

7 COMMUNITY BENEFIT

Revision Dates: August 15, 2014

Effective Date January 1, 2014

Community Benefits (CB) are services that provide assistance to individuals who require long-term supports and services so they may remain in the family residence, in their own home or in community residences. This program serves as an alternative to placement in a Nursing Facility (NF). Community Benefits do not provide 24-hour care and are intended as a supplement to an individual's natural supports. Community Benefits are available to For members meeting Nursing Facility Level of Care (NF LOC). The member's Managed Care Organization (MCO) shall provide the Community Benefit as determined appropriate based on the Comprehensive Needs Assessment (CNA). Members eligible for the Community Benefit have the option of selecting Agency-Based Community Benefit (ABCB) or Self-Directed Community Benefit (SDCB).

~~Registration For The Community Benefit For Members Not Otherwise Medicaid-Eligible~~

REGISTRATION FOR THE COMMUNITY BENEFIT FOR MEMBERS NOT OTHERWISE MEDICAID ELGIBLE

Describes the process to register individuals who request Community Benefit services; and describes the allocation process.

PURPOSE

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DEFINITIONS

- ~~1. Agency Based Community Benefit ("ABCB"): Services that provide assistance to individuals that require long term supports and services so they may remain in the family residence, in their own home or in community residences. This program serves as an alternative to a Nursing Facility (NF).~~

2.1 Active Registration: A registration is active if there is ~~either~~ an open category of registration or if a paper application is has been received by the New Mexico Aging & Long-Term

Services Department, Aging and Disability Resource Center (“ADRC”).

2. Activity of Daily Living (“ADL”): The ability to perform tasks that are essential for self-care, such as bathing, feeding oneself, dressing, toileting and transferring.

3. Agency Based Community Benefits (ABCB): The Community Benefit services offered to a member who does not wish to self-direct his or her CB services.

4. Allocation: The opportunity given to an individual who is not otherwise Medicaid eligible to apply for Community Benefits.

5. Inactive Registration: A registration is inactivated/closed if the registrant expired, refused services, was allocated but notice was undeliverable or the registrant moved out of state.

4.6. Letter of Interest: The letter that is sent to an individual informing him or her that an allocation is available and that theyhe or she may apply for Community Benefits.

5.7. MAD 100: New “Medicaid Application for Assistance” that is available on-line or at a local New Mexico Department of Human Services, Income Support Division (“HSD/ISD”) office.

6.8. MAD 325: “New Mexico Medicaid Waiver of Services and Intermediate Care Facility for the Mentally Retarded Registration application-Form” that is available at a local HSD/ISD office.

9. Needs Assistance: Registrant needs cuing, reminding and/or stand-by assistance.

10. Notice of Allocation (NOA): The letter that is sent to an individual informing him or her that the PFOC was received at HSD/MAD and informing him or her of the next steps in the allocation process.

11. Primary Freedom of Choice (PFOC): The form that is sent to an individual which allows him or her to confirm theirhis or her interest in pursuing the opportunity to apply for Community Benefits.

12. Self-Directed Community Benefits (SDCB): The Community Benefit services offered to a member who wishes to self-direct his or her CB services.

REGISTRATION

Any individual has the right to sign-up for place their his or her name on the Central Registry if: (1) it has been determined that the individual is not currently Medicaid eligible, (2) current Medicaid shows a termination date, or (3) the individual has applied for Medicaid and received a denial. At the time of registration, if the individual has a Medicaid category of eligibility entitling the individual to full Medicaid benefits, the Aging and Disability Resource Center (ADRC) shall refer the individual to his or/ her managed care organization (“MCO”).

Any individual has the right to register/apply for multiple waivers at the same time. Individuals may apply by calling or appearing in person to the ADRC. An individual must be a resident of the State of New Mexico in order to be registered. Residency is determined based on the State’s eligibility Rule for Medicaid eligibility.

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~~For purposes of establishing eligibility for the Community Benefit services, a waiver or waivers are those approved by the Centers for Medicare & Medicaid Services (“CMS”) for the State of New Mexico for Medicaid benefits. Individuals may apply by calling or appearing in person to the ADRC.~~

Individuals should note that the Central Registry records information such as: (1) the demographic information about the applicant; (2) the date of registration, and (3) the applicant’s specific long term care needs.

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~~Individuals should note that the Central Registry records such information as: (1) the demographic information about the applicant; (2) the date of registration, and (3) the applicant’s specific needs.~~

Individuals are also required to complete a pre-assessment which aids the ADRC staff in directing the applicant to the appropriate category of registration: Regular, Expedited, or Community Reintegration. The registration types, which are defined as:

1. Community Reintegration (“CRI”) – a registrant who is in a licensed skilled nursing facility

("SNF") at the time of registration. In order to be eligible for CRI, the registrant must have resided in a SNF for 90 consecutive days, which may include time the registrant was in a hospital and returned to the SNF without a break in service. CRI provides individuals the opportunity to move out of a SNF and back into the community.

