



STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT



HUMAN SERVICES REGISTER

I. DEPARTMENT

Human Services Department

II. SUBJECT

Low Income Home Energy Assistance Program
(LIHEAP) State Plan

III. PROGRAMS AFFECTED

Low Income Home Energy Assistance Program

IV. ACTION

Proposed State Plan

V. BACKGROUND

The Human Services Department is required by Federal Law to file a State Plan that describes how the Department will administer the State's Low Income Home Energy Assistance Program (LIHEAP). The State Plan must be submitted every year to the United States Department of Health and Human Services (DHHS), Administration for Children and Families (ACF). The Department is required to offer a 30-day comment period for the LIHEAP State Plan that includes weatherization prior to submittal.

VI. PROPOSED STATE PLAN

A copy of the proposed LIHEAP State Plan is available in written format upon request. Please call the Income Support Division at 1-888-523-0051 or 1-505-827-7267 to request a copy. You may also send a request to:

Human Services Department
Income Support Division
Attn: Work and Family Support Bureau/ LIHEAP
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

The proposed State Plan is available on and can be printed from the Department's website at:

<http://www.hsd.state.nm.us/LookingForInformation/income-support-division-plans-and-reports.aspx>

VII. EFFECTIVE DATE

October 1, 2017

VIII. PUBLIC HEARING

A public hearing to receive testimony on this proposed LIHEAP State Plan will be held on July 27, 2017, at 10:00 a.m. The hearing will be held in the Income Support Division Conference room, located on the first floor of Pollon Plaza at 2009 S. Pacheco St., Santa Fe, NM 87505. Parking accessible for persons with physical impairments is available.

If you are a person with a disability and you require this information in an alternative format, or you require a special accommodation to participate in any HSD public hearing, program, or service, please contact the American Disabilities Act Coordinator, at 505-827-7701 or through the New Mexico Relay system, at 711 or toll free at 1-800-659-1779. The Department requests at least a 10-day advance notice to provide requested alternative formats and special accommodations.

IX. ADDRESS

Interested persons may address written or recorded comments to:

Human Services Department
P.O. Box 2348 Pollon Plaza
Santa Fe, NM 87504-2348

Interested persons may also address comments via electronic mail to:

HSD-isdrules@state.nm.us

VII. PUBLICATION

Publication of this State Plan is approved on May 22, 2017 by:



BRENT EARNEST, SECRETARY
HUMAN SERVICES DEPARTMENT

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance
Grantee Name: NEW MEXICO
Report Name: DETAILED MODEL PLAN (LIHEAP)
Report Period: 10/01/2017 to 09/30/2018
Report Status: FFY18 Proposal

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Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
Expiration Date: 06/30/2017

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Federal Entity Identifier:	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:

7. APPLICANT INFORMATION

* a. Legal Name: State of New Mexico Human Services Department			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 1-856000570-A5		* c. Organizational DUNS: 837710722	
* d. Address:			
* Street 1:	P.O. BOX 2348, POLLON PLAZA	Street 2:	2009 S. PACHECO ST.
* City:	SANTA FE	County:	SANTA FE
* State:	NM	Province:	SANTA FE
* Country:	United States	* Zip / Postal Code:	87505-2348

e. Organizational Unit:

Department Name: Human Services	Division Name: Income Support Division
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name: Vivian	Middle Name: D.	* Last Name: Ulibarri
Suffix:	Title: Coordinator	Organizational Affiliation:	
* Telephone Number: (505) 827-7258	Fax Number: (505) 827-7259	* Email: VivianD.Ulibarri@state.nm.us	

* 8a. TYPE OF APPLICANT:

A. State Government
b. Additional Description:

* 9. Name of Federal Agency:

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	Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles	93568	Low-Income Home Energy Assistance

11. Descriptive Title of Applicant's Project

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:

* a. Applicant 8	b. Program/Project: Statewide
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Attach an additional list of Program/Project Congressional Districts if needed.

14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2017	b. End Date: 09/30/2018	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
** I Agree <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official		18c. Telephone (area code, number and extension)	
		18d. Email Address	
18b. Signature of Authorized Certifying Official		18e. Date Report Submitted (Month, Day, Year)	

Attach supporting documents as specified in agency instructions.

Section 1 - Program Components

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, DC 20447

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Approval No. 0970-0075
Expiration Date: 02/28/2005

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section 1 Program Components

Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)

1.1 Check which components you will operate under the LIHEAP program.

(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/1/2017	9/30/2018
<input checked="" type="checkbox"/>	Cooling assistance	10/1/2017	9/30/2018
<input checked="" type="checkbox"/>	Crisis assistance	10/1/2017	09/30/2018
<input checked="" type="checkbox"/>	Weatherization assistance	10/1/2017	9/30/2018

Provide further explanation for the dates of operation, if necessary

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.

