



Community Benefit

1. What is the Community Benefit?

- The Community Benefit (CB) is Centennial Care’s name for Home and Community Based Services (HCBS).
- Community Benefits are services that allow eligible members to receive care in their home or community as an alternative to being placed in a long-term care facility.
- Community Benefits are intended to supplement natural supports and support community living and are not intended to provide 24-hour care to the member.
- There are two CB models: agency-based (ABCB) and self-directed (SDCB). These models are further described below.

2. Goals of the Community Benefit

- To allow New Mexicans who require long-term care to remain in their homes and in the community.
- Reduce the number of unnecessary nursing home admissions.

3. Community Benefit Eligibility

- Members must be New Mexico residents with full Medicaid coverage or have a waiver category of eligibility (COE) through the allocation process.
- Members must meet the Nursing Facility Level of Care (NF LOC) criteria and require daily assistance with two or more activities of daily living.
- Beginning in January 2019, certain CB members may be eligible for a continuous NF LOC approval and would not need to be annually reassessed for NF LOC. The criteria is outlined in section 7.4 of the Managed Care Policy Manual.

4. Agency Based Community Benefit (ABCB)

Members work with their care coordinators to develop a care plan based on assessed needs and select a community provider in the MCO network. The member’s MCO ensures payment to the community benefit providers.

ABCB Services include:

Assisted living	Home health aide
Adult day health	Nutritional Counseling
Behavior support consultation	Personal care
Community transition services	Private duty nursing for adults
Emergency response	Respite
Employment supports	Skilled maintenance therapy for adults
Environmental modifications	

5. Self-Directed Community Benefit (SDCB)

The Self-Directed Community Benefit (SDCB) allows eligible members to direct their own care and services. Centennial Care members must receive community benefits in the Agency Based Community Benefit (ABCB) for at least 120 calendar days **before** switching to the SDCB model.

Members have more responsibilities in the SDCB. The SDCB member has an Employer of Record (EOR) who performs employer functions including the authorizing of payments to his or her provider(s). The EOR can be the SDCB member or another individual of the member's choosing. The EOR may not be paid to perform the EOR duties.

Members also have additional supports under the SDCB model. All SDCB members must choose a support broker who is contracted with or employed by their selected MCO. SDCB members also have an MCO care coordinator who helps the support broker to manage the member's SDCB services. Members work with a support broker to:

- Develop a care plan based on assessed needs;
- Identify an employer of record;
- Hire employees and contract with vendors;
- Assist with the electronic visit verification (EVV) system;
- Authorize timesheets; and
- Ensure payment to their employees and vendors.

All MCOs are required to contract with the fiscal management agency (FMA).

- The FMA manages an online system to allow SDCB members to view the approved SDCB care plan and their budget expenditures.
- All SDCB members work with the same FMA to perform the financial tasks associated with hiring, firing and paying providers on time.
- A SDCB member may submit a written request to his/her MCO to hire a family member; the MCO will determine if the family member meets the criteria to be paid to provide care.
- In April 2021, a new FMA system provided by Palco will replace the current FOCOS system.

SDCB Services:

Behavior support consultation	Private duty nursing for adults
Customized Community Supports	Related goods
Emergency response	Respite/Nursing Respite
Employment supports	Skilled maintenance therapy for adults
Environmental modifications	Specialized Therapies
Home health aide	Start-Up Goods
Nutritional Counseling	Transportation (non-medical)
Self-Directed Personal Care Services	

6. Community Benefit Enrollment

- If a member currently has full Medicaid and wants long-term care services, the member must contact his/her MCO to request an assessment for community benefits. The assessment will determine whether the member is eligible to receive CB services.
- If an individual does NOT currently have Medicaid, the individual will need to contact the Aging & Long Term Services Department, Resource Center at 1-800-432-2080 and place his/her name on the Central Registry and wait for a waiver allocation.