

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
WAIVER LIST**

**NUMBER:** 11W 00285/6  
**TITLE:** Centennial Care  
**AWARDEE:** New Mexico Human Service Department

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or specified as not applicable in the following list, shall apply under this Centennial Care Demonstration. The Centennial Care Demonstration will operate under these waiver authorities beginning January 1, 2014, unless otherwise stated. The waiver authorities will continue through December 31, 2018, unless otherwise stated.

The following waivers shall enable New Mexico to implement the Centennial Care Medicaid section 1115 demonstration.

A. Title XIX

**1. Amount, Duration and Scope of Services** **Section 1902(a)(10)(B)**

To the extent necessary to enable New Mexico to vary the amount, duration, and scope of services offered to individuals regardless of eligibility category, by permitting managed care plans to offer varied medically appropriate value added services to beneficiaries who are enrolled in Centennial Care.

To the extent necessary to enable the State to offer certain long-term services and supports and care coordination services to individuals who are Medicaid eligible and who meet nursing facility level of care, as described in paragraph 30 of the Special Terms and Conditions.

**2. Freedom of Choice** **Section 1902(a)(23)(A)**

To the extent necessary to enable New Mexico to restrict freedom of choice of provider through the use of mandatory enrollment in managed care plans for the receipt of covered services. No waiver of freedom of choice is authorized for family planning providers.

Mandatory enrollment of American Indians/ Alaskan Natives (AI/ANs) is only permitted as specified in paragraph 24 of the STCs.

**3. Self-Direction of Care** **Section 1902(a)(32)**

To the extent necessary to permit persons receiving certain services to self-direct their care for such services.



**CENTERS FOR MEDICARE & MEDICAID SERVICES  
EXPENDITURE AUTHORITY**

**NUMBER:** 11W 00285/6

**TITLE:** Centennial Care

**AWARDEE:** New Mexico Human Service Department

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by New Mexico for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this Demonstration extension, be regarded as expenditures under the State's title XIX plan.

The following expenditure authorities may only be implemented consistent with the approved Special Terms and Conditions (STCs) and shall enable New Mexico to implement the Centennial Care Medicaid section 1115 Demonstration. All other requirements of the Medicaid program expressed in law, regulation, and policy statements shall apply to these expenditures, unless identified as not applicable below.

1. Expenditures made under contracts that do not meet the requirements in section 1903(m) of the SSA specified below. Managed care plans participating in the demonstration will have to meet all the requirements of section 1903(m), except the following:

- Section 1903(m)(2)(H) and Federal regulations at 42 CFR 438.56(g) but only insofar as to allow the State to automatically reenroll an individual who loses Medicaid eligibility for a period of 90-days or less in the same managed care plan from which the individual was previously enrolled.
- Expenditures made under contracts that do not meet the requirements of 1903(m)(2)(A)(iii) and implementing regulations at 42 CFR 438.6(c)(3)(ii) but only insofar as to allow the State to include in calculating MCO capitation rates the provision of beneficiary rewards program incentives for health-related items or services in accordance with section VII of the STCs.

2. Expenditures for Centennial Care beneficiaries who are age 65 and older and adults age 21 and older with disabilities and who would otherwise be Medicaid-eligible under section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR §435.217 in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, if the services they receive under Centennial Care were provided under an HCBS waiver granted to the State under section 1915(c) of the Act as of the initial approval date of this demonstration. This includes the application of spousal impoverishment eligibility rules.

3. Expenditures for community intervener services furnished to deaf and blind Centennial Care beneficiaries, as defined in STC 31.

Safety Net Care Pool

Subject to an overall cap on the Uncompensated Care (UC) Pool and the Hospital Quality Improvement Incentive (HQII) Pool, the following expenditure authorities are granted for this demonstration:

4. Expenditures for payments to hospitals for uncompensated costs of inpatient and outpatient hospital services provided to Medicaid eligible or uninsured individuals, to the extent that those costs exceed the amounts paid to hospitals pursuant to section 1923 of the Act, but subject to the hospital-specific limitations set forth at section 1923(g) of the Act and the methodologies for determining uncompensated costs that are used under section 1923.

5. Expenditures for incentive payments from pool funds for the Hospital Quality Improvement Incentive Pool.

**REQUIREMENTS NOT APPLICABLE TO ALL EXPENDITURE AUTHORITIES**

All requirements of the Medicaid program explicitly waived under the Waiver List herein shall not apply to expenditures made by the State pursuant to its Expenditure Authority described above.

**REQUIREMENTS NOT APPLICABLE TO EXPENDITURE AUTHORITY 2**

All title XIX requirements that are waived for Medicaid eligible groups are also not applicable to the Centennial Care 217-like group. In addition, the following Medicaid requirement is not applicable:

**Reasonable Promptness**

**Section 1902(a)(8)**

To enable New Mexico to establish numeric enrollment limitations for this demonstration population and place applicants on a waiting list for enrollment to the extent the enrollment limitation has been reached.