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Date: September 15, 2026 DDSD-DDW Numbered Memo 2026-15
To: Developmental Disabilities Waiver Providers Agencies
From: Selina Leyba, Developmental Disabilities Supports Division, Community Programs
Bureau Chief *SL*
Subject: Level of Care Process Change

This memo provides direction to Developmental Disabilities (DD) Waiver service providers and case managers related to level of care (LOC) process changes. The Developmental Disabilities Supports Division (DDSD) together with the Medical Assistance Division (MAD) changed the annual requirements for LOC reevaluations to decrease burden to DD Waiver participants and streamline the LOC process. Prior to implementing this change, an approval from the Centers for Medicare and Medicaid Services (CMS) was required and approval was obtained through the DD waiver renewal application approved with an effective date of July 1, 2026.

INITIAL LOC PROCESS

The initial process has changed:

1. Waiver recipients must complete the Medicaid application (HCA 100) and submit it to the Income Support Division (ISD) for financial eligibility determination.
2. The following documents are required to be sent to the Medicaid Third-Party Assessor (TPA) for medical eligibility determination by the participant's case manager:
 - Long Term Care Medical Assessment Abstract, MAD 378
 - History and Physical (H&P)
3. The TPA will conduct a Vineland Adaptive Behavior Scales, Assessment, the "Vineland" for each participant during the pre-eligibility period.

Steps required to complete the Vineland Assessment:

- The TPA will contact the participant and guardian directly to schedule the Vineland assessment.
- The Vineland assessment will be completed in the participant's residence.
- The Vineland assessment will be made available to the case manager to be used during individual service planning.

ANNUAL LOC RECERTIFICATIONS:

Change to LOC process:

Case Managers are no longer required to submit a Long-Term Care Medical Assessment Abstract, MAD 378, to the TPA for any level of cares expiring 10/1/26 going forward.

The *new* process for annual LOC recertifications is as follows:

1. Participants must complete the Medicaid application (HCA 100) and submit it to the Income Support Division (ISD) for financial eligibility.

2. Both the Long-Term Care Medical Assessment Abstract, MAD 378 and H&P must be completed by the participants' primary care provider. **The Long-Term Care Medical Assessment Abstract, MAD 378 and H&P no longer need to be submitted to the TPA for annual recertification.**

- The Long-Term Care Medical Assessment Abstract, MAD 378 and the H&P must be kept in the case management agency individual case file. If these documents are not present or are present but not signed in the case file, the case manager will be found deficient in a Quality Management Bureau survey, and the case management agency is subject to contract management activities through DDSD.
- Comagine Health will no longer be sending Long Term Care Medical Assessment Abstract, MAD 378, H&P or reminder notices to the participant. The case manager and participant, or participant's guardian, must ensure H&Ps and Long-Term Care Medical Assessment Abstract, MAD 378s are completed timely.
- Case managers and participants can obtain the Long-Term Care Medical Assessment Abstract, MAD 378 and H&P to take to their providers at the following links:
- The forms can be downloaded using the links below and printed.
- If unable to print the form, the forms will be provided at the regional offices.
- [MAD-378.pdf](#)
- [Microsoft Word - Mi Via HP Form_072219](#)

3. The TPA will conduct a Vineland Adaptive Behavior Scales Assessment, the "Vineland", for each participant during the annual recertification period.

Steps required to complete the Vineland Assessment:

- The TPA will contact the participant and guardian directly to schedule the Vineland assessment.
- The Vineland assessment will be completed in the participants' residence.
- The TPA will schedule the Vineland, 90 days prior to the expiration of the participants' level of care.
- The Vineland assessment will be made available to the case manager to be used during individual service planning. The case manager can access a copy of the completed Vineland assessment in the JIVA system.

EXPECTATIONS AND REMINDERS:

Follow the established instructions (on the back of the Long-Term Care Medical Assessment Abstract, MAD 378) to ensure the forms are completed accurately. A completed Long Term Care Medical Assessment Abstract, MAD378 and H&P must meet the following requirements:

- Section C- Medical Assessment must be completed by their primary care provider (PCP) (e.g. physician, nurse practitioner or physician assistant)
- The case manager's responsibility is to ensure that the assessment section is completed in its entirety, not to validate clinical accuracy.
- PCP signatures are required. When providers submit electronic health records instead of the Comagine H&P form, case managers must verify that the documentation includes a documented physical exam. The participant may request a copy of the physical exam for themselves or have it faxed to the case manager. Because the physical exam becomes part of the participant's permanent medical record, it may be requested at any time and is required to be in the individual case file.

Case managers play a critical role in assisting and assuring that all required steps are taken by DD Waiver participants to complete annual recertification. This includes assisting with supports needed for the waiver participant to attend medical appointments timely for an annual H&P.

Case Manager responsibilities include:

- Monitoring H&P Dates
- Reminding participants that their annual H&P is needed
- Providing forms (Long Term Care Medical Assessment Abstract, MAD 378, and H&P)

For any questions related to this change, please contact Steven Fernandez via email at Steven.Fernandez@hca.nm.gov or via phone at 505-584-1687.