Percentage (%)

Heating assistance	41.00%
Cooling assistance	15.00%
Crisis assistance	12.00%
Weatherization assistance	12.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)

1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify:)

Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? Yes No

If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.

	Heating	Cooling	Crisis	Weatherization
TANF	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify)		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

1.5 Do you automatically enroll households without a direct annual application? Yes No

If Yes, explain:

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?

SNAP Nominal Payments

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? Yes No

If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

- Once Per Year
- Once every five years
- Other - Describe:

1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?

Determination of Eligibility - Countable Income

1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?

- Gross Income
- Net Income

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

- Wages
- Self - Employment Income
- Contract Income
- Payments from mortgage or Sales Contracts
- Unemployment insurance

<input type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits		
<input checked="" type="checkbox"/>	Including MediCare deduction	<input type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input checked="" type="checkbox"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input checked="" type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input checked="" type="checkbox"/>	Legal settlements		
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured		
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate		
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits		
<input type="checkbox"/>	Earned income of a child under the age of 18		
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.		
<input type="checkbox"/>	Income tax refunds		
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA		

<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<p>Other--When a crisis applicant is over the 150% of FPL, NM allows for the household's net income to be considered for eligibility.</p> <p>8.150.520.16 Crisis Intervention Standards: Households who are over the income standards but, meet the crisis intervention requirement may be eligible for a crisis LIHEAP benefit. If a household is over the income standards, HSD staff should explore the household financial circumstance and take into account any financial crisis in the household that may have resulted in the household's inability to meet its utility or fuel expense in the past 30 days. In these cases, the household's net income, rather than gross income, may be considered to determine income eligibility.</p>
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	

Section 2 - HEATING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
Expiration Date: 06/30/2017

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 2 - Heating Assistance

Eligibility, 2605(b)(2) - Assurance 2

2.1 Designate the income eligibility threshold used for the heating component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE? Yes No

2.3 Check the appropriate boxes below and describe the policies for each.

Do you require an Assets test? Yes No

Do you have additional/differing eligibility policies for:

Renters? Yes No

Renters Living in subsidized housing? Yes No

Renters with utilities included in the rent? Yes No

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young children? Yes No

Households with high energy burdens? Yes No

Other? Bulk Fuel-Propane Yes No

Explanations of policies for each "yes" checked above:

Households receiving subsidized rent assistance who receive a subsidy for utilities but who incur an additional out-of pocket expense for utilities are eligible for LIHEAP. Those who do not have an out-of pocket expense are not eligible for a benefit.

HSD assigns additional points for any household member in a vulnerable group, such as age 60 and over, age 5 and under and members with a disability and for any household that is seeking assistance with the bulk fuel propane.

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.

The LIHEAP Application period is October 1 thru September 30. Clients have the entire grant year to apply. Per New Mexico Administrative Code (NMAC), 8.150.620 9, points are assigned on household income, energy cost and household composition. HSD assigns additional points for any household members in a vulnerable group, such as age 60 and over, age 5 and under and members with a disability and for any household that is seeking assistance with the bulk fuel propane.

2.5 Check the variables you use to determine your benefit levels. (Check all that apply):

Income

Family (household) size

Home energy cost or need:

Fuel type

Climate/region

Individual bill

<input type="checkbox"/> Dwelling type			
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)			
<input checked="" type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
<p>Households with vulnerable members, children 5 and under, members age 60 or over, and members who are disabled and for any household that is seeking assistance with the bulk fuel propane are eligible for an additional benefit.</p> <p>Households who cut/gather their own firewood or whose utilities are included in their rent receive a benefit but do not receive the energy burden points</p>			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for FY 2017:			
Minimum Benefit	\$70	Maximum Benefit	\$490
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 3 - COOLING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 3 - Cooling Assistance

Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2

3.1 Designate The income eligibility threshold used for the Cooling component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE? Yes No

3.3 Check the appropriate boxes below and describe the policies for each.

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

Renters? Yes No

Renters Living in subsidized housing ? Yes No

Renters with utilities included in the rent ? Yes No

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young children? Yes No

Households with high energy burdens ? Yes No

Other? Bulk Fuel-Propane Yes No

Explanations of policies for each "yes" checked above:

Households receiving subsidized rent assistance who receive a subsidy for utilities but who incur an additional out-of-pocket expense for utilities are eligible for LIHEAP. Those who do not have an out-of-pocket expense are not eligible for a benefit.

