HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Dana Flannery, Medicaid Director

Date:	December 5, 2025
To:	Abigail Aguilar, Mi Via Director / Consultant
Provider: Address: State/Zip:	Familia Services NM, LLC 7915 Mataro Road NW Albuquerque, New Mexico 87114
E-mail Address:	Abby@Familiaservicesnm.com
Region: Survey Date: Program Surveyed:	Metro, Northeast, and Southwest November 7 – 20, 2025 Mi Via Waiver
Service Surveyed:	Mi Via Consultant Services
Survey Type:	Initial
Team Leader:	Elizabeth Vigil, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	Kayla Benally, BSW, Healthcare Surveyor Advanced / Plan of Correction Coordinator, Division of Health Improvement/Quality Management Bureau; Jamie Pond, BS, Staff Manager, Division of Health Improvement/Quality Management Bureau, Sally Rel, MS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Aguilar;

The Division of Health Improvement/Quality Management Bureau has completed a compliance survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of Participants receiving services through the Mi Via Waiver; and to identify opportunities for improvement. This Report of Findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider agreements.

No deficiencies were identified during your initial survey and no plan of correction is required. Thank you for your cooperation with the survey process and for helping to provide for the health, safety and personal growth of the Individuals you serve.

This concludes your survey process. Please call the Plan of Correction Coordinator at 505-273-1930, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Elizabeth Vigil

Elizabeth Vigil
Team Lead / Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	November 10, 2025
Contact:	**Familia Services NM, LLC** Abigail Aguilar, Mi Via Director **HCA/DHI/QMB** Elizabeth Vigil, Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	November 10, 2025
Present:	**Familia Services NM, LLC** Abigail Aguilar, Mi Via Director **HCA/DHI/QMB** Elizabeth Vigil, Team Lead / Healthcare Surveyor Jamie Pond, BS, Staff Manager Sally Rel, MS, Healthcare Surveyor
Exit Conference Date:	November 20, 2025
Present:	**Familia Services NM, LLC** Abigail Aguilar, Mi Via Director **HCA/DHI/QMB** Elizabeth Vigil, Team Lead / Healthcare Surveyor Valerie Valdez, MS, Bureau Chief Kayla Benally, BSW, Healthcare Surveyor Advanced / Plan of Correction Coordinator Sally Rel, MS, Healthcare Surveyor **DDSD – Mi Via Unit** Elaine Hill, Mi Via Program Manager Ana Orona, Mi Via Program Coordinator
Administrative Locations Visited	0 *(Administrative portion of survey completed remotely)*
Total Sample Size	13
Participant Records Reviewed	13
Participants Interviewed	13
Consultant Staff Records Reviewed	1
Consultant Staff Interviewed	1
Administrative Interviewed	1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records
- Participant Program Case Files
- Personnel Files
- Agency Policy and Procedure Manual

- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry

CC: Distribution List:

HCA - Division of Health Improvement
HCA - Developmental Disabilities Supports Division
HCA - Medical Assistance Division

Agency: **Familia Services NM, LLC - Metro, Northeast, and Southwest Regions**
Program: Mi Via Waiver
Service: Mi Via Consultant Services
Survey Type: Initial
Survey Date: **November 7 – 20, 2025**

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI, Responsible Party	Completion Date
Medicaid Billing/Reimbursement:			
Tag # MV1A12 All Services Reimbursement	**No Deficient Practices Found**		
Mi Via Self-Directed Waiver Program Service Standards effective July 1, 2022 rev March 2023 **Appendix A: Service Descriptions in Detail** **CONSULTANT SERVICES** **PRE-ELIGIBILITY/ENROLLMENT SERVICES** **IV. Reimbursement** A. Consultant pre-eligibility/enrollment services shall be reimbursed based upon a per-member/per-month unit: 1. A maximum of one (1) unit per month can be billed per each participant receiving consultant services in the pre-eligibility phase for a period not to exceed three (3) months; 2. Provider records must be sufficiently detailed to substantiate the nature, quality, and amount of consultant pre-eligibility/enrollment services provided and be in compliance with the Medicaid documentation policy NMAC 8.302.1; and 3. Consultant providers shall submit all consultant pre-eligibility/enrollment services billing through the Human Services Department (HSD) or as determined by the State. B. Consultants must obtain approval in writing from the DOH Mi Via Program Manager or their designate for any pre-eligibility phase	Based on record review, the Agency maintained 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 Mi Via Consultant Services for 13 of 13 participants. *Contact notes and billing records supported billing activities for the months of July, August, and September 2025.*		

exceeding the ninety (90) day timeframe for any participant. The consultant will submit an explanation of why the pre-eligibility phase has exceeded the 90-day timeline. C. It is the State's expectation that consultants will work with the participant to ensure that an approved service and support plan (SSP) is in effect within ninety (90) days of the start of Medicaid eligibility. Any exceptions to this timeframe must be approved by the State. The consultant will submit an explanation of why the plan could not be effective within the 90-day timeline. Approval must be obtained in writing from the DOH Mi Via Program Manager or their designate for any plan not in effect ninety (90) days after eligibility is approved, prior to billing for that service. D. Non-billable consultant services include: 1. Services furnished to an individual who does not reside in New Mexico; 2. Participation by the consultant in any educational courses or training; 3. Outreach activities, including contacts with persons potentially eligible for the Mi Via Waiver; 4. Consultant services furnished to an individual who is in an institution (e.g., ICF/IID, nursing facility, hospital) or is incarcerated, except for discharge planning services in accordance with MAD Supplement No. 01-22; and 5. Services furnished to an individual who does not have a current allocation to the Mi Via Waiver. **ONGOING CONSULTANT SERVICES** **X. Reimbursement** A. Consultant services shall be reimbursed based upon a per-member/per-month unit.			

1. There is a maximum of twelve (12) billing units per participant per SSP year. 2. A maximum of one unit per month can be billed per each participant receiving consultant services. B. Consultant records must be sufficiently detailed to substantiate the nature, quality, and amount of consultant services provided. Months for which no documentation is found to support the billing submitted shall be subject to non-payment or recoupment by the state. C. The consultant provider/agency shall provide the level of support required by the participant and a minimum of twelve (12) monthly face to face visits per SSP year. One of the monthly visits must include the development of the annual SSP and assistance with the LOC assessment. D. It is the State's expectation that consultants will work with participants transferring from another waiver to ensure that an approved services and supports plan (SSP) is in effect within ninety (90) days of a waiver change. Consultants must obtain approval in writing from the DOH Mi Via Program Manager or their designate for any transfers occurring over the ninety (90) day timeframe. E. Consultant providers shall submit all billing through the Mi Via FMA as determined by the State. F. Non-Billable services Include: 1. Services furnished to an individual who does not reside in New Mexico. 2. Services furnished to an individual who is not eligible for the Mi Via Program. 3. Outreach activities, including contacts with persons potentially eligible for the Mi Via Program.			

4. Consultant services furnished to an individual who is in an institution (e.g., ICF/IID, nursing facility, hospital) or is incarcerated, except for discharge planning services in accordance with MAD Supplement No. 01-22			