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DDSD-DDW Numbered Memo 2026-03

Date: March 1, 2026
To: All Developmental Disabilities Waiver Providers
From: Selina Leyba, Community Programs Bureau Chief, Developmental Disabilities Supports Division (DDSD) *SL*
Subject: Developmental Disabilities Waiver Billing and Documentation Requirements: Clarification and New Instructions

The Developmental Disabilities Supports Division (DDSD) is issuing this clarification and new timeliness requirements regarding provider billing and documentation requirements.

As outlined in Section 21.1, Billing Requirements, of Developmental Disabilities Waiver (DD Waiver) Service Standards, providers must have the following items in place prior to billing:

1. A fully executed provider agreement with DDSD
2. An approved Provider Participation Agreement (MAD 335)
3. An active Medicaid provider number
4. Prior authorization for services

DD Waiver provider agencies are required to maintain all records necessary to demonstrate the proper provision of services for Medicaid billing purposes. In addition, 8.302.1.17 NMAC, Medicaid General Provider Policies, requires all Medicaid providers to maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past. Failure to provide required documentation during a survey or audit may result in recoupment of funds, denial of claims, sanctions, or termination from Medicaid participation.

DD Waiver providers are subject to surveys conducted by the Health Care Authority (HCA) and audits conducted by the Centers for Medicare and Medicaid Services (CMS). These surveys and audits are designed to verify that all services billed to Medicaid were authorized, delivered as documented, and supported by complete and accurate records. Providers must ensure that documentation is:

- Accurate and complete as outlined in Section 21.3 Record Keeping and Documentation Requirements of DD Waiver Service Standards.

- **NEW:** Timely: Records, including daily contact / progress notes, must be completed on the date services occur and entered immediately following service delivery. If unable, documentation must be completed no later than 48 hours after service delivery. The 48-hour requirement ensures that documentation is completed while information remains accurate, reliable, and reflective of the services provided.

Billing may not occur prior to documentation completion. Billing which occurs prior to documentation is subject to recoupment.

- Accessible: Documentation must be available upon request.

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