Centennial Care Self-Directed Community Benefit

Introduction
In Centennial Care, your Long-Term Care services are provided through the Community Benefit. You can receive the Community Benefits through one of two service delivery options:

- **Agency-Based Community Benefit (ABCB)** – Member receives their home and community based services through an approved agency
- **Self-Directed Community Benefit (SDCB)** – Member is in charge of directing their own home and community based services, similar to Mi Via.

SDCB Frequently Asked Questions (FAQs)

**What is a Managed Care Organization (MCO)?**
A managed care organization (MCO) is an insurance company that contracts with the State to provide healthcare services to its members. Centennial Care has contracted with four (4) MCOs to provide services to cover your physical health, behavioral health, long-term care, and home and community-based services.

**I was enrolled in Mi Via. Do I have to switch to Centennial Care?**
Yes. Mi Via participants receiving Developmental Disabilities (DD) or Medically Fragile (MF) waiver services will access acute and ancillary services (such as doctor visits, medical transportation, and medications) through a Centennial Care Managed Care Organization (MCO). You will work with a Care Coordinator to help you access these services. Mi Via will continue to provide the home and community based waiver services. Molina Third-Party Assessor (TPA) will continue to process Level of Care and Service and Support Plans/budget reviews for Mi Via only.

Yes. Previous Disabled and Elderly, AIDS and Brain Injury (BI) populations in Mi Via have been transitioned to the Centennial Care Self-Directed Community Benefit (SDCB) effective 1/1/2014. The Centennial Care MCOs will provide both home and community-based services as well as acute and ancillary services. You will work with a Care Coordinator and a Support Broker to help you access all of your services. **The self-direction model in Centennial Care is called the Self-Directed Community Benefit (SDCB).** Everyone receiving waiver services prior to 1/1/2014 (Mi Via and Traditional) must have selected a Centennial Care MCO.

**What is a Care Coordinator?**
A Care Coordinator is a representative from your MCO who makes sure all your Medicaid services are integrated and coordinated in Centennial Care MCO – such as the Community Benefit services, doctor visits and transportation, etc.

**Will all of my previous Mi Via Waiver services continue in SDCB?**
In Centennial Care, home and community-based services are called Community Benefits. Self-directed benefits are Self-Directed Community Benefits (SDCB). Most of the current Mi Via services will continue in SDCB and can be included in a SDCB member’s care plan, for MCO review. The only services that will not continue, but have equivalent services in Centennial Care are:

- Assisted Living
- Community Direct Support/Navigation
- Customized In-Home Living Supports
- Personal Plan Facilitation

These services may be acquired by using other SDCB services.

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Assisted Living services are not an available service in the SDCB model but are covered under the agency-based model. In Centennial Care, this is called the Agency-Based Community Benefit (ABCB). In ABCB, members receiving Assisted Living services must reside in a facility that is a Medicaid-approved provider. If your current facility is not a Medicaid-approved provider, and you want to continue to receive Medicaid Assisted Living services, you must move to another Assisted Living facility that is a Medicaid-approved provider. The State is working with many Assisted Living facilities to enroll them as Medicaid-approved providers. Members receiving Assisted Living services must either: switch to the Agency-Based Community Benefit to continue receiving Medicaid payment to the Medicaid-approved Assisted Living Facility OR find an alternate residence and possibly purchase homemaker services to continue self-directing their care. For members with services #2 and #3 above, Centennial Care SDCB Homemaker services are equivalent to these services and should be substituted to meet the member’s needs. Personal Plan Facilitation is equivalent to services provided by the Support Brokers and Care Coordinators.

**What is an SDCB care plan?**
For a member who selects the SDCB approach, the SDCB care plan lists the self-directed community benefits that the member and the support broker have identified through the Comprehensive Needs Assessment (CNA) that will be purchased with the member’s approved budget.

**What is an SDCB budget?**
The maximum budget allotment available to a SDCB member is determined by his or her CNA. Based on this maximum budget amount, the eligible member will develop a SDCB care plan in collaboration with their support broker to meet his or her assessed functional, medical and habilitative needs to enable that member to remain in the community.

**Within an allocated budget, will the purchase of goods be allowed and/or capped?**
The purchase of goods will be allowed but not capped. The approved SDCB care plan services/goods must remain within the approved annual budget and meet State SDCB Rules and Policy requirements.

**Will there be any limitations on what services/goods could be purchased?**
The SDCB Rules provide a list of covered and non-covered services/goods.

**Will the purchase of non “direct care” services be allowed and/or capped?**
These will not be capped, but MCO approval will depend on the specific service request; requested services/goods must meet the requirements of the State SDCB Rules and Policy.

**Will supportive services, such as phone and internet, be excluded and/or capped in Centennial Care?**
These will not be capped, but MCO approval will depend on the specific service request; requested services/goods must meet the requirements of the SDCB Rules and Policy. Each MCO also offers different Value Added Services (VAS). You should check with your MCO first to see if some of your requested services/goods are covered through VAS before requesting them on your SDCB care plan. Please communicate with your Care Coordinator and/or Support Broker when developing your SDCB care plan to ensure maximization of all available services.
What is a Support Broker?
In Centennial Care, a Support Broker is similar to a Mi Via Consultant. You will work with a Support Broker to build your SDCB care plan, similar to how you worked with your Consultant in Mi Via.

Will my Consultant (Consultant Agency) remain the same in Centennial Care/SDCB?
All MCOs will contract with Support Brokers. All SDCB members must choose a Support Broker that is contracted with their selected MCO. The Support Broker would need to be employed with a Support Broker agency and contracted with the selected MCO. If a specific Support Broker agency that you want to work with is not contracted with your selected MCO, you must select another Support Broker agency or change to an MCO who contracts with the specific Support Broker agency that you want to work with. The MCOs have contracted with the following to provide Support Broker services:

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Abbreviations:
- AAAPD – AAA Participant Direction
- CNRAG – Care Network Resource Assistance Group
- CDPC – New Mexico Consumer Direct Personal Care, LLC
- LABS – Los Amigos Bilingual Services, LLC
- SDC – Self-Directed Choices, LLC

I was on Mi Via, when will my SSP/budget be redetermined?
Your Mi Via SSP and budget will be redetermined when either of the following occurs: expiration of the LOC or expiration of the SSP, whichever comes first; or member has a change in their medical condition. Your MCO will complete a Comprehensive Needs Assessment (CNA) when any of these situations occur. The CNA will be used to determine your SDCB budget. Your SDCB care plan is built using your SDCB budget, similar to how your Mi Via SSP was built using your Individual Budget Allotment (IBA).

I was on Mi Via. Can my family member provide my services in SDCB?
Yes. In Centennial Care, this determination will be made by your MCO.

I was on Mi Via. Will the FMA still be Xerox in Centennial Care for SDCB?
Yes. Also FOCoSonline will remain in use for SDCB care plans as well as TNT for provider (employee/vendor) reimbursements.

Where can I find the direct internet-link for the contact information for all Centennial Care Managed Care Organizations (MCO)?
The web address for the New Mexico Human Services, Medical Assistance Division is: http://www.hsd.state.nm.us/LookingForInformation/managed-care-organizations.aspx#