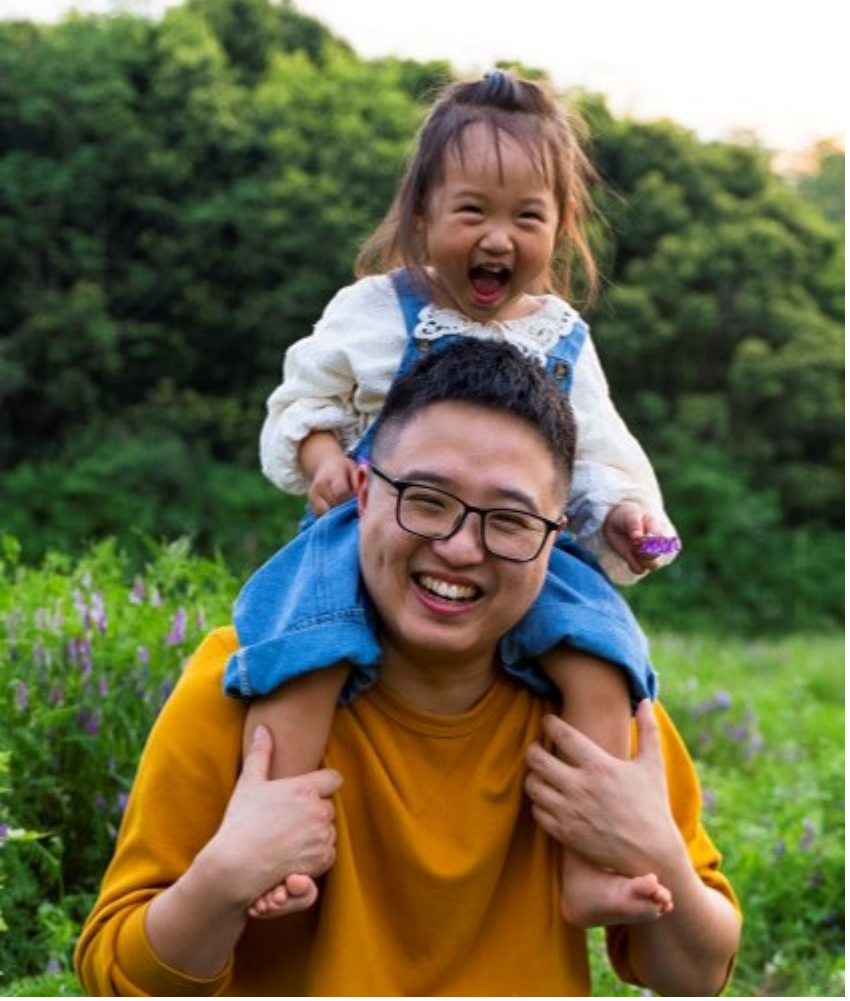


HEALTH CARE
AUTHORITY

COMMUNITY BENEFIT PRESENTATION

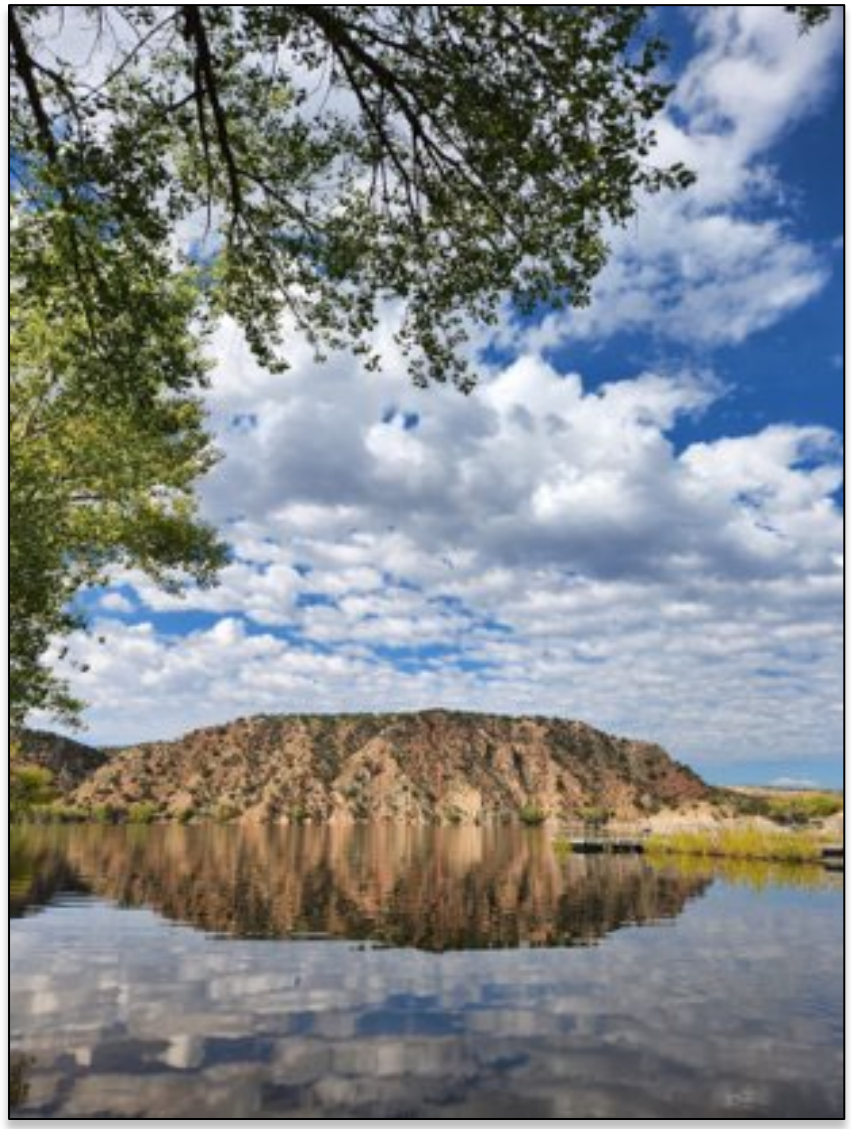
DATE: 8/21/25

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START…

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



A cloudy morning looking over Santa Cruz Lake.
Photo taken by HCA employee Jessica Gomez

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

HEALTH CARE AUTHORITY

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS

LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.

BUILD the best team in state government by supporting employees' continuous growth and wellness.

ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

A BRIEF HISTORY

- 1115 demonstration waiver approved by Centers for Medicaid and Medicare (CMS)
- This waiver, called Centennial Care, began 1/1/2014
- Renewed as Centennial Care 2.0- 1115 demonstration waiver 1/1/2019
- New name: Turquoise Care- began 7/1/2024 -Integrated managed care program which offers all health care services to eligible recipients, delivered by Managed Care Organizations (MCOs)
  - Four Turquoise Care MCOs: Blue Cross Blue Shield, Presbyterian, Molina Healthcare, United Healthcare
  - MCOs provide and coordinate Physical Health, Behavioral Health, Long-Term Services and Supports (LTSS)

COMMUNITY BENEFIT

- The Home and Community Based Long-Term Care program in Turquoise Care is called Community Benefit (CB)
- Provides services in-home/community so the members remains in the community and out of nursing facilities
- Two delivery models: Agency-Based (ABCB) or Self-Directed (SDCB)

