



HEALTH CARE
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Date: March 1, 2026
To: Mi Via Consultants, Mi Via Vendors, Mi Via Providers and Employers of Record (EOR)
From: Selina Leyba, Community Programs Bureau Chief, Developmental Disabilities Supports Division. *SL*
Subject: Mi Via Waiver Billing and Documentation Requirements: Clarification and New Instruction

The Developmental Disabilities Supports Division (DDSD) is issuing this clarification and new timeliness requirements to all Employers of Record (EORs), vendors, and consultants participating in the Mi Via Waiver that they are required to maintain complete, accurate, and timely documentation that fully discloses the extent and nature of the goods and services furnished to Mi Via participants.

Consultant Agencies 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

Direct hire employees must have the following items completed and approved before may begin providing services and billing:

1. Complete and processed Employee Packet
2. A cleared Employee Abuse Registry (EAR) and Caregiver Criminal History Screening (CCHS) check
3. A signed and approved Employee Agreement
4. Linked to an approved service

Vendor agencies must have the following items completed and approved before providing services and billing:

1. Complete and processed Vendor Forms
2. Signed and approved Vendor Agreement
3. Linked to an approved service

Mi Via Waiver provider/vendor agencies and direct hire employees 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 an audit may result in recoupment of funds, denial of claims, sanctions, or termination from Medicaid participation.

- **Consultant Agency:** Consultants are responsible for maintaining documentation of all consultant service activities completed with or on behalf of the participant. This includes records of monthly visits, monitoring contacts, and any other required interactions outlined in the Mi Via Service Standards, Section 5: Administrative Requirements. Documentation must clearly show the date, time in and out, nature, and outcome of each activity to support compliance and audit requirements.
- **Vendor Agencies:** Vendors and their employees and sub-contractors must maintain documentation for every date of service billed. Documentation must clearly show what service was provided, date, and scope or amount of services provided.
- **Employers of Record:** Prior to approval of timesheets and Vendor Payment Request Forms (VPR), the EOR is responsible for ensuring that all documentation related to employees, vendors, services, and expenditures is complete, accurate, and compliant with program rules. This includes daily progress notes as they relate to services received and maintaining receipts for goods or services purchased with the Money Network Card. Please refer to Appendix H of the *Mi Via Service Standards, Employer of Record Guidebook, Properly Storing Service Records*.
<https://www.hca.nm.gov/mi-via-services-supports/>

Mi Via Waiver EORs, Consultant agencies, and vendor agencies are subject to audits conducted by the Health Care Authority (HCA) and the Centers for Medicare and Medicaid Services (CMS). These audits are designed to verify that all services billed to Medicaid were authorized, delivered as documented, and supported by complete and accurate records. All EORs, vendors, and consultants must ensure that documentation is:

- Accurate, complete and reflects actual services delivered as outlined in Appendix A, *Qualifications That Apply to All Mi Via Individual Employees, Provider Agencies, and Vendors*, of the Mi Via 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 which occurs prior to documentation is subject to recoupment.

EORs must ensure that documentation is complete prior to approving timesheets and Vendor Payment Requests forms.

- Accessible: Documentation must be available upon request.

Questions regarding documentation or compliance requirements may be directed to Deanna DeHerrera at Deanna.Deherrera@hca.nm.gov