CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER AUTHORITIES

NUMBER: 11W 00285/6

TITLE: Centennial Care 2.0 Medicaid 1115 Demonstration

AWARDEE: New Mexico Human Services 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 2.0 Medicaid section 1115 demonstration. The Centennial Care 2.0 Medicaid section 1115 demonstration will operate under these waiver authorities beginning January 1, 2019, unless otherwise stated. The waiver authorities will continue through December 31, 2023, unless otherwise stated.

The following waivers shall enable New Mexico to implement the Centennial Care 2.0 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 the state 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 2.0.

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 37 of the Special Terms and Conditions (STCs).

To the extent necessary to enable the state place expenditure boundaries on Home and Community Based Services (HCBS) and personal care options.

To the extent necessary to enable the state to offer Pre-Tenancy and Tenancy Services to a limited number of Centennial Care 2.0 recipients with Serious Mental Illness (SMI), and in limited geographical areas of the state as described in the STCs.

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

42 CFR 431.51

To the extent necessary to enable the state to restrict freedom of choice of provider through the use of mandatory enrollment in managed care plans for the receipt of covered services. Mandatory enrollment of American Indians/Alaskan Natives (AI/ANs) is only permitted as specified in STC 26. No waiver of freedom of choice is authorized for family planning providers.

Effective January 1, 2019 through December 31, 2023
Amended: February 7, 2020
3. **Self-Direction of Care**

Section 1902(a)(32)

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

4. **Retroactive Eligibility**

Sections 1902(a)(10) and (34)  
42 CFR 435.915

To the extent necessary to enable the state to reduce coverage for the three-month period prior to the date that an application for medical assistance (and treatment as eligible for medical assistance) is made for specified eligibility groups, as described in STC 23. This waiver does not apply with respect to individuals eligible for Institutional Care (IC) categories of eligibility, pregnant women (including during the 60-day postpartum period beginning on the last day of the pregnancy), infants under age 1, or individuals under age 19. This waiver is in effect from January 1, 2019 through February 7, 2020.

5. **Nursing Facility Level of Care Redeterminations**

Section 1902(a)(10)(A)(ii)(IV)  
42 CFR 441.302(c)(2)

To the extent necessary to enable the state to implement a streamlined nursing facility level of care approval with specific criteria for individuals whose condition is not expected to change.

6. **Provision of Medical Assistance**

Section 1902(a)(8) and (10)

To the extent necessary to enable the state to limit the provision of Medical Assistance (and treatment as eligible for Medical Assistance) for individuals described in the eligibility group under section 1902(a)(10)(A)(ii)(XX) of the Social Security Act (the Act) and the state plan to only former foster care youth who are under 26 years of age, were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as such former state has elected), and who were enrolled in Medicaid on that date, and are now residents in New Mexico applying for Medicaid.

To the extent necessary to enable the state to limit the provision of Medical Assistance (and treatment as eligible for Medical Assistance) for individuals described in the eligibility group under section 1902(a)(10)(A)(ii)(XXI) of the Act and the state plan to only family planning services as described in section 1905(a)(4)(C) and only to individuals age 50 or under who do not have other health insurance coverage, or under age 65 who have only Medicare coverage that does not include family planning.
CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY

NUMBER: 11W 00285/6
TITLE: Centennial Care 2.0 Medicaid 1115 Demonstration
AWARDEE: New Mexico Human Services 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, be regarded as expenditures under the state’s title XIX plan.

The following expenditure authorities must only be implemented consistent with the approved Special Terms and Conditions (STCs) and shall enable New Mexico to implement the Centennial Care 2.0 Medicaid section 1115 demonstration. All other requirements of the Medicaid program expressed in law, regulation, and policy statements must 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 Act 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 eligibility or whose eligibility is suspended for a period of three months or less in the same managed care plan in 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 438.5(b)(4) 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 2.0 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 2.0 were provided under a Home and Community Based Services (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 2.0 beneficiaries, as defined in STC 47.
4. Expenditures to pilot home visiting services to eligible pregnant women, postpartum women, infants, and children up to age two residing in the state-designated counties, as defined in STC 48.

5. Expenditures to pilot pre-tenancy and tenancy services furnished to seriously mental ill Centennial Care 2.0 beneficiaries, as defined in STC 49.

*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:

6. 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 in section 1923(g) of the Act and the methodologies for determining uncompensated costs that are used under section 1923.

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

8. Expenditures to provide HCBS not included in the Medicaid State Plan to individuals who are eligible for Medicaid as described in the STCs.

*Substance Use Disorder*

9. Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder who are short-term residents in facilities that meet the definition of an institution for mental diseases.

**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 the Expenditure Authorities described above.

**REQUIREMENTS NOT APPLICABLE TO EXPENDITURE AUTHORITIES 4 AND 5**

The following Medicaid requirement is not applicable to the Centennial Care 2.0 Pre-Tenancy and Tenancy Services and Home Visiting Services:
Statewide Operation  

Section 1902(a)(1)

To the extent necessary to enable the state to operate on less than a statewide basis for a Pre-Tenancy and Tenancy services for up to 250 beneficiaries in the Centennial Care 2.0 program with SMI in a geographically limited areas of the state.

To the extent necessary to enable the state to operate on less than a statewide basis for the Centennial Home Visitation Pilot Program in the Centennial Care 2.0 program for recipients in a geographically limited area of the state, as specified in STC 48.

Reasonable Promptness  

Section 1902(a)(8)

To enable New Mexico to establish numeric enrollment limitations for the populations receiving services under expenditure authorities 4 and 5, and to place applicants on a waiting list for enrollment to the extent the enrollment limitation has been reached.