver participants whose annual budgets are renewed on or after September 15th will begin using SSP 2026 at the time of their renewal
  - Budget revisions made prior to September 15th will use SSP 2026

- *Information on the current SSP will not auto-populate in the SSP 2026. Consultants are required to create a new SSP annually.*

MI VIA SERVICE AND SUPPORT PLAN LINKS

ELAINE.HILL@HCA.NM.GOV

- SSP 2026 and SSP Instruction Guide are available online on the Mi Via DDSD webpage: Mi Via Services & Supports – NewMexico Health Care Authority

- A recording of the SSP 2026 training is available on the Mi Via DDSD webpage: Mi Via Services & Supports – New Mexico Health Care Authority and is also available on the UNM CDD Training Hub

- For any questions or clarification, please contact Claudia Rice, Office of Constituent Supports Manager, at Claudia.Rice@hca.nm.gov , or at 505-546-9428.

MEDICALLY FRAGILE WAIVER UPDATES

Investing for tomorrow, delivering today.

MEDICALLY FRAGILE WAIVER UPDATES

- Shannon Culpepper, Medically Fragile Waiver Manager, has left DDSD. If you have questions about the Medically Fragile Waiver, please contact Melissa McBride, melissa.mcbride@hca.nm.gov

- For general information about the Medically Fragile Waiver, please visit out website: Medically Fragile Waiver – New Mexico Health Care Authority

BUREAU OF BEHAVIORAL SUPPORTS UPDATES

Investing for tomorrow, delivering today.

BUREAU OF BEHAVIORAL SUPPORTS

GABRIEL.VIGIL@HCA.NM.GOV

- Healthy Relationships and Personal Safety Education (HRPSE) will be replacing the previous used service title - Socialization and Sexuality Education (SSE).
  - Service will remain the same
  - Classes will now be available to individuals in all four (4) quarters, previously only three (3).

- Crisis Response Training:
  - All training dates through June of 2027 are now available on the Training Hub.
  - Approved Crisis Providers only - This a mandatory training for all Crisis Response Staff (CRS).

QUESTIONS \ ANSWERS \ SUGGESTIONS

HEALTH CARE
AUTHORITY

THANK YOU

INVESTING FOR TOMORROW, DELIVERING TODAY.