HUMAN SERVICES DEPARTMENT

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Letter of Direction #51

Date: **November 23, 2020**

To: **Centennial Care 2.0 Managed Care Organizations**

From: **Nicole Comeaux, Director, Medical Assistance Division**

Subject: **Care Coordination Activities for the Supports Waiver**

Title: **New 1915 (c) Home and Community-Based Services Program - Supports Waiver**

The Human Services Department (HSD) received approval from the Centers for Medicare and Medicaid Services (CMS) for the 1915(c) Home and Community Based Services (HCBS) Supports Waiver effective July 1, 2020. The purpose of this Letter of Direction (LOD) is to incorporate the Supports Waiver into the Managed Care Policy Manual.

The Policy Manual sub-sections referenced below will be updated to reflect inclusion of the supports waiver language; this does not supersede or remove policy manual language or sub-sections not noted.

Section 4: Care Coordination

The language below in Section 4.3 Health Risk Assessment (HRA) will be modified as follows:

The MCO or its delegate will make reasonable efforts to contact members to conduct an HRA and provide information about care coordination. Such efforts shall include, but not be limited to, engaging community supports such as Community Health Workers (CHWs), Community Health Representatives (CHRs), Core Service Agencies (CSAs), 1915 (c) HCBS Waiver Case Managers, Consultants,Community Supports Coordinators, New Mexico Brain Injury Resource Center, and Centers for Independent Living.The HRA shall determine if a Member requires a Compehensive Needs Assessment (CNA) to determine if the Member should be assigned to Care Coordination level two (2) or level three (3).

The language below in Section 4.4 Comprehensive Needs Assessment (CNA) will be modified as follows:

At a minimum, the CNA shall:

- Determine a social profile including, but not limited to: living arrangements; natural and social support systems which are available to assist the member; Individualized Planning Meeting Plans for children and youth in CYFD PS custody; demographics; transportation; employment; financial resources and challenges (other insurance, food, utilities, housing expenses); Medicare services; other community services being accessed, such as senior companion services, meals-on-wheels, etc.; living environment (related to health and safety); Individualized Education Plan; and Individualized Service Plans for Developmental Disabilities (DD), Medically Fragile (MF), Mi Via or Supports Waiver Program recipients, (if applicable). A copy of the HCBS Waiver Prior Authorization or budget is not required to be obtained by the Care Coordinator.
- For members on the DD, Mi Via, MF, or Supports Waivers (categories of eligibility [COEs] 095 and 096) and as applicable to the member's living arrangement, identify the parent, family member or legal guardian participating in and/or responding for the member during the assessment.

The language below in Section 4.5 Community Benefit Services Questionnaire will be modified as follows:

The Community Benefit Service Questionnaire/Community Benefit Member Agreement (CBSQ/CBMA) will be administered as part of the CNA, at the beginning of the CNA, for the following members:

- Full Medicaid members without a NF LOC (including those who are on the DD Waiver Waitlist), who have not requested CB services, but appear to meet NF LOC criteria prior to or during the CNA. MCOs must attempt to determine this through claims data or other information obtained prior to the member's CNA including the functional needs identified in the HRA.

The CBSQ/CBMA will not be administered for the following members:

- Members on the DD, Mi Via, MF, or Supports Waivers (categories of eligibility [COEs] 095 and 096).

The language below in Section 4.10 MCO Care Coordination with the 1915 (c) HCBS Waivers: DD, MF, Mi Via, and Supports Waiver will be modified as follows:

The MCOs provide acute and ancillary medical and behavioral health services to the 1915 (c) HCBS recipients/MCO members. The MCO is responsible for ensuring a Comprehensive Care Plan (CCP) is developed and implemented upon completion of a CNA. The MCOs are required to perform all care coordination functions described in this Manual section including but not limited to: capturing the member's medical, behavioral health, and ancillary needs; explaining to the member, family, and/or guardian, the Medicaid benefits that are available from the MCO, and how the MCO care coordinator can assist with coordinating services with the case manager, consultant, or community supports coordinator; developing a CCP; and completing all required touch points identified by the member's current care coordination level. Exceptions to care coordination functions are specifically described below for members receiving 1915(c) HCBS waiver services.