COMMUNITY BENEFIT (CB) ELIGIBILITY

- To be eligible for the Community Benefit, individuals must meet certain criteria:
  - An individual must meet a nursing facility level of care (NF LOC) and have an assessed need for services.
  - An individual must either be currently receiving full-coverage Medicaid or be financially eligible for full-coverage Medicaid through the Income Support Division (ISD).

COMMUNITY BENEFIT (CB) ELIGIBILITY- NFLOC

To be eligible for the Community Benefit, individuals must meet a nursing facility level of care (NFLOC) and have an assessed need for services.

- NFLOC-individual must require *assistance* with two or more activities of daily living (ADLs).
- ADLs- Basic personal everyday activities that include bathing, dressing, transferring (e.g., from bed to chair), toileting, mobility and eating. *Remember: assistance can be needed at any point of the activity- including prompting and cueing.*

COMMUNITY BENEFIT (CB) ELIGIBILITY- MEDICAID ELIGIBILITY

- An individual must either be currently receiving full-coverage Medicaid (e.g., SSI, MAGI Adult) or be financially eligible for full-coverage Medicaid (e.g., MAGI Adult, "Waiver Medicaid")
- Individual must qualify financially with the Income Support Division (ISD)
- Examples of Medicaid eligibility include, but are not limited to:
  - Adult Medicaid (MAGI Adult) COE; MAGI Parent; WDI/Medigap:
  - Income: Household Income must be under 133% FPL
  - Resources: No asset test
  - Apply directly with ISD

There are other full-coverage Medicaid categories. Please contact ISD for eligibility questions. CCSC:1-800-283-4465

