HEALTH CARE
AUTHORITY

SERVICES AND SUPPORT PLAN 2026
MI VIA WAIVER
SSP 2026 TRAINING FOR CONSULTANTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START…

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.

A cloudy morning looking over Santa Cruz Lake
photo by Jessica Gomez

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

HEALTH CARE AUTHORITY

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS

LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.

BUILD the best team in state government by supporting employees' continuous growth and wellness.

ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

INTRODUCTION

- Mi Via Waiver (MVW) has a new Services and Support Plan (SSP), SSP 2026
- Feedback from consultants, DDSD staff, waiver participants and their families informed the SSP 2026 revision
- SSP 2026 will be rolled out beginning in June
  - The new SSP is being programmed into FOCOS

AGENDA

- 5 domains of Person-Centered Planning
- Home and Community-Based Services (HCBS) Setting Rule
- SSP 2026
  - How to complete SSP 2026
- SSP Instruction Guide
- Q&A

TRAINING OUTCOMES

- Complete SSP 2026 with waiver recipients and their circle of support
- Connect SSP 2026 with 5 domains of Person-Centered Planning (PCP) and the HCBS Setting Rule

PERSON-CENTERED PLANNING (PCP)

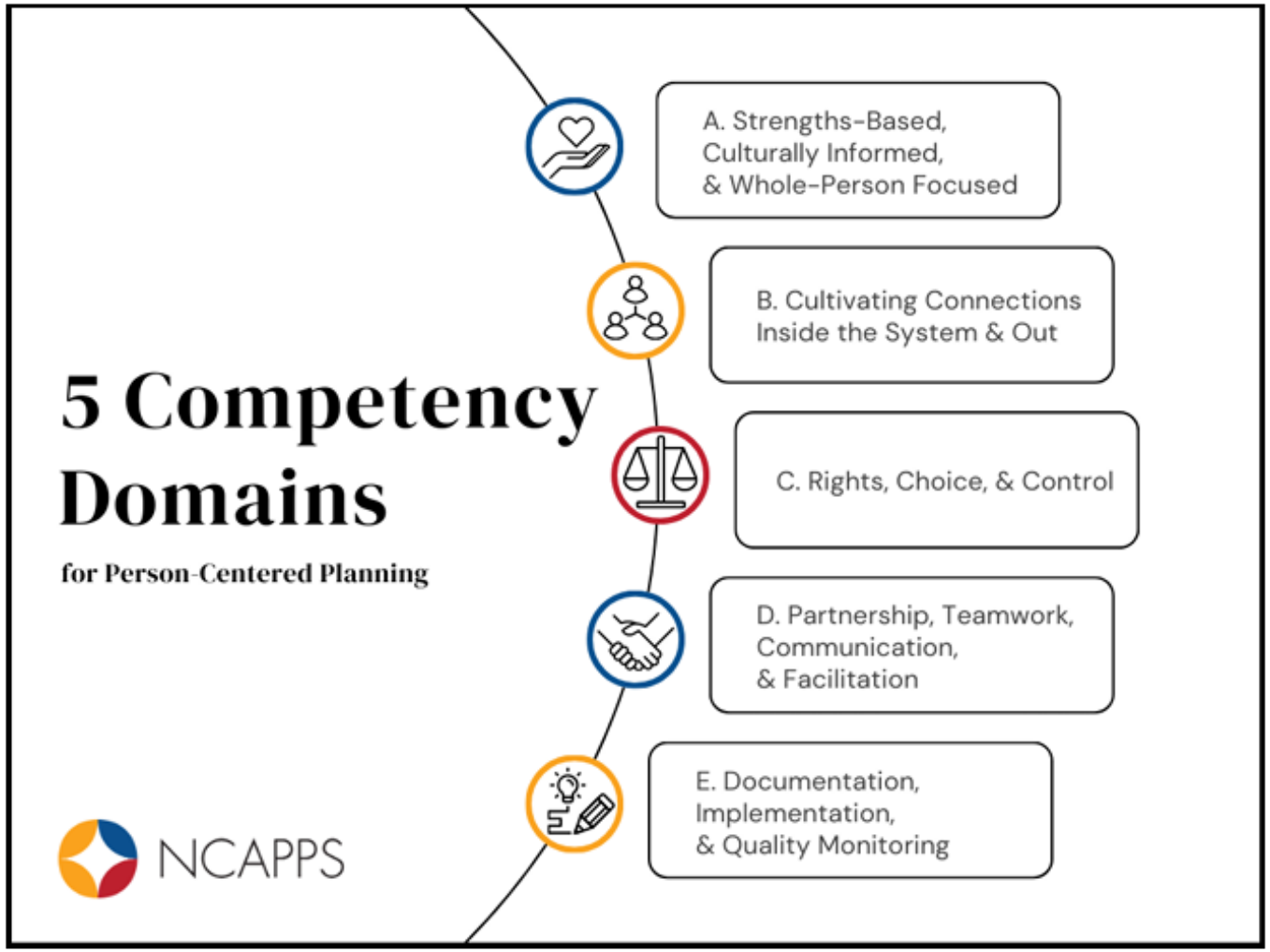

Figure 1. 5 Competency Domains for Person-Centered Planning. Click on a box or icon to skip to a domain section.

1) STRENGTHS-BASED, CULTURALLY INFORMED, WHOLE-PERSON FOCUS

- People grow, change, and can realize personally valued goals
- Goal of living a good life as defined by the person
- Activities focus on the whole person (not just their diagnosis or disability) and are informed by their unique culture and identity

2) CULTIVATING CONNECTIONS INSIDE THE SYSTEM & OUT

- Facilitates linking both paid (professional) and unpaid (natural) supports
- Activities seek to maximize connections to natural community activities and relationships in inclusive settings wherever possible, consistent with the preferences of the person

3) RIGHTS, CHOICE AND CONTROL

- Person-centered planning activities:
  - Are based on respect
  - Presume that people know what they like and have the right to control decisions that impact their lives
  - Support people in having control and discovering their voice in all aspects of plan co-creation, implementation, and review
  - Educate people, when necessary and desired, about legal protections that promote fundamental safety (e.g., the right to be free from abuse and neglect) and maximum community inclusion (e.g., the right to inclusive lifestyles, freedom from discrimination)

