



NEW MEXICO MEDICAID PROGRAM – CENTENNIAL CARE 2.0

Centennial Care entered its eighth year in 2021. 2021 is the third year of Centennial Care 2.0, a modernized healthcare delivery system focusing on improved access to care, integrated care, Care Coordination, and quality services using four guiding principles:

- To create a comprehensive service delivery system providing a full array of benefits and services;
- To encourage personal responsibility, so Members become more active participants in their health and more efficient users of the health care system;
- To advance Payment Reform strategies that reward improved outcomes rather than the quantity of services delivered; and
- To simplify the administration of the program for Providers and Members.

Medicaid Enrollment (as of December 2020):

- Total in Medicaid 909,947
- Total in Centennial Care 748,790
- Total in Adult Expansion 289,292
- Total in Long-Term Care 34,745
- Total in Agency-Based Community Benefit 29,472

Managed Care Organizations (MCOs)

Through a sound procurement process, HSD selected the following MCOs to provide services to Medicaid Members beginning January 1, 2019:

- Blue Cross and Blue Shield of New Mexico – Blue Cross Community Centennial
- Presbyterian Health Plan – Presbyterian Centennial Care
- Western Sky Community Care

Centennial Care Accomplishments

- In 2016 Health Homes were launched in two New Mexico counties to provide integrated care for Medicaid recipients with serious mental illness and severe emotional disturbance. In 2018 HSD implemented Health Homes services in eight additional counties to address the same target population. The model provides for enhanced Care Coordination and integration of primary, acute, behavioral health, long term care services and social supports. This pilot program is currently serving over 2,800 members.
- Supportive housing benefits have been approved for Centennial Care 2.0 eligible individuals enrolled in the Linkages Permanent Supportive Housing program. The benefit will include pre-tenancy and tenancy sustaining supports for individuals with serious mental illness, who are homeless or precariously housed, extremely low income, and functionally impaired.

- Community Health Workers (CHWs) continue to provide interventions to Medicaid recipients for services such as Social Determinates of Health Assessments, Health Assistance-including PCP appointments, Health Risk Assessments (HRAs), preventative care, Hepatitis C Treatment Outreach, Smoking Cessation, Recovery Support Assistance, ED Education Post-Discharge Follow-ups, Prenatal & Postpartum Care Program and translation services.
- To improve and protect the Centennial Care health delivery network, payment and reimbursement rates were increased for certain types of providers and facilities that provide inpatient and physical and behavioral health outpatient services, dental services, and pharmacy services.
- HSD added new Transitional Care Management (TCM) and Chronic Care Management (CCM) services to the benefit package effective July 1, 2019, aimed at improving care management at the provider level for patients with multiple chronic conditions, and for patients who are transitioning to a community setting.
- Since the beginning of the COVID-19 Public Health Emergency (PHE), HSD has issued many Letter of Direction (LODs) to the Centennial Care 2.0 MCOs including 30 regular LODs (this total includes repeal and replace LODs and LODs 30 & 31, both of which are COVID-19 guidance) and 23 Special COVID-19 LODs (19 of which are unique and 4 are repeal and replace) to ensure the continuation of essential services to Medicaid members without disruption or delay.
- All three MCOs developed initiatives to assist providers, members, and communities during the COVID-19 PHE. Following are examples of assistance by each MCO.
 - Western Sky Community Care provided financial and in-kind support to address health and food insecurity concerns during the PHE. For example, volunteer health care workers and personal protective equipment were provided to health centers, and food and monetary contributions were made to food banks.
 - Blue Cross and Blue Shield of New Mexico distributed monetary and food contributions to food banks, schools, and shelters. Grants were provided to different organizations throughout the state to address food, medical, and support services.
 - Presbyterian Health Plan implemented several efforts including a statewide COVID+/Food Insecurity Benefit for Centennial Care members in the COVID+/Food Insecure category to receive meals from the local Meals on Wheels (MOW) organization as a Value-Added Service. This includes a 14-day supply of meals which are delivered to the member's residence to support self-isolation.

