



Letter of Direction #21

Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

Date: December 24, 2019
To: Centennial Care 2.0 Managed Care Organizations
From: Nicole Comeaux, Director, Medical Assistance Division
Subject: Administration sequence of the Community Benefits Services Questionnaire (CBSQ) and Community Benefit Member Agreement (CBMA)
Title: CBSQ and CBMA



The Managed Care Organization (MCO) requirements and criteria for administration of the Community Benefits Services Questionnaire (CBSQ) and Community Benefit Member Agreement (CBMA) are outlined in Section 4.5 of the Medical Assistance Division Managed Care Policy Manual.

The purpose of this Letter of Direction (LOD) is to direct the MCOs to complete the CBSQ prior to the Comprehensive Needs Assessment (CNA). This will ensure that the care coordinator is able to discuss the complete array of Community Benefit (CB) services that may be available to each member based on their assessed needs.

If the member refuses to complete the CBSQ, the reason for refusal must be tracked and clearly documented in the member's file and available upon request for HSD.

The CBMA may be completed at any time after the CBSQ, including at the end of the CNA. The member's signature on the CBMA is not considered a refusal to complete the CBSQ and is not considered sufficient documentation of refusal.

This LOD will sunset when this information is incorporated into Section 4.5 of the Managed Care Policy Manual.