



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

Date: June 24, 2026
To: All Developmental Disabilities (DD) Waiver, Medically Fragile Waiver providers and Interested Parties
From: Selina Leyba, Bureau Chief, Community Programs Bureau *SL*
Subject: Posting of 2025 Payment Disclosure Information

The Ensuring Access to Medicaid Services final rule, published on May 10, 2024, requires states to report key Medicaid payment information for certain home and community-based services (HCBS). The Centers for Medicare and Medicaid Services (CMS) adopted these requirements to increase transparency, strengthen oversight of Home and Community Based Services (HCBS) payment methodologies, and support efforts to address direct care workforce shortages. These requirements apply to personal care, habilitation, home health aide, and homemaker services.

The Developmental Disabilities Supports Division (DDSD) has reviewed the federal categories and identified which DD Waiver and Medically Fragile Waiver services fall under the rule. Self-directed services are not included in the federal requirement, so the Mi Via Waiver is excluded from this report. Services that are included in average hourly payments are:

Service Category	Waiver Type	Waiver Service
Habilitation Services	DD Waiver	Community Integrated Employment, Customized Community Supports, and Living Supports
Habilitation Services	Medically Fragile Waiver	Customized Community Group Supports
Home Health Aide	Medically Fragile Waiver	Home Health Aide
Personal Care	DD Waiver	Customized In-Home Supports

To meet the federal requirements DDSD converted the applicable service payment rates to hourly amounts and calculated the average hourly payments. Additionally, DDSD will publish measures such as average hourly rates, paid service hours, and the number of individuals receiving each service. Services that cannot be converted to hourly units or that have no claims or beneficiaries during the reporting period will not be included. The first report will use the rates in effect on July 1, 2025, and will be updated every two years.

You can find the first Payment Disclosure Report here: [DDSD Communications and Information – New Mexico Health Care Authority](https://www.hca.nm.gov/ddsd-communications/) (<https://www.hca.nm.gov/ddsd-communications/>)

As a reminder, fee schedules for all waiver services are still available here [Fee Schedules – New Mexico Health Care Authority](https://www.hca.nm.gov/providers/fee-schedules/) (<https://www.hca.nm.gov/providers/fee-schedules/>)

At this time, no action is required from providers. DDSD has completed the calculations and reporting using Medicaid claims and rate information already available to the Department. Providers are not required to submit any additional data, documentation, or reports related to this payment disclosure requirement at this time. Should future reporting requirements necessitate provider participation or data collection, DDSD will provide advance notice and guidance.

Feel free to contact Christina.hill@hca.nm.gov with any questions.