COMMUNITY BENEFIT (CB) ELIGIBILITY- MEDICAID ELIGIBILITY

CB Waiver

- Must be allocated to this program
- Income Limit- Changes every January:
  - 1/1/24- $2,829.00/month/individual
  - 1/1/25- $2,901.00/month/individual
- Opportunities exist for individuals over this limit to still qualify by establishing an Income Diversion Trust (IDT)
- Resource Limit- $2000
- Many assets, such as primary residence, are not countable toward this limit
- Limits are different for married couples

ENTERING THE COMMUNITY BENEFIT

Two ways to enter the Community Benefit (CB):

1) If already approved for a Medicaid COE, members can let the MCO Care Coordinator know that CB services are needed.

- MCO will assess member for NF LOC and CB services (via the Comprehensive Needs Assessment).
- If member meets NFLOC, MCO will develop comprehensive care plan based on the member's assessed needs.

(Note: those on full-coverage Medicaid but not enrolled in an MCO will first need to enroll with an MCO)

ENTERING THE COMMUNITY BENEFIT

2) If individual is not eligible for “traditional” full-coverage Medicaid COE or they are losing their full coverage Medicaid, then they are to contact the Aging and Disability Resource Center (ADRC) to be placed on the Central Registry.

- Call the ADRC at 1-800-432-2080

ENTERING THE COMMUNITY BENEFIT

- ADRC will perform an assessment of needs via a telephone appointment.
- Phone appointment could be a lengthy conversation.
  - Having medical information/regarding medical history available can be helpful.
- ADRC will assign an allocation category:
  - Regular
  - Expedite- found to have immediate and urgent care needs; score of 48 with 3 Total ADLs
  - Community Reintegration- returning to the community after a 90+ day stay in a Long-Term Care Facility
  - Exception- not assessed as an expedited allocation, but have circumstances which need to be considered

ENTERING THE COMMUNITY BENEFIT

Once an allocation is available-

- MAD's Allocation Unit mails packet including the Primary Freedom of Choice and a Medicaid application
- Paperwork should be completed and returned to MAD in the provided Business Reply Envelope
- If there are any questions regarding the allocation packet, the Allocation Unit staff can assist with the process and can be reached at 505-827-3157

COMMUNITY BENEFIT (CB) ELIGIBILITY

Once placed on the central registry, individuals should contact ADRC for an updated assessment if:

- There are changes in health condition.
- There are changes to demographic information (such as address).

- If active Medicaid members receiving CB lose Medicaid eligibility due to age, income, etc., contact the ADRC to request an exception allocation to ensure continuity of care.
- ADRC: 1-800-432-2080

COMMUNITY BENEFIT SERVICE DELIVERY

TWO DELIVERY MODELS:

AGENCY-BASED (ABCB) OR SELF-DIRECTED (SDCB)

AGENCY BASED COMMUNITY BENEFIT

- The Agency-Based Community Benefit (ABCB) is delivered by a provider who is contracted with the member's MCO.
- With the help of their care coordinator, they will develop a care plan.
- The care coordinator will coordinate and manage the member's services based on their needs.

SELF-DIRECTED COMMUNITY BENEFIT (SDCB)

- Member will have a Care Coordinator and choose a Support Broker.
- Member creates a care plan with help from Support Broker.
- Member is responsible for managing the care plan and budget.
- Support Broker will help manage care plan and budget to meet needs as identified by the care coordinator.

SELF-DIRECTED COMMUNITY BENEFIT (SDCB)

Member will have Employer of Record (EOR) requirements.

- Added responsibilities of being the employer of providers.
- Hire, fire, train, ensure background checks are completed, submit timesheets and invoices to Conduent, arrange for back-up caregivers, coordinate with NM Department of Labor.
- Member will verify worker is meeting the requirements of Electronic Visit Verification (EVV) in compliance with the 21st Century CURES Act.
- Member may choose another qualified person to act as their EOR.