HSD assigns additional points for household members in a vulnerable group, such as age 60 and over, age 5 and under and members with a disability and for any household that is seeking assistance with bulk fuel-propane.

3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.

Per NMAC, 8.150.620.9, points are assigned on household income, energy cost and household composition. HSD assigns additional points for any household members in a vulnerable group, such as age 60 and over age 5 and under and members with a disability and for any household that is seeking assistance with the bulk fuel propane. Further detail available in NMAC policy above.

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

3.5 Check the variables you use to determine your benefit levels. (Check all that apply):

Income

Family (household) size

Home energy cost or need:

Fuel type

<input type="checkbox"/> Climate/region			
<input checked="" type="checkbox"/> Individual bill			
<input type="checkbox"/> Dwelling type			
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)			
<input checked="" type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
<p>Households with vulnerable members, children 5 and under, members age 60 and over, and members who are disabled and households that are seeking assistance with the bulk fuel propane are eligible for an additional benefit.</p> <p>Households cut/gather their own firewood or whose utilities are included in their rent receive a benefit but do not receive the energy burden points.</p>			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for FY 2017:			
Minimum Benefit	\$70	Maximum Benefit	\$490
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
Expiration Date: 06/30/2017

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 4: CRISIS ASSISTANCE

Eligibility - 2604(c), 2605(c)(1)(A)

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

4.2 Provide your LIHEAP program's definition for determining a crisis.

Households that have received a written disconnect notice from their utility vendor or a statement of non-delivery or sale of fuel from their fuel vendor due to lack of payment or inability to pay, have insufficient funds to open an account or meet the security deposit requirements may be eligible to receive a crisis LIHEAP benefit. The Department is required to provide intervention to resolve an energy crisis that may exist. The processing of the applications for households in a crisis situation includes contacting the utility company or fuel provider within the specified time frames to resolve. Contact with the utility vendors will be provided no later than 48 hours after the household's application for LIHEAP benefits has been approved and 18 hours for households with a life-threatening emergency. Crisis intervention is not available to households that have already received a LIHEAP benefit in the current federal fiscal year.

4.3 What constitutes a life-threatening crisis?

Per NMAC, 8.150.100.7, a life-threatening situation is a related emergency that poses a threat to the health or safety of one or more members of the household.

Eligible households with a life-threatening emergency will be provided assistance no later than 18 hours after the household's application for LIHEAP benefits. Assistance is defined as a contact with the vendor to intercede on the household's behalf to resolve the crisis situation.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

Crisis Eligibility, 2605(c)(1)(A)

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? Yes No

4.7 Check the appropriate boxes below and describe the policies for each

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Households with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? Bulk Fuel- Propane	<input checked="" type="radio"/> Yes <input type="radio"/> No

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank? Yes No

Must the household have been shut off or have an empty tank? Yes No

Must the household have exhausted their regular heating benefit? Yes No

Must renters with heating costs included in their rent have received an eviction notice ? Yes No

