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Date: April 15, 2026 DDSD-DDW Numbered Memo 2026-06

To: Developmental Disabilities Waiver Therapy Providers and Case Management Agencies

From: Melissa McBride, Developmental Disabilities Supports Division, Clinical Services Bureau Chief 

Subject: Secondary Freedom of Choice (SFOC) & Therapy Service Processes

The Developmental Disabilities Supports Division (DDSD) has been notified that Secondary Freedom of Choice (SFOC) forms are not being sent to service providers prior to the effective date of the participants' Individual Service Plan (ISP) or prior to Case Managers (CMs) submitting new or budget revisions to the Third-Party Assessor (TPA). DDSD has also been notified that service providers are not reviewing or responding to SCOMMs sent by CM's, this includes signed SFOC's, new budgets and budget revisions.

If a service provider does not receive signed SFOCs timely or if the service provider does not respond to the CMs SCOMMs, this can cause delays in service authorization and delivery. Not only does this create potential harm to waiver participants, but it can also result in contract management activities with the DDSD.

As required by the Developmental Disabilities (DD) Waiver Service Standards Chapter 8.2.1: Once the participant or guardian signs the SFOC, CMs must contact the selected service provider within five (5) business days, notifying the agency the client has chosen their agency.

CMs are required to provide all signed SFOC forms to the service providers by SCOMM. This process allows the service provider to ensure there are no delays in service delivery. If CMs are unable to engage service providers after contacting them and sending the signed SFOC forms or budgets, CMs should submit a Regional Office Request for Assistance (RORA).

To assist with clarifying the established process when adding a *new therapy service provider* to a participant's budget or when transitioning to a new therapy provider agency please follow the steps below.

<u>SFOC - Therapy Budget Process</u>	
Step 1:	When an SFOC is signed, the CM contacts the Therapy Provider Agency within five (5) business days. The CM sends the signed SFOC document via general SCOMM.

Step 2:	The CM informs the Therapy Provider Agency what the IDT is requesting from this discipline (assess for ongoing intervention, CARMP only, environmental modification, etc.).
Step 3:	The Therapy Provider Agency completes the <i>Budget Request</i> table on page one of the Therapy Documentation Form and sends this page to the CM by SCOMM within fourteen (14) business days of when the Therapy Provider Agency receives the SFOC.
Step 4:	The CM sends the draft Budget Worksheet to the Therapy Provider Agency for review at least forty-eight (48) hours or two (2) business days before the budget revision is submitted to the Third-Party Assessor (TPA).
Step 5:	The incoming Therapy Provider Agency must reply to the CM to verify and confirm the accuracy of the draft Budget Worksheet within forty-eight (48) hours or two (2) business days.
Step 6:	The CM submits the budget revision to the TPA and informs the incoming therapy agency when the budget is approved.
Step 7:	Therapy services start after the person is listed in the Therapy Provider Agency's Turquoise Claims.

For any questions, please contact Steven Fernandez, Developmental Disabilities Waiver Program Manager, at steven.fernandez@hca.nm.gov or 505-584-1687, or Melissa McBride, Clinical Services Bureau Chief, at melissa.mcbride@hca.nm.gov or 505-231-2304.