Mi Via (MV) Waiver Service and Support Plan (SSP) 2026 Instructions

Introduction

The Mi Via (MV) Home and Community-Based Services Waiver helps eligible New Mexicans with intellectual and developmental disabilities or medically fragile conditions live safely in their communities. This guide is for Mi Via participants, families, consultants, and employer of records (EOR) and explains how to complete the Mi Via Service and Support Plan (SSP).

The purpose of the SSP is to provide an overview of the person, their needs, what services must be in place to address their needs, and how these services help the person live their everyday life. The SSP must describe what services are important for the person to meet their support and clinical needs, as applicable. A person's support and clinical needs are identified through the assessment of functional need, as well as through discussing what is important to the person and their preferences. The SSP lists both paid and unpaid supports, and explains how paid and unpaid supports meet a person's needs. The SSP also includes any services or supports the person gets through their Managed Care Organization (MCO), care coordination or other entities who assist them in getting their needs met.

Person-Centered Planning

Person-centered planning (PCP) is a process that is directed and led by the individual with intellectual and developmental disabilities (IDD) with assistance as needed or desired from a representative or other persons of the individual's choosing. PCP puts the person with IDD at the center of the planning process, and is designed to identify the strengths, capacities, preferences, needs, and desired outcomes of the individual.

How to Complete the SSP

- Although these instructions are written using some first-person and second-person language, this guide can be used by anyone who helps make the SSP.
- Your input is very important. The information you share helps ensure you receive the services and supports that best match your needs and preferences.
- If you do not have an answer to a question, or the question is not applicable to you, come back to it later, or write "Not Applicable" or N/A.
- Remember, there are no right or wrong answers.
- The SSP is a long document. Take breaks or spread-out completion of the document as needed.
    - The consultant must submit the SSP budget 30 days before expiration for annual SSPs.
    - For initial SSPs, the consultant must submit the SSP budget by the 14th of the month for a start date the following month.
- If you have questions when filling out the SSP, talk to your consultant.
- Refer to the list of definitions at the end of this document for more information on terms.

Continue reading to review each SSP section and what information needs to go in each section.

Overview of Needs, Goals, and Preferences: Read and answer each question to describe you, your goals, and your preferences about your home life, work and community life, your friends and relationships, and your health. When answering these questions, think about what you want to get out of Mi Via, how you want Mi Via to assist or support you, and in what ways you need or prefer to be assisted.
This section also asks about your strengths, assessments you may want to use when making your SSP, and about your disability or disabilities, and any medically fragile conditions you have.

Section 1: Living Supports: Living Supports help you live in your own home and community. These supports can provide needed assistance with activities of daily living, home management, supports for health and safety, and assistance with independent living skills.
When answering these questions, consider how you want and need your Mi Via services to help you live everyday life, and describe anything you want your Living Support providers to know about what you like, dislike, or prefer about your service delivery.

Section 2: Community Participation, Employment, and Volunteering: Community Membership Supports help you participate in community life to enhance relationships with others, get a job, work, or participate in meaningful activities. This term also includes exercising, personal, social, and communication skills.
Every person has the right and ability to work, given opportunity and access. The DDSD adopted an Employment First Policy in 2016 to support working age adults to have access to valued employment opportunities. When answering the questions in this section, think about your life in your community, and how your services and supports can help you continue to live the life you prefer in your community.

Section 3: Health and Wellness Supports: Health and Wellness Supports assist you with medically related or behavioral health needs that are not covered by your health plan and will help you to remain in your home and community.
At the beginning of this section, answer the questions in the *Safety and Risk Assessment* to describe any health risks you may have. In the following sections, think about how Mi Via services and other services can help address your health needs, and anything you want those who work with you to know about your health.

Section 4: Other Supports: Other Supports are available to enhance or enable you to receive other services on your plan, or to decrease the need for more direct services, thereby increasing your independence. Based on your physical or cognitive needs and preferences for the delivery of services and supports, identify the services or related goods needed to maintain your other supports.

Section 5: Related Goods: Related goods are items like equipment, supplies, class fees, or memberships. Related goods do not include services such as housecleaning, yard maintenance, etc. Related goods must help with a need in your plan and support you in being involved in your community. Complete this table if you need any Related Goods for any of your supports.

Section 6: Environmental Modifications: Environmental Modifications are changes or equipment added to a person's home to keep them safe, support their health, or help them be more independent. This benefit does not cover home changes that provide general convenience and are not directly related to your

medical or support needs, for example, fences, storage sheds, or other outbuildings. It also does not cover projects that increase the home's square footage, unless adding space is required to complete an approved adaptation.
If you received environmental modifications in the last five (5) years but need more done, talk to your consultant to see if funds are still available. You may get up to $5,000 for environmental modifications every five (5) years.

Section 7: Technology: Answer the questions in this section about your use or need of technology.

Section 8: EOR Questionnaire: Answer the questions below to help determine if you should be your own EOR, or if support is needed for EOR responsibilities. Keep in mind that you do not have to be your own EOR if you do not want to. You cannot be your own EOR if you: Are under 18 years of age; or, if you have plenary or limited guardianship or conservatorship over financial matters.
If you are utilizing vendors only and you, or your Authorized Representative, is authorized to sign Payment Request Forms (PRF) for vendors, these questions may not be required. *(Consultant must assist the participant in the completion of the Authorized Signer form required by the Financial Management Agency.)*

Section 9: Consultant Services: Talk with your consultant about what and how much support you need from them and include those details in this section, understanding there are minimal requirements set forth in the service standards. Participants cannot opt to have lessened or reduced consultant support.