A new sub-section will be added to Section 4.11. Overview of Medicaid 1915(c) HCBS Waiver Programs as follows:

The Supports Waiver (SW) Program

The Supports Waiver is a Medicaid HCBS Waiver that is designed to provide an option for support to individuals who are on the DD Waiver Waitlist, waiting for an allocation to either the DD Waiver or Mi Via Self Directed Waiver. Individuals served through the Supports Waiver are referred to as "participants". Supports Waiver participants remain on the DD Waiver Waitlist.

Supports Waiver participants have a **COE of 096 and a Supports Waiver setting of care**. There are two service delivery models within the Supports Waiver: the Agency-Based Service Delivery Model and the Participant-Directed Service Delivery Model. The Agency-Based Service Delivery Model allows for a freedom of choice of provider agencies within the approved provider network. In the Participant Directed Service Delivery Model, the Employer of Record, either the participant or a legal representative, is responsible for hiring, training and directing employees and vendors and completing administrative duties. When the MCOs receive the MCO Roster, the participants' COE 096 as well as the setting of care (SOC) will be listed. For participants accessing the Agency-Based Service Delivery Model, the SOC will be listed as **MR0-SWA**. For participants accessing the Participant-Directed Service Delivery Model, the SOC will be **MR0-SWD**. The current Systems Manual definition of MR0-SWD is intended to cover Self Directed or Participant Directed which are interchangeable terminologies.

There are ten (10) services available within a $10,000 individual budget allotment (IBA) per year. The Supports Waiver offers the following services: Community Supports Coordinator (CSC) services; Assistive Technology ($5,000 once every five years); Behavior Support Consultation, Customized Community Supports – Group; Customized Community Supports – Individual; Employment Supports; Environmental Modifications ($5,000 once every five years); Personal Care Services; Non-Medical Transportation; Respite; and Vehicle Modifications ($5,000 once every five years).
Supports Waiver services and budget are outlined in the participant's Individual Service Plan (ISP). The ISP is developed through a person-centered planning process and is created by the participant with the assistance of their CSC. CSCs have experience working with both Agency – Based and Participant – Directed Service Delivery Models. The CSCs provide information, support, guidance and assistance to the participant during the Medicaid eligibility process and afterwards during the ISP development. The CSCs serve to assist the participant identify supports and services that meet the needs specific to the participant's qualifying condition. The level of support that is provided by the CSC is unique to the individual participant.

A new sub-section will be added to Section 4.12. MCO Care Coordination Activities and the 1915 (c) Waivers Service Plan (ISP or SSP) as follows:

- MCO members in the Supports Waiver Program

    - The MCO Care Coordinator shall request a copy of the approved Supports Waiver LOC Abstract (MAD 378 form) from the TPA for the purpose of obtaining a complete, comprehensive picture of the participant and their needs.

    - A Client Information Update (CIU) form (MAD 054) is faxed to the Third-Party Assessor (TPA) to request the LOC abstract.

    - The MCO Care Coordinator shall utilize the LOC information obtained from the TPA to complete certain portions of the Comprehensive Needs Assessment (CNA) prior to initiating the visit with the participant/member.

    - The MCO Care Coordinator has no influence regarding the Supports Waiver goals, services, and budget. The Care Coordinator cannot make recommendations or changes to the Supports Waiver ISP and Budget.

    - The MCO will not complete a Nursing Level Facility of Care (NFLOC) on members enrolled in the Supports Waiver.

    - The MCO Care Coordinator shall complete an annual and/or semi-annual CNA, understanding that while the MCO is responsible for the annual and/or semi-annual CNA visits, the CSC assists with the participant with the annual Supports Waiver LOC assessment process, ISP and budget.

    - The MCO Care Coordinator shall utilize only the Physical Health and Behavioral Health portion of the MCO's CCP for members who are receiving HCBS through the Supports Waiver.

    - The MCO Care Coordinator shall assist the participant in accessing the ancillary services available to them under the state plan.

This Letter of Direction will sunset upon inclusion in the Managed Care Policy Manual.