SELF-DIRECTED COMMUNITY BENEFIT

- Community Benefit members must receive services under the ABCB model for at least 120 days.
- After that time, if interested, member may switch to the SDCB model.
  - Must work with MCO/care coordinator
  - Support Broker

Note: SDCB Members may elect to return to ABCB

SELF-DIRECTED COMMUNITY BENEFITS VS AGENCY-BASED COMMUNITY BENEFITS

Agency-Based Services	Self-Directed Services
Adult Day Health	Customized Community Supports
Assisted Living	Related Goods
Behavior Support Consultation	Behavior Support Consultation
Community Transition Services	Specialized Therapies
Emergency Response Services	Emergency Response Services
Employment Supports	Employment Supports
Environmental Modifications	Environmental Modifications
Home Health Aide	Home Health Aide
Home Delivered Meals	Nutritional Counseling
Nutritional Counseling	Self-Directed Personal Care
Personal Care	Private-Duty Nursing for Adults
Private-Duty Nursing for Adults	Respite/Nursing Respite
Respite/Nursing Respite	Skilled Maintenance Therapies
Skilled Maintenance Therapies	Start-Up Goods
	Transportation (Non-Medical)

COMMUNITY BENEFIT RULE AND POLICY

CB Rule:

- 8.308.12 NMAC (state.nm.us)

Policy:

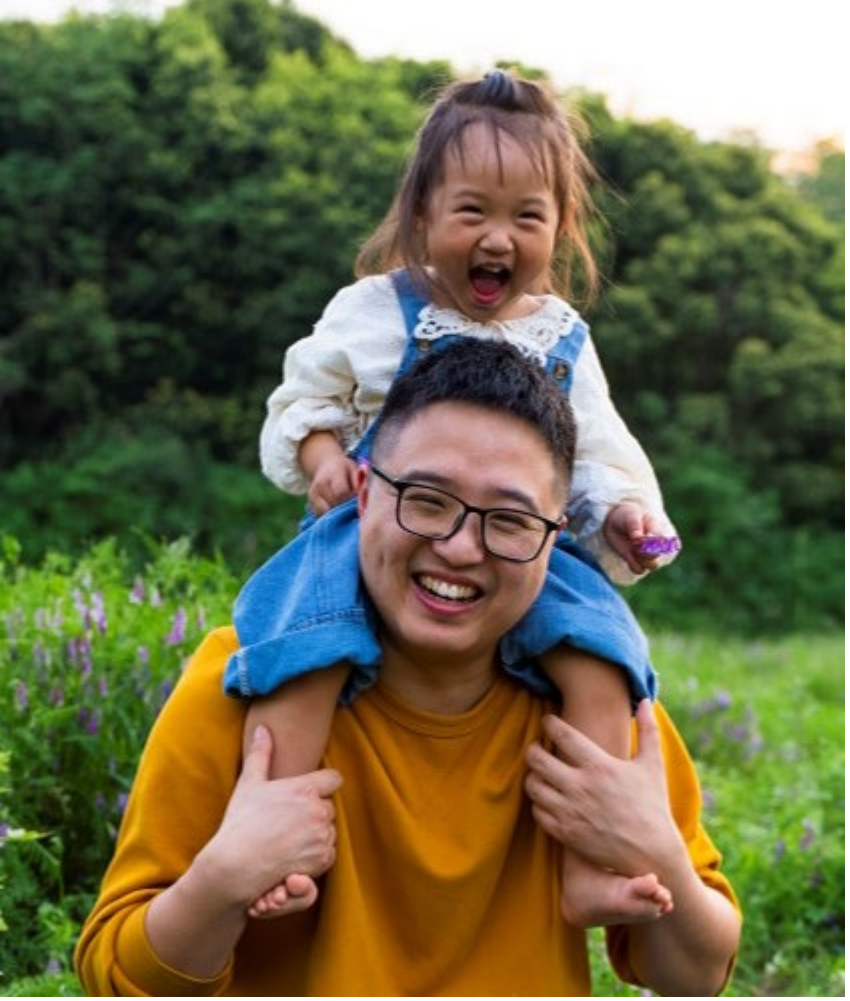
- https://www.hca.nm.gov/providers/managed-care-policy-manual/

Turquoise Care:

- Turquoise Care Overview - New Mexico Human Services Department (state.nm.us)

CONTACT INFORMATION

- Tallie Tolen, LTSS Bureau Chief : Tallie.Tolen@hca.nm.gov
- Kristen Borders-Wood, LTSS Deputy Bureau Chief : KristenA.Borderswoo@hca.nm.gov
- Vicki Sanchez, Community Benefit Staff Manager: VictoriaM.Sanchez@hca.nm.gov
- Renee Martinez, Allocations Staff Manager: renee.martinez12@hca.nm.gov
- ADRC: 1-800-432-2080 / https://www.aging.nm.gov
- Consolidated Customer Service Center: 1-800-283-4465
- ISD application: YES.NM.GOV



HEALTH CARE
AUTHORITY

QUESTIONS?

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INVESTING FOR TOMORROW, DELIVERING TODAY.