Section 10: SSP Preparation Information: In this table list all people who contributed to the creation of the SSP.

Section 11: Emergency Backup Plan: The Emergency Backup Plan provides quick access to backup information for you, your staff, and other people who support you. Fill in all of the Backup Plan information, and print out your Backup Plan to keep it available for your employees and others.
For each of the tables, you must add at least one person or provider. For the In-Home Living Provider table, if you do not have an In-Home Living Provider, leave this table blank.

Consultant Acknowledgment: In this section, have your consultant sign your SSP to confirm that the SSP is complete, and you have a copy of your SSP Back-Up Plan.

Mi Via Service and Support Plan Emergency Back-Up Plan Acknowledgement Form: Your consultant will review these questions with you. Your consultant will ensure that you initial each box, and will provide you with a copy of the completed form to keep a copy for your records.
Reminder for Consultants: The SSP cannot be submitted through Mi Via online system until you have checked the online acknowledgement box that confirms you have completed this form with the participant.

Definitions

- **Backup Plan:** The backup plan details all relevant supports in a participant's life and who should be contacted and when. It is critical that this section of the SSP remain current and be available to all identified staff and family members. The Emergency Back-Up Plan is mandatory and must be completed in the SSP.
- **Comprehensive Needs Assessment (CNA):** A CNA is a survey conducted annually by the Managed Care Organization (MCO) to identify the person's physical health, behavioral health, and long-term care needs.
- **Employment First:** Employment First is a national systems-change framework centered on the premise that all individuals, including those individuals with the most significant disabilities, are capable of full participation in competitive integrated employment (CIE) and community life.
- **Employer of Record (EOR):** The individual responsible for directing the paid supports provided to a Mi Via Waiver (Mi Via) participant, including recruiting, selecting, managing, and ending the working relationship with the people who deliver those supports.
- **Financial Management Agency (FMA):** The Health Care Authority's (HCA) Medical Assistance Division (MAD) contractor that helps self-directed participants implement the Authorized Annual Budget (AAB) by paying the eligible recipient's service providers and tracking expenses.
- **Guardians:** A person appointed by the court to make certain decisions for an individual who has been determined to lack capacity, or the custodial parent(s) if the individual is a minor.
- **Managed Care Organization (MCO):** Health plans that provide health care services to Medicaid members.
- **MCO Care Coordinator:** An MCO Care Coordinator helps assess an individuals needs, and connects them to services outside of the Waiver to meet these needs.
- **Representative Payee:** A person or an organization who acts as the receiver of Social Security Disability or Supplemental Security Income for a person who is not fully capable of managing their own benefits, i.e., cannot be their own payee.
- **Self-direction:** A service delivery model in which the individual receiving services (or their representative) have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports.
- **Service and Support Plan (SSP):** A person-centered plan used in the Mi Via Waiver (Mi Via) that includes, but is not limited to, the waiver services chosen by the participant; the projected amount, frequency, and duration of services and goods; the types of supports; who will furnish each service or good; other services and goods the participant will use (regardless of funding source); and the participant's available natural and informal supports that will complement waiver services in meeting their needs.
- **Technology First:** A framework for system changes where technology is considered first in the discussion of support options available to individuals and families through person-centered approaches to promote meaningful participation, social inclusion, self-determination and quality of life.

New Mexico Administrative Code (NMAC), Mi Via Waiver Service Standards

The New Mexico Administrative Code (NMAC) is the official collection of rules and regulations issued by New Mexico state agencies to implement and enforce state laws. Mi Via rules and regulations on the SSP are in NMAC 8.314.6, Mi Via Home and Community-Based Services Waiver. The Mi Via Waiver Service Standards, along with state and federal rules and regulations, provides a detailed overview of the waiver in its entirety.

The list below contains excerpts from NMAC 8.314.6 and the Mi Via Waiver Service Standards regarding SSP components.

Mi Via Waiver Service Standards	NMAC 8.314.6.17
Mi Via Service Standards, chapter Planning and Budgeting for Services and Goods: Person-centered planning (PCP) enables and assists the person to identify and access a personalized mix of paid and non-paid services and supports to assist him or her to achieve personally defined outcomes in the community. The SSP development must: 1. involve those whom the person wishes to attend and participate in developing the SSP; 2. use assessed needs to identify services and supports; 3. include individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others; 4. identify roles and responsibilities of supports who are implementing the SSP; 5. include the term of the SSP and how and when it is updated; and 6. outline how the person is informed of services which include natural and community resources as well as those funded by the Mi Via Waiver. SSP is organized by the categories of services and includes questions in each section that help identify the participant's strengths, goals, natural and informal supports, concerns and challenges, and how the participant will know whether the plan he/she has developed is working well.	The SSP contains: a. the mi via services that are furnished to the eligible recipient, the projected amount, frequency and duration, and the type of provider who furnishes each service; i. the SSP must describe in detail how the services or goods relate to the eligible recipient's qualifying condition or disability; ii. the SSP must describe how the services and goods support the eligible recipient to remain in the community and reduce his or her risk of institutionalization; and iii. the SSP must specify the hours of services to be provided and payment arrangements; b. other services needed by the mi via eligible recipient regardless of funding source, including state plan services; c. informal supports that complement mi via services in meeting the needs of the eligible recipient; d. methods for coordination with the Medicaid state plan services and other public programs; e. methods for addressing the eligible recipient's health care needs when relevant; f. quality assurance criteria to be used to determine if the services and goods meet the eligible recipient's needs as related to his or her qualifying condition or disability; g. information, resources or training needed by the eligible recipient and service providers; h. methods to address the eligible recipient's health and safety, such as emergency and back-up services;