The individual participating in the community reintegration process must be capable of comprehending the decisions being made or have a primary caregiver or legal surrogate that understands the options. The individual must not require Agency Based Community Benefit (ABCB) services 24 hours per day in his or her home, on an ongoing basis; as the intent of this process CRI is to assist the individual to become integrated into his/her community and be as independent as possible. The MCO must be able to ensure a reasonable level of health and safety for the member while ABCB services are being provided. ABCB services provided to these individuals must be cost-effective and services provided under the ABCB must not exceed the average annual per capita costs of Nursing Facility services as determined by The Human Services Department (HSD). The Human Services Department HSD/Medical Assistance Division (HSD/MAD) can refuse ABCB services to individuals whose health and safety would be at risk in the community as deemed by the interdisciplinary team which that would includes the MCO, the primary care physician (PCP) and service providers, in conjunction with technical assistance from HSD/MAD.

Community Reintegration CRI registration for the ABCB can be completed by calling the Aging and Disability Resource Center (ADRC). Once a continuous 90 day stay is confirmed by the HSD/MAD and funding is available, a community re-integration allocation is granted. The HSD/MAD sends the allocation packet to the registrant/representative. The allocation paperwork (PFOC) must be returned to the HSD/MAD within 45 calendar days or the allocation will be closed and the registrant will need to re-register and wait for another allocation. If an extension is needed, HSD/MAD must be notified to grant the extension.

Once the PFOC is received by the HSD/MAD, it is faxed to the local HSD/ISD office. It is also faxed to the MCO. Once the allocation has been granted, the registrant may leave the nursing home if a safe and appropriate discharge is arranged.

The MCO must contact the registrant within 5 business days of receipt of the PFOC to schedule an initial assessment. The assessor explains the Community Reintegration CRI process to the applicant/representative. If the registrant/representative wishes to remain in the

institution, the Waiver Refusal Form must be completed, signed and faxed to HSD/MAD. If the registrant/representative wishes to proceed with the eligibility process, the MCO proceeds with the medical eligibility process.

Once medical and financial eligibility is approved, ABCB services will be initiated.

2. Expedited (“EXP”) – a registrant who has an urgent need for care. To be eligible, the registrant must require total assistance in at least three (3) categories of ADLs and a meet a minimum score of 48 points on the assessment. If an individual who was receiving Community Benefits under a Full Medicaid category of assistance, has had his or her Full Medicaid eligibility terminated, he or she can call the ARDC and request an expedited registration.

Individuals diagnosed as having Acquired Immunodeficiency Syndrome (AIDS) or Aids-Related Complex (ARC) may be registered with an expedited category of registration. Once registered, the ADRC ~~will notify~~ notifies the HSD/MAD Agency Based Community Benefit program manager, and an expedited allocation will be released. The MCO will conduct the Comprehensive Needs Assessment (CNA) and Nursing Facility Level of Care (NFLOC) to verify the AIDS or ARC diagnosis and assist with access to Community Benefits.

Individuals that no longer qualify for the Medically Fragile Waiver and are ventilator dependent, may also be registered with an expedited category of registration. The University of New Mexico, Center for Development and Disability Medically Fragile Case Management Program (UNM/CDD-MFCMP) will notify the HSD/MAD Agency Based Community Benefit program manager of the request to transition to Community Benefits and an expedited allocation will be released.

- 2.3. Regular (“REG”) – a registrant who does not meet the criteria for CRI or EXP.

THE ALLOCATION PROCESS

The ADRC manages the Central Registry. The HSD/MAD manages the allocation process. The HSD/MAD Director determines allocation frequency, based on available funding.

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In order to facilitate the allocation process, the ADRC shall:

1. Maintain accurate registrant information in the Central Registry, including coding of category of registration for each registrant.
2. Change a registrant's category of registration if the ADRC obtains information that justifies the change, e.g., a registrant leaves a SNF before the 90-day requirement is met.
3. Close/Deactivate a registration in accordance with the closing of an allocation as described herein.

HSD/MAD shall maintain a list of registrants with the category of registration, sorted by the date of registration.

When the HSD/MAD Director determines that an allocation should be made, the allocation process begins with the Letter of Interest ("LOI") packet being sent to the registrant. The registrant is notified that there is an allocation available and is asked to respond by returning a completed Primary Freedom of Choice Form ("PFOC").

The LOI packet shall contain:

- i. LOI;
- ii. PFOC, attachment A;
- iii. Refusal of Services, attachment B; and
- iv. Return envelope addressed to HSD/MAD, stamped with "Allocation Packet."

Time-frames for the LOI packet:

- i. The registrant has 45 calendar days to return either a completed PFOC or a Refusal of Services form.
- ii. The registrant may request a one-time extension and, if requested, it shall be granted for up to thirty (30) calendar days. Any additional time (extensions) requested by the registrant must be approved by HSD/MAD.
- iii. If there is no response to the LOI either after the original 45-days or after the expiration of any granted extensions, HSD/MAD shall send a closure letter to the registrant's mailing address on file.

Processing PFOCs:

Once HSD/MAD receives the PFOC, HSD/MAD will sort and review the PFOCs to ensure that the form is complete and signed by the registrant.

i. If the PFOC is not complete or accurate, the PFOC will be returned to the registrant, identifying the correct information required to process the PFOC, and providing the registrant up to thirty (30) calendar days to return the PFOC. Failure to timely return the PFOC within the 30- day time period will result in closure as described herein.

ii. If the PFOC is complete, HSD/MAD will process it and send a Notice of Allocation (“NOA”) letter to the registrant, with a copy of the PFOC and an HSD/MAD 100 “-Medicaid Application for Assistance.” In addition, a copy of the NOA, PFOC and cover sheet is faxed to the registrant’s local HSD/ISD office and to the registrant’s MCO.

ELIGIBILITY

Registrