HEALTH CARE AUTHORITY

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Date: October 16, 2026

To: All Mi Via Participants, Consultants, Vendors and Interested Parties

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

Subject: Revised Mi Via Waiver Service Standards

The Developmental Disabilities Supports Division (DDSD) has drafted updated Mi Via Waiver Service Standards to align with the current waiver application, incorporate procedural changes previously communicated through Numbered Memos, and address other updates needed since the standards were last released.

The information below is a high-level summary of key changes in the Mi Via Waiver Service Standards.

Major Structural and Organizational Changes

- The Mi Via Service Standards were consolidated into a single document (all appendices were incorporated) to improve accessibility, readability, and to promote consistency in waiver service standards across waiver programs.
- Name change. The Centers for Medicare and Medicaid Services (CMS) requested DDSD change the name of the Employer of Record (EOR) to Support Broker (SB) to align the scope with the federal service definition.
    - The term Employer of Record (EOR) has been replaced with Support Broker (SB) across the waiver.
- Support Broker was added as a waiver service option (*Services that Support Participant Direction, Support Broker Service, p.125*). The standards include the specifics of this service including:
    - Scope of work
    - Billing rules
    - Training requirements
    - Conflict-of-interest rules
    - Documentation and compliance with expectations
    - Provider qualifications

New and Updated Processes

Eligibility, Level of Care/Financial Requirements *(p.31)*

- Additional detailed instructions for transitioning Category of Eligibility (COE) 095 to COE 096 and 095 nuances in Mi Via.
- Clarification on Level of Care submission requirements, timeliness, and roles.

Termination From the Mi Via Program (*p. 43*)

- Additional detailed instructions for the voluntary and involuntary termination of participants from the waiver program.

Grievance System *(p.24)*

A new grievance system section was included.

- Aligns with federal Ensuring Access to Medicaid Services Final Rule.
- This addition formalizes complaint pathways through DDSD Office of Constituent Supports.
- Includes timelines for acknowledgement, resolution, and secondary review.

Service and Support Plan (SSP) Changes *(p.51)*

- Language regarding components to the Service and Support Plan were updated to reflect the 2026 SSP template and instructions.

Documentation Requirements *(p.27)*

- Added requirement that providers must complete documentation within 2 business days of service delivery.

Exception Requests *(p.58)*

- Expanded criteria for rate exceptions and additional documentation required.

Significant Updates to Service Definitions

Consultant Services *(p.106)*

- Monthly contact requirements updated to reflect current processes such as monthly face-to-face visits and documentation requirements.
- Language added to strengthen expectations for consultants by clearly defining their responsibilities for:
    - Monitoring participant health and safety;
    - Ensuring timely documentation;
    - Updating plans when risks arise; and
    - Actively supporting required incident reporting and state investigations.

Support Broker (New Service) (*p.125*)

In-Home Living Supports (IHLS) *(p.136)*

- Additional language providing clarification of supervision, quality control, and agency. accountability requirements.
- Language added to strengthen CMS Settings Rule integration.

Customized Community Group Supports (CCGS) *(p.145)*

- Remote-based, virtual, support formally introduced with billing, training and technology requirements.
- Language added to strengthen HCBS settings compliance expectations.
- Clarifying language to distinguish CCGS from Community Direct Supports.

Employment Supports *(p.148)*

- Additional language to provide guidance for the following:
    - Coordination with the Department of Vocational Rehabilitation
    - Informed choice processes
    - Trial work, documentation and benefits counseling

- Language added to clarify when waiver can pay for job development and job coaching.

Behavioral, Therapy, and Wellness Services *(p.157)*

- Updated language about documentation, credentials, and provider responsibilities.
- Strengthen the integration of person-centered planning and health risk mitigation by requiring the Service and Support Plan (SSP) to clearly identify health and safety risks and document proactive strategies to prevent or minimize adverse outcomes.
- Require timely SSP revisions whenever significant medical, behavioral, or environmental risks emerge or change

Compliance, Monitoring, and Enforcement Enhancements

Quality Management Bureau (QMB) *(p.91)*

- Added requirements for provider surveys: new for In-Home Living Supports vendor agencies.

Incident Management and Abuse, Neglect, and Exploitation Requirements *(p.92)*

- Updated to reflect new Division of Health Improvement (DHI) hotline number.
- Added language that aligned with DHI's Incident Management protocols by requiring:
    - Immediate reporting of ANE and safety incidents;
    - Mandating completion of safety plans within 24 hours; and
    - Ensuring full cooperation with DHI investigations and access to necessary records.

The revised Mi Via Service Standards are attached to this email and can also be found on the Health Care Authority Website at the following link: Mi Via Self-Directed Waiver Communications – New Mexico Health Care Authority

Please provide any feedback no later than October 30, 2026, via the following link **Mi Via Waiver Service Standards Comments and Feedback**.