Must heating/cooling be medically necessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you have additional / differing eligibility policies for:	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Explanations of policies for each "yes" checked above:	
<p>Households with vulnerable members, children 5 and under, members age 60 and over, and members who are disabled and for any household that is seeking assistance with the bulk fuel propane are eligible for an additional benefits.</p> <p>Households who cut/gather their own firewood or whose utilities are included in their rent receive a benefit but do not receive the energy burden points.</p> <p>Per NMAC, 8.150.100.10 B, households that have received a written disconnect notice from their utility vendor or a statement of non-delivery or sale of fuel from their fuel vendor due to lack of payment or inability to pay, have insufficient funds to open an account or meet the security deposit requirements may be eligible to receive a LIHEAP benefit. The Department is required to provide intervention to resolve an energy crisis that may exist. The processing of the applications for households in a crisis situation includes contacting the utility company or fuel provider within the specified time frames to resolve. Contact with the utility vendors will be provided no later than 48 hours after the household's application for LIHEAP benefits has been approved and 18 hours for households with a life-threatening emergency. Crisis intervention is not available to households that have already received a LIHEAP benefit in the current federal fiscal year.</p> <p>Households receiving subsidized rent assistance who receive a subsidy for utilities but who incur an additional out-of-pocket expense for utilities are eligible for LIHEAP. Those who do not have an out-of-pocket expense are not eligible for a benefit.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input type="checkbox"/>	Separate component
<input checked="" type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input type="checkbox"/>	Amount to resolve the crisis.
<input type="checkbox"/>	Other - Describe:
Crisis Requirements, 2604(c)	
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
<p>HSD accepts applications for energy crisis assistance at all administering agencies. We currently have 35 administering agencies statewide. HSD provides several options for applicants to apply for benefits. An application can be completed and submitted through YES New Mexico, HSD's online application. Applications can be downloaded from the HSD website and mailed or faxed to the local ISD office or to Central ASPEN Scanning Area (CASA). If applicants do not have internet access, their local field office can mail or fax them an application. Applicants can receive assistance via telephone to complete the application, if needed.</p>	
4.11 Do you provide individuals who are physically disabled the means to:	
Submit applications for crisis benefits without leaving their homes?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input type="radio"/> Yes <input checked="" type="radio"/> No If No, explain.	
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?	
<p>HSD provides several options for applicants to apply for benefits. An application can be completed and submitted through YES New Mexico, HSD's online application. Applications can be downloaded from the HSD website and mailed or faxed to the local ISD office or Central ASPEN Scanning Area (CASA). If applicants do not have internet access, their local field office can mail or fax them an application. Applicants can receive assistance via telephone to complete the application, if needed.</p>	
Benefit Levels, 2605(e)(1)(B)	
4.12 Indicate the maximum benefit for each type of crisis assistance offered.	
Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$490.00 maximum benefit

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

Yes No If yes, Describe

4.14 Do you provide for equipment repair or replacement using crisis funds?

Yes No

If you answered "Yes" to question 4.14, you must complete question 4.15.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?

Yes No

If you responded "Yes" to question 4.16, you must respond to question 4.17.

4.17 Describe the terms of the moratorium and any special dispensation received by LIIEAP clients during or after the moratorium period.

The New Mexico Administrative Code (NMAC), 8 150 600 11, provides that no utility company shall discontinue or disconnect residential utility services for heating from November 15 through March 15 of the subsequent year for certain customers. The customer must meet the New Mexico Public Regulation Commission requirements to receive winter moratorium standards as described in this policy. Further detail available in NMAC policy above.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 5 - WEATHERIZATION ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 5: WEATHERIZATION ASSISTANCE

Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? Yes No

5.3 If yes, name the agency. New Mexico Mortgage Finance Authority (NMMFA)

5.4 Is there a separate monitoring protocol for weatherization? Yes No

WEATHERIZATION - Types of Rules

5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

Other - Describe:

Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)

Income Threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.

Other - Describe: Weatherization monies will only be used to weatherize eligible single family units. Homes on tribal lands that receive direct LIHEAP monies will not be weatherized will be and referred back to their tribal entities for assistance. Weatherization will follow NMAC 8.150.40.12.A. NM allows a cost maximum of \$6,000.

Eligibility, 2605(b)(5) - Assurance 5

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

Renters Yes No

Renters living in subsidized housing? Yes No

5.8 Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

HSD maintains a contract with the New Mexico Mortgage Finance Authority (NMMFA), who determines eligibility. Per NMMFA, if someone rents, the landlord must sign an agreement that gives certain tenants protections. Also per NMMFA, preference is given to households that contain persons over 60 years of age, persons with disabilities, families with young children, and/or have high energy burdens.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? Yes No

5.10 If yes, what is the maximum? \$6,000

Types of Assitance, 2605(c)(1), (B) & (D)

5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe:

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

- Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- Other (specify):

HSD works closely with vendors and other local organizations to reach low income families, the elderly, disabled, and families with young children.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 7 - Coordination, 2605(b)(4) - Assurance 4

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Section 7: Coordination, 2605(b)(4) - Assurance 4

7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).

<input checked="" type="checkbox"/>	Joint application for multiple programs
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input checked="" type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

Several organizations are set up around the state to help households complete applications. Vendors also send out fliers and the LIHEAP application in their monthly bills. Many entities will accept the applications and submit to HSD on behalf of the recipient.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)

8.1 How would you categorize the primary responsibility of your State agency?

<input checked="" type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy / Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	Welfare Agency
<input type="checkbox"/>	Other - Describe:

Alternate Outreach and Intake, 2605(b)(15) - Assurance 15

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?

Several organizations are set up around the state to help households complete applications. Vendors also send out fliers and the LIHEAP application in their monthly bills. Many entities will accept the applications and submit to HSD on behalf of the recipient.

State and private organizations work with the LIHEAP Coordinator to attend outreach events where HSD provides information and training on filling out the LIHEAP application.

