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CENTENNIAL CARE FACT SHEET¹

Home and Community Based Waiver Services

1. What Are Medicaid Home and Community Based (HCBS) Waiver Services?

They are programs of long term care services and supports that New Mexico's Medicaid program has operated for many years, to help eligible individuals avoid nursing home placements. They use the same higher financial eligibility rules applicable to coverage of nursing home care.² Eligible individuals must need nursing facility level of care ("NF LOC"), but receive the services in their homes and communities.

2. What are the Current HCBS Waiver Services Programs?

The program of greatest interest to seniors and persons with disabilities is called the "CoLTS C" Waiver (formerly called the "D&E" Waiver). There are also HCBS waiver programs for individuals with developmental disabilities ("DD" Waiver), individuals with AIDS and AIDS-related conditions ("AIDS" Waiver), individuals with brain injury ("BI"), and Mi Waiver, which enables individuals under the other HCBS Waiver programs to **self-direct** their services.

3. Will the HCBS Waiver services programs still exist under Centennial Care?

As a practical matter, **yes**; but officially, no. Except for the DD and MF Waivers, the HCBS *Waiver programs* will no longer exist. Rather, Centennial Care will have a broad "**Community Benefit**" (CB) that will include HCBS services. The CB will be available to individuals who qualify for Medicaid under other eligibility categories, as well as to higher income individuals who have heretofore had to apply for HCBS through the

¹ Many details about Centennial Care have not been fully clarified as of the September 23, 2013 version of this Fact Sheet. The Fact Sheet will be updated as the particular matters are further clarified.

² Our FACT SHEET on Institutional Medicaid addresses the financial eligibility rules applicable to nursing facility care.

Waiver programs. In addition, some individuals who qualify for Medicaid Expansion will be able to receive the CB. The DD Waiver program (and, until July 2015, the MF Waiver program) will remain independent of Centennial Care, except that recipients will have to enroll to get Medicaid coverage of their *acute* (i.e., non-HCBS) services.

4. How Will Higher Income Individuals Qualify for HCBS under the Centennial Care Community Benefit?

The eligibility rules and procedures will remain largely the same as they have been under the Waiver services programs. Financial eligibility will be the same. There will still be limited numbers of “slots,” and as a result there will still be lengthy *waiting lists* (known as the “Central Registry”) for the services. Individuals with Medicaid coverage in nursing homes will still have a priority to get available slots, but they have to have been in a nursing home for at least 90 continuous days. After someone on the waiting list is “allocated” a slot, their financial and medical eligibility must still *then* be approved, and they will have to choose a Centennial Care managed care organization (“MCO”).³ The state Human Services Department (“HSD”) says it hopes to reduce the number of individuals on the Central Registry (**see #8!**).

5. What Is Happening With the CoLTS Managed Care Program?

Since 2008, individuals receiving Medicaid coverage for CoLTS C and Mi Via Waiver Services (and certain other recipients) have had to have their care managed by MCOs under the “CoLTS” program. When Centennial Care begins effective January 1, 2014, the CoLTS program will end, and enrollees will have to select Centennial Care MCOs.

6. How Will “HCBS Waiver” Individuals Receive Their Services Under Centennial Care?

Individuals *currently* receiving CoLTS C, AIDS, BI, and Mi Via Waiver⁴ services **will have to enroll with a Centennial Care MCO** to receive CB and other Medicaid services (see also #3). They will be entitled to keep their current providers and “service plans,” *at least until their new MCO re-assesses their needs and establishes a new service plan*. Individuals *newly* allocated to what would have formerly been called HCBS Waiver slots will also have to enroll with a Centennial Care MCO, and their CB and other Medicaid services will be governed by new assessments and service plans. **The scope of CB services for all recipients will be financially limited to an as-yet-not-fully-specified Medicaid nursing home payment rate.**

³ The Centennial Care MCOs are Presbyterian, United Healthcare, Molina, and Blue Cross/Blue Shield.

⁴ Those participants on ICF/MR Mi Via **do not** have to enroll in a Centennial Care MCO to get their CB; only for their acute services.

7. When and How Will Current Recipients Select Centennial Care MCOs?

All Medicaid recipients required to enroll with Centennial Care MCOs --- including the current HCBS Waiver program recipients referred to in #2 and #3 --- will be able to *choose* a Centennial Care MCO between October 15 and December 2. If they do not choose one, HSD will *assign* them to one. Recipients will receive an **orange-colored mailing** by early October providing more information about when and how to make their choice. Recipients will also have a 90-day period starting 1/1/14 to switch MCOs.

8. What Should You Do If You Are On A Waiting List For the CoLTS C Waiver?

HSD has asserted that its goal is to reduce the waiting lists ("Central Registry") for the CB services (for higher income individuals not otherwise eligible for Medicaid). The agency has also stated that it ***has already or soon will begin contacting individuals on the Central Registry to confirm their continued interest in services and secure further contact information.*** Be sure to respond to such inquiries. In addition, past experience suggests that there can be problems with the contact information on the Central Registry, for a variety of reasons including the fact that some people have changed addresses. To confirm that you are on the Central Registry you can call the state Aging & Disability Resource Center (toll-free 800-432-2080).

9. What Should You Do If You Are In A Nursing Home and Want CB Services?

Individuals who are in a nursing home and who qualify for Medicaid under the higher financial eligibility rules for nursing home care (see #1) get *priority* for a slot on the waiting list for CB services (see #4). If you have been, or expect to be, in a nursing home for 90 days and are already on Institutional Medicaid or think you might qualify for it, you should apply and ask for CB services. Don't leave the nursing home before you are approved for Medicaid and have confirmed you can receive CB services. Your Centennial Care MCO should help you with the transition to the community. If you need additional assistance, the Ombudsman transition specialist of the Aging and Long Term Services Department can help you (1-866-842-9230 for ABQ).

CENTENNIAL CARE
HOME AND COMMUNITY BASED SERVICES

Adult day health	Assisted Living
Behavior Support Consultation	Community Transition
Customized Community Supports*	Emergency Response
Employment Supports	Environmental Modifications
Home Health Aide	Homemaker*
Nutritional Counseling*	Personal Care Services
Private Duty Nursing for Adults	Related Goods*
Skilled Maintenance Therapy	Respite
Specialized Therapies *	Transportation (non-medical)*

*These services are only available as self-directed benefits.

HOW TO INFORM THE HUMAN SERVICES
DEPARTMENT OF YOUR MCO CHOICE

Phone: Toll Free 1-866-251-4591

On-Line: <https://nmmedicaid.acs-inc.com>

FOR MORE INFORMATION

NEW MEXICO MEDICAL CALL CENTER

1-888-997-2583

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