



Waiver Renewal

§1915 (c) Home and Community Based Services (HCBS) waivers applications are reviewed by the federal Centers for Medicare and Medicaid Services (CMS). If approved by CMS, the approval is for three years initially and then, in five-year cycles. NM Department of Health (DOH) operates three HCBS waivers which are approaching their 5-year renewal cycles.

Waiver	Expiration
Mi Via Waiver	10/1/2020
Medically Fragile Waiver	7/1/2021
Developmental Disabilities Waiver	7/1/2021

Steps in Renewal Process and Timelines

It is ideal for states to submit their applications well in advance of their waiver expiration date in case CMS requests additional information (RAI). RAIs can lengthen the review process. The table highlights renewal activities with estimated timeframes.

Activity	Timeframes
Planning	1 year + from submission
Stakeholder Engagement	1 year + from submission
Tribal Notification	60 days
Public Notification	30 days
Application Submission	At least 90 days prior to the Waiver expiration date
CMS Review	90-day period
CMS RAI	Stops/restarts 90-day review

Topic Areas of Public Interest

NM DOH – Developmental Disabilities Supports Division (DDSD) provides updates through E-blasts and website postings: <https://nmhealth.org/about/ddsd/>.

Typical, topics of interest are:

- ✓ Eligibility and waiting list
- ✓ Service definitions, settings, and amounts
- ✓ Provider requirements and rates
- ✓ Use of assessments
- ✓ Budgets and resource allocation
- ✓ Person Centered Planning

Stakeholder Engagement

Additions or changes to a waiver can take time to think through. The NM DOH-DDSD gathers public feedback through focus groups, town hall meetings, surveys and dedicated phone lines and emails. DDSD engages various stakeholder groups in planning and development. Typically, stakeholders include:

- ✓ People and families in services,
- ✓ People and families waiting for services,
- ✓ Provider associations,
- ✓ Advisory Council on Quality Supports for Individuals with Developmental Disabilities and their Families (ACQ) and its relevant subcommittees),
- ✓ Disability Rights New Mexico,
- ✓ Development Disabilities Planning Council,
- ✓ Other advocacy groups, interested parties, and
- ✓ Steering Committees or Task Forces.

Waiver Applications

CMS provides states with an application and review criteria to submit a waiver renewal application. Although each waiver has unique features, the key elements of the application to CMS are the same.

- ✓ Administration & Operation
- ✓ Access & Eligibility
- ✓ Services
- ✓ Person Centered Planning
- ✓ Self-Direction
- ✓ Rights
- ✓ Safeguards
- ✓ Quality Management
- ✓ Financial Accountability
- ✓ Cost Neutrality (i.e., average cost per person of HCBS is less than the average cost of institutional care)

Public Input

After planning with initial stakeholder engagement, proposed waiver amendments and renewals are posted to the HSD website. Notice is provided to families, providers and interested parties when drafts are available. HSD accepts public comment in writing, by phone and at formal public hearings. HSD and DOH review and respond to all public comments before finalizing the official waiver application and submitting it to CMS.