8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?

Several organizations are set up around the state to help households complete applications. Vendors also send out fliers and the LIHEAP application in their monthly bills. Many entities will accept the applications and submit to HSD on behalf of the recipient.

State and private organizations work with the LIHEAP Coordinator to attend outreach events where HSD provides information and training on filling out the LIHEAP application.

8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?

Crisis assistance is part of the training that is provided at outreach functions and during classes from outreach organizations.

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	State Administration Agency	State Administration Agency	State Administration Agency	State Housing Agency
8.5b Who processes benefit payments to gas and electric vendors?	State Administration Agency	State Administration Agency	State Administration Agency	
8.5c who processes benefit payments to bulk fuel	State Administration	State Administration	State Administration	

vendors?	Agency	Agency	Agency	
8.5d Who performs installation of weatherization measures?				State Housing Agency

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

8.6 What is your process for selecting local administering agencies?

Local administering agencies are state field offices.

8.7 How many local administering agencies do you use? 35

8.8 Have you changed any local administering agencies in the last year?

- Yes
- No

8.9 If so, why?

- Agency was in noncompliance with grantee requirements for LIHEAP -
- Agency is under criminal investigation
- Added agency
- Agency closed
- Other - describe

Two of our smaller Income Support Division Offices have merged with the larger offices, due to state budgeting.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

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Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

The benefit is sent directly to the client for energy assistance if the client cuts or gathers their own firewood or if they receive their energy from a utility company who is not a vendor with whom HSD has a signed Memorandum Of Understanding (MOU).

9.2 How do you notify the client of the amount of assistance paid?

A Notice of Case Action, with approved amount, is sent to the recipient upon approval for the LIHEAP benefit by the vendor or when the benefit is sent directly to the client.

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

In the Memorandum of Understanding (MOU) between HSD and each vendor, the payment process to the client is outlined. The vendor is held to the language stated in the MOU.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

In the Memorandum of Understanding (MOU) between HSD and each vendor, there is language that states "eligible LIHEAP household customers are not treated differently than other customer households". The vendor is held to the language stated in the MOU.

9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

Yes No

If so, describe the measures unregulated vendors may take.

All vendors are held to the same Memorandum of Understanding (MOU) language.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)

10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?

LIHEAP funding is tracked in several ways:

1. The Grants Management Bureau of the HSD Administrative Services Division (ASD) tracks all grant funding for LIHEAP including obligation and expenditures.
2. Program Support Bureau (PAB) of the HSD/ISD tracks benefits and administration funding.
3. Monthly reconciliation meetings with both Bureaus are conducted.
4. Payments are reconciled on a monthly basis with our state wide accounting system.
5. The Restitutions Bureau of the HSD Administrative Services Department tracks all claims.
6. The LIHEAP section and ASD Accounts Receivable (AR) section track vendor refunds. AR and the Grants section from ASD track the deposits.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?

Yes No

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	OTHER-Eligibility (Significant Deficiency and instance of Non-Compliance)	Out of 40 samples tested the following was noted: One payment was made in the amount of \$120, when based on NM LIHEAP Income/Points guide calculations, the payment should have been \$90. Another payment of \$150 was paid to an individual whose income was above the threshold for LIHEAP benefits	Yes	Training/Changes: The LIHEAP application processor must ensure that the utility bill amount, if exceeding the ESA, will be used to calculate the Energy Burden when determining eligibility and the benefit amount. A GI to all field staff has been sent to inform all staff the LIHEAP training is mandatory effective October 2016. WR 125332-A system fix to correct the rounding issue in ASPEN has been implemented in March 2016.

10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.

- Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- Local agencies/district offices are required to have an annual audit (other than A-133)
- Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.
- Grantee conducts fiscal and program monitoring of local agencies/district offices

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply

Grantee employees:

- Internal program review
- Departmental oversight
- Secondary review of invoices and payments
- Other program review mechanisms are in place. Describe: New Mexico contracts the weatherization component to New Mexico Mortgage Finance Authority (MFA) which functions as a pass through entity to their two service providers. We conduct a yearly desk audit and Management Evaluation (ME). The ME consists of fiscal and program review. On a monthly basis we conduct second party review of invoices and payments along with cross referencing the billing with MFA's weatherized unit report.

Local Administering Agencies / District Offices:

- On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

ISD field office Line Managers conduct random LIHEAP case reviews to make sure all policies and procedures are met.

Central Office conducts random LIHEAP audits on cases to ensure all policies and procedures are being followed.

10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.

Bill Assistance

Case reviews are conducted monthly by supervisors in all 35 field offices. These desk audits are randomly selected and 10 desk reviews are completed by the supervisors to ensure that policy and procedure is followed.

Payment reviews are part of the state's eligibility system, ASPEN. ASPEN generates error alerts on LIHEAP cases where a benefit cannot be issued. Staff will correct the error to ensure that the payment is released to the vendor/client.

Weatherization

LIHEAP Central Office monitors the weatherization contractor monthly by evaluating the invoices and unit report and yearly by conducting a Management Evaluation (ME) and a desk audit.

10.7. Describe how you select local agencies for monitoring reviews.

Site Visits:

Bill Assistance

In lieu of site visits, HSD is implementing desk reviews and vendor audits that will be conducted by the LIHEAP Unit.

Weatherization

The Management Evaluation is consists of a site visit to MFA and one of their two providers. We rotate between the providers yearly unless concern arise to evaluate the provider the following year.

Desk Reviews:

Bill Assistance

Desk Reviews are done monthly at the field office. These are randomly chosen and then reviewed to ensure policy and procedure is followed.

Weatherization

Monthly desk audits are conducted on the invoices and unit reports in conjunction to a yearly desk audit on the contractor.

10.8. How often is each local agency monitored?

Each local field office conducts reviews on a monthly basis.

10.9. What is the combined error rate for eligibility determinations? OPTIONAL

This is not currently tracked.

10.10. What is the combined error rate for benefit determinations? OPTIONAL

This is not currently tracked.

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? None

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? None

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

**11.1 How did you obtain input from the public in the development of your LIHEAP plan?
Select all that apply.**

- Tribal Council meeting(s)
- Public Hearing(s)
- Draft Plan posted to website and available for comment
- Hard copy of plan is available for public view and comment
- Comments from applicants are recorded
- Request for comments on draft Plan is advertised
- Stakeholder consultation meeting(s)
- Comments are solicited during outreach activities
- Other - Describe:

A notice of public hearing is posted in the local newspaper and the New Mexico Register and an email is sent to a distribution list of interested parties.

11.2 What changes did you make to your LIHEAP plan as a result of this participation?

None

Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only

11.3 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

	Date	Event Description
1	7/27/2017	Public Hearing, ISD Conference Room, Pollon Plaza, 2009 S Pacheco, Santa Fe, NM 87505

11.4. How many parties commented on your plan at the hearing(s)? Public Hearing is Scheduled for July 27, 2017

11.5 Summarize the comments you received at the hearing(s).

Public Hearing is Scheduled for July 27, 2017

11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?

Public Hearing is Scheduled for July 27, 2017

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 12 - Fair Hearings,2605(b)(13) - Assurance 13

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Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 365 Hearing request submitted. 2 out of 365 completed the process and both were ruled in favor of the department.

12.2 How many of those fair hearings resulted in the initial decision being reversed? 0

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

None

12.4 Describe your fair hearing procedures for households whose applications are denied.

Per NMAC, 8.100.970.9, a request for a fair hearing can be made by the claimant or an authorized representative orally or in writing. If a claimant requests a fair hearing orally, the department shall take such actions as are necessary to initiate the fair hearing process. The HSD Fair Hearings Bureau shall promptly send written acknowledgment to the claimant and the authorized representative upon its receipt of a written or oral hearing request. Time limits, denial or dismissal of requests for hearing and good cause for failing to appear are all described in detail in this policy. Per NMAC, 8.100.970.100, unless the claimant or authorized representative requests an expedited scheduling of a fair hearing, the HSD Fair Hearings Bureau shall provide written notice of the scheduling of a fair hearing to all parties not less than ten (10) calendar days prior to date of the fair hearing.

A claimant or authorized representative is entitled to, and the HSD Fair Hearings Bureau shall grant, at least one postponement of a scheduled fair hearing. A request for postponement must be submitted not less than one (1) business day prior to the scheduled fair hearing, unless otherwise allowed by the fair hearings bureau. A postponement may not exceed thirty (30) days and the time limit for action on the decision is extended for as many days as the fair hearing is postponed. Further detail is available in the above NMAC policy.

12.5 When and how are applicants informed of these rights?

The Notice of Rights, which details the rights to a hearing, is included on every application and Notice of Case Action. Applicants will receive a notice of case action regarding their benefits which also includes their rights. If applicants do not agree with the decision that HSD has made regarding their application/benefits, they may request a hearing by completing and returning the bottom of their notice, writing or calling the local HSD office, or by writing or calling HSDs Hearings Bureau.

12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.

The hearing process is all inclusive in the above answer 12.4
Attached are copies of the Fair Hearing Options attached to our applications (LHP-602 & HSD-100) and the Notice of Case Action (NOCA).

12.7 When and how are applicants informed of these rights?

The Notice of Rights, which details the rights to a hearing, is included on every application and Notice of Case Action. Applicants will receive a notice of case action regarding their benefits which also includes their rights. If applicants do not agree with the decision that HSD has made regarding their application/benefits, they may request a hearing by completing and returning the bottom of their notice, writing or calling the local HSD office, or by writing or calling HSDs Hearings Bureau.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
SF - 424 - MANDATORY**

Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

N/A

13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?

N/A

13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.

N/A

13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.

N/A

13.5 How many households applied for these services? N/A

13.6 How many households received these services? N/A

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ADMINISTRATION FOR CHILDREN AND FAMILIES

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Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program?
 Yes No

14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.

N/A

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. Â§ 96.87(d)(2)(iii), describe the following:

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1			

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Section 15: Training

15.1 Describe the training you provide for each of the following groups:

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Training is done by the ISD Training Unit. Classes are available year round for LIHEAP staff and new employees. Internet based training (Blackboard) is also available, as needed. Staff have been trained in New Mexico's Automated System Program and Eligibility Network (ASPEN) and have received policy and procedures training manuals that guide them through the system.

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe: Training is completed as needed. NM does not host formal training conferences for vendors.

Vendors were provided numerous trainings on the Secured Transfer System. This system is automated for the vendors to review their clients and approve payment. Vendors also see a pay file which identify the payment and the amount. Vendors now are trained on an as needed basis and are provided a training manual. NM does not host formal training conferences for vendors. Vendor requirements which include policy and procedures are within the MOU.

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe: Vendors were provided numerous trainings on the Secured Transport System. This system is automated for the vendors to review their clients and approve payment. Vendors also see a pay file which identify the payment and the amount. Vendors now are trained on an as needed basis. Vendor requirements which include policy and procedures are within the MOU.

15.2 Does your training program address fraud reporting and prevention?

- Yes
 No

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 16 - Performance Goals and Measures, 2605(b)

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Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

FFY16 Consumption consists of data from 20 vendors, 5 natural gas, 5 electric, 10 propane.

**New Mexico has encountered a delay in the implementation of the necessary data elements to the state's ASPEN system. New Mexico manually refined the obtained data from ASPEN, submitted to the selected vendors, evaluated the returned vendor data and manually generated the needed calculations for our FFY16 Performance Measures reporting. ASPEN has incorporated changes to begin obtaining the needed data for FFY17 thus automating the process. FFY17 and future FFY's Consumption data will be composed of all New Mexico vendors. Will be repeated for FFY 17 and future FFY's

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 17 - Program Integrity, 2605(b)(10)

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Section 17: Program Integrity, 2605(b)(10)

17.1 Fraud Reporting Mechanisms

a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.

- Online Fraud Reporting**
- Dedicated Fraud Reporting Hotline**
- Report directly to local agency/district office or Grantee office**
- Report to State Inspector General or Attorney General**
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse**
- Other - Describe:**

Sent to HSD Office of Inspector General (OIG) to work the fraud cases. OIG will follow through with local policy or other agencies.

b. Describe strategies in place for advertising the above-referenced resources. Select all that apply

- Printed outreach materials**
- Addressed on LIHEAP application**
- Website**
- Other - Describe:**

Fraud prevention is posted at all HSD local offices as well as Central Office.

17.2. Identification Documentation Requirements

a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Government-issued identification card	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required

(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

Government-issued ID cards and "other forms of ID" are accepted unless questionable.

17.3 Identification Verification

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
- Other - Describe:

17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card
- Other - Describe:

Only those individuals seeking benefits for themselves are required to verify any of the above.

17.5. Income Verification

What methods does your agency utilize to verify household income? Select all that apply.

- Require documentation of income for all adult household members
 - Pay stubs
 - Social Security award letters
 - Bank statements
 - Tax statements
 - Zero-income statements
 - Unemployment Insurance letters
 - Other - Describe:

A sworn statement or collateral contact, per 8.100.130 NMAC.

- Computer data matches:

- Income information matched against state computer system (e.g., SNAP, TANF)
- Proof of unemployment benefits verified with state Department of Labor
- Social Security income verified with SSA
- Utilize state directory of new hires
- Other - Describe:

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.