1115 Waiver Renewal

Building on these successes and accomplishments of Centennial Care, HSD identified opportunities for targeted improvements and modifications that will continue to advance the original principles of Centennial Care through its current iteration — Centennial Care 2.0 which began on January 1, 2019. The basic program structure is the same as when Centennial Care began in 2014. The following changes have been approved by the Centers for Medicare and Medicaid Services (CMS):



1. Increase in the annual limit for Community Benefit Respite for people with long term care needs from 100 to 300 hours;
2. Continuous Nursing Facility Level of Care for certain members eligible for Community Benefits;
3. Nutritional Counseling added to Agency-Based Community Benefit (ABCB);
4. Start-up goods, up to \$2,000 for new Self-Directed Community Benefit (SDCB) Members that may include a computer, printer or fax machine;
5. Annual limits on certain SDCB services for new Members entering SDCB on or after 1/1/19 (existing SDCB Members are grandfathered);
 - Related Goods \$2,000
 - Specialized Therapies \$2,000
 - Non-Medical Transportation \$1,000
6. SDCB Non-Medical Transportation reimbursement is limited to mileage and bus/taxi passes;
7. Expanded models for Care Coordination, including for justice-involved individuals;
8. Implementation of the two evidence-based Early Childhood Home Visiting programs, Nurse Family Partnership and Parents as Teachers, beginning as a pilot project to be available to pregnant MCO members in up to four NM counties in 2019. In 2020, CMS approved to expand the two programs to statewide locations. However, the programs were available in only four counties at the end of 2020 due to several factors, including the COVID-19 emergency affecting budget availability.
9. Expanded Behavioral Health Services;
 - Pre-Tenancy and Tenancy Support Services for Members with Serious Mental Illness (SMI) – effective 7/1/19;
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT);
 - Adult Residential Treatment Centers for Members with Substance Use Disorders (SUD); and
 - Expanded inpatient SUD services.
10. Limit Family Planning Category to men and women through the age of 50 who do not have other full coverage.
 - Individuals under age 65 who only have Medicare can continue to receive Family Planning Coverage.

Native American Collaboration

The “State-Tribal Collaboration Act” (SB 196) moved into state statute an effective government-to-government communication and collaboration between state and Tribal governments.

- SB 196 provides the framework for the state and Tribes to work together to develop successful programs and services to benefit New Mexico's Native American citizens.
- SB 196 requires training in cultural competency for state employees who have regular contact with Tribes and Tribal entities.



- HSD is also required to submit an annual report to the Governor’s office through the Indian Affairs Department (IAD) on the agency’s implementation of the Act and listing the programs and services HSD provides to the Native American population in New Mexico.

HSD/MAD provided all 23 Tribes, Pueblos, and Nations in New Mexico over 30 Tribal Notifications to provide comment on proposed changes to Medicaid services in 2020. HSD/MAD also held a formal Tribal Consultation on November 19, 2020.

The Native American Technical Advisory Committee (NATAC) was established in September 2012 as a subcommittee of the Medicaid Advisory Committee to give the Tribes, Pueblos, and Nations an opportunity to meet with the New Mexico Medicaid Director on a quarterly basis. The focus of the 2020 NATAC was:

- Increase BH services for Native Americans including community-based services for adults and children;
- Increase Medicaid reimbursable provider types (e.g. case managers, community health representatives, care coordinators) and services for IHS and Tribal Clinics;
- Increase the number of long-term care options; and
- Increase Native American enrollment in Medicaid.

Native American Medicaid Enrollment (as of December 2020):

Total Number of Native Americans on Medicaid	141,547
Total Number of Native Americans in Centennial Care	69,250
Total Number of Native Americans in Fee For Service	72,297
Total Number of Native Americans in Nursing Facilities	579
Total Number of Native Americans accessing Community Benefits	4,194