4) PARTNERSHIP, TEAMWORK, COMMUNICATION & FACILITATION

- Meetings are facilitated in a respectful, professional manner and in accordance with PCP principles
- Primary focus remains on the priorities and perspective of the person
- Encourages all circle of support members to make meaningful contributions
- Process is transparent and accessible to all parties involved
- Supports the person in expanding their team or circle as desired or changing the composition of the team when necessary

5) PCP DOCUMENTATION, IMPLEMENTATION, & QUALITY MONITORING

- Person-centered plan is:
  - Co-created and captured in writing that follows CMS documentation requirements
  - A “living document” revised as needed based on the person’s preferences and evolving situation
  - Responsible follow-up and monitoring of the plan’s implementation

Strengths-based

Making connections

Rights

Choice

Control

Teamwork

Community life engagement

Culturally appropriate

Accessible

Monitoring

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

HOME AND COMMUNITY-BASED SERVICES (HCBS) SETTINGS RULE

A home and community-based setting is one that:

- Is integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
- Is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting
    - Person-centered service plans document the options based on the individual's needs, preferences, and for residential settings, the individual's resources
- Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

REVISIONS AND ADDITIONS

- Reorganized and expanded existing SSP information
- Added:
  - Open-ended questions
  - EOR Questionnaire
  - Technology section
- Greater emphasis on:
  - Risk assessment
  - Employment
  - Settings requirements

UNCHANGED CONTENT

- Activity or Service tables
- Environmental Modification section
- Consultant Services section
- Emergency Backup Plan

SSP 2026 LAYOUT

- Overview of Needs, Goals, and Preferences
- Section 1: Living Supports
- Section 2: Community Participation, Employment, and Volunteering
- Section 3: Health and Wellness Supports
- Section 4: Other Supports
- Section 5: Related Goods
- Section 6: Environmental Modifications
- Section 7: Technology
- Section 8: EOR Questionnaire
- Section 9: Consultant Services
- Section 10: SSP Preparation Information
- Section 11: Emergency Backup Plan
- Consultant Acknowledgement
- Mi Via Service and Support Plan Emergency Back-Up Plan Acknowledgement Form

SSP 2026 INSTRUCTIONS

- Use the SSP Instruction Guide to complete the plan
  - Begins with an introduction and overview of the instructions
  - Provides brief guidance to assist the completion of each section
- Instructions also programmed into FOCOS

OVERVIEW OF NEEDS, GOALS, AND PREFERENCES

- This section consists of eight (8) questions
  - Assess how the participant and their circle of supports want the waiver to meet their needs
- A few questions were added to this section to be more specific to each life domain examined, which are: home life, work and community life, friends and relationships, and health

SECTION 1: LIVING SUPPORTS

- Contains questions about:
  - Living with independence
  - Preferences
  - What support the participant needs from the waiver related to living supports
- Tables to record how many hours of assistance participant needs with different activities of daily living
  - Homemaker/Direct Support
  - Home Health Aid
  - In-Home Living Supports

SECTION 2: COMMUNITY PARTICIPATION, EMPLOYMENT, AND VOLUNTEERING

- Asks open-ended questions about how the participant prefers to spend their time and what activities they enjoy
- Asks several questions about education and employment
  - Explore the participant's interest in employment and educational supports such as Community Direct Support, Employment Supports, Customized Community Group Supports
  - If a person is employed, record their current employment information
  - If a person is not employed, move into the questions that explore employment
- Then moves into table to record how many hours of support the participant needs with communal and recreational activities

SECTION 3: HEALTH AND WELLNESS SUPPORTS

- Risk Assessment table
  - A few questions were added to comprehensively assess a participant's health and safety risks
- Questions on if person needs Durable Medical Equipment (DME), nutrition needs, and physical activity needs
  - Also asks about Managed Care Organization (MCO) utilization to meet any health or safety needs
- Goes into table to record how many hours the participant needs for health and wellness supports
- Added several questions about Do Not Resuscitate order, Advanced Directive(s), Supported Decision Making, and if person has any rights restrictions within their home and why

SECTION 4: OTHER SUPPORTS

- Record a participant's support needs for transportation, EMS, and/or respite, and how the team will know these services are working for the person

SECTION 5: RELATED GOODS

- If a participant needs or utilizes any Related Goods, the table in this section must be completed
- Answer:
  - What Related Good do you need?
  - What is the estimated cost?
  - How does this relate to your needs or preferred way of getting support?

SECTION 6: ENVIRONMENTAL MODIFICATIONS

- If a participant needs any Environmental Modifications, or has had any Environmental Modifications in the last five (5) years, complete the table in this section
- Answer:
  - What the item or modification is
  - When the item or modification was received
  - The cost
  - Who or what entity covered the cost
  - And the contractor

SECTION 7: TECHNOLOGY

- Asks if a participant has access to the internet and technology
- In what ways they use technology, if any
- And if Mi Via or other supports are utilized to assist with using technology

SECTION 8: EOR QUESTIONNAIRE

- This section consists of the EOR Questionnaire
  - The EOR Questionnaire is unchanged
- Participant cannot be own their EOR if:
  - They are under 18 years of age
  - Have plenary or limited guardianship or conservatorship over financial matters

SECTION 9: CONSULTANT SERVICES

- This sections assesses how much support a participant needs from their consultant
  - Consultants are required to have twelve (12) face-to-face visits per year
  - At least four visits per year must be conducted in the participant's residence
- Unchanged from the original SSP, except for the first question in this section

SECTION 10: SSP PREPARATION INFORMATION

- Once the SSP is complete, add the name, role, and date SSP was completed and entered into FOCOS

SECTION 11: EMERGENCY BACKUP PLAN, CONSULTANT ACKNOWLEDGEMENT, & PLAN ACKNOWLEDGEMENT FORM

- SSP 2026 concludes with the Emergency Backup Plan
  - Virtually unchanged from the original SSP
- Final piece of the backup plan asks for the consultant to sign to acknowledge they provided the participant with a copy of the SSP Back-Up Plan, Acknowledgement Form
- The person must initial each row in this section to verify all applicable information has been reviewed

SSP 2026 INSTRUCTION GUIDE

- While the instructions are programmed into FOCOS, a PDF version of the instructions are also available for reference
- Guide completion of the SSP
- Also contains a list of definitions

SSP SHARING

- The goal of sharing parts of the SSP is to promote consistency and communication, keeping everyone informed
- The entire SSP will not be shared
  - Participants budgets will not be shared
  - SSP sections will be shared based on provider/vendor type

QUESTIONS?

HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

HEALTH CARE
AUTHORITY

THANK YOU

INVESTING FOR TOMORROW, DELIVERING TODAY.