- Policy in place prohibiting release of information without written consent
- Grantee LIHEAP database includes privacy/confidentiality safeguards
- Employee training on confidentiality for:
 - Grantee employees
 - Local agencies/district offices
- Employees must sign confidentiality agreement
 - Grantee employees
 - Local agencies/district offices
- Physical files are stored in a secure location
- Other - Describe:

17.7. Verifying the Authenticity

What policies are in place for verifying vendor authenticity? Select all that apply.

- All vendors must register with the State/Tribe.
- All vendors must supply a valid SSN or TIN/W-9 form
- Vendors are verified through energy bills provided by the household
- Grantee and/or local agencies/district offices perform physical monitoring of vendors
- Other - Describe and note any exceptions to policies above:

17.8. Benefits Policy - Gas and Electric Utilities

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.

- Applicants required to submit proof of physical residency
- Applicants must submit current utility bill
- Data exchange with utilities that verifies:
 - Account ownership
 - Consumption
 - Balances
 - Payment history
- Account is properly credited with benefit
- Other - Describe:
- Centralized computer system/database tracks payments to all utilities
- Centralized computer system automatically generates benefit level
- Separation of duties between intake and payment approval
- Payments coordinated among other energy assistance programs to avoid duplication of payments
- Payments to utilities and invoices from utilities are reviewed for accuracy
- Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
- Direct payment to households are made in limited cases only

<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:

17.9. Benefits Policy - Bulk Fuel Vendors

What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.

<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input checked="" type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:

17.10. Investigations and Prosecutions

Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.

<input type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DIIHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process
Per NMAC 8.100.640 (see description of policy below)	
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Per NMAC policy 8.100.640
<input checked="" type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/>	Other - Describe:

Per NMAC 8.100.640, the Department shall take action to establish a claim against any eligibility determination group that received more benefits than it was entitled to receive, including LIHEAP benefits paid to a vendor on behalf of the eligibility determination group, whether or not the overpayment occurred because of an inadvertent household error (IHE), an administrative or agency error (AE), or an intentional program violation (IPV). Claims resulting from fraud or an IPV will always be established for the full amount of the overpayment. Upon receiving indication that a possible error exists, the Department shall investigate whether an erroneous payment has occurred. Pertinent information shall be requested from the participant. Because this information may be used to prosecute the participant for fraud, the participant shall not be required to provide such information, however, if the participant declines to provide information crucial to the determination of overpayment, the participant shall be ineligible for the period in question because of failure or refusal to provide information. If the Department decides that fraud may exist, the case is referred to the HSD Office of Inspector General (OIG) for further investigation or possible prosecution. Further detail is described in the above NMAC policy.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

NOTICE OF PUBLIC HEARING

The Human Service Department is required by Federal Law to file a State Plan that describes how the Department will administer the Low Income Home Energy Assistance Program (LIHEAP). The State Plan must be submitted every year to the United States Department of Health and Human Services (DHHS), Administration for Children and Families (ACF). The Department is required to offer a 30-day comment period for the LIHEAP State Plan that includes weatherization prior to submittal.

A public hearing to receive testimony on this proposed regulation will be held on July 27, 2017, at 10:00 a.m. The hearing will be held in the Income Support Division conference room, located on the first floor of Pollon Plaza at 2009 S. Pacheco St., Santa Fe, NM 87505. Parking accessible for persons with physical impairments is available.

If you are a person with a disability and you require this information in an alternative format, or you require a special accommodation to participate in any HSD public hearing, program, or service, please contact the American Disabilities Act Coordinator, at 505-827-6201 or through the New Mexico Relay system, at 711 or toll free at 1-800-659-1779. The Department requests at least a 10-day advance notice to provide requested alternative formats and special accommodations.

The Department proposes the New Mexico LIHEAP State Plan covering the period of October 1, 2017 to September 30, 2018. All comments received will be considered for the New Mexico LIHEAP State Plan.

A copy of the proposed LIHEAP State Plan is available in written format upon request. Please call the Income Support Division at 1-888-523-0051 or 1-505-827-7258 to request a copy. You may also send a request to:

Human Services Department
Income Support Division
Attn: Work and Family Support Bureau/ LIHEAP
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

The proposed State Plan is available on and can be printed from the Department's website at:
<http://www.hsd.state.nm.us/LookingForInformation/income-support-division-plans-and-reports.aspx>.

Interested persons may address written or recorded comments to:

Human Services Department
P.O. Box 2348 Pollon Plaza
Santa Fe, NM 87504-2348

Interested persons may also address comments via electronic mail to: HSD-isdrules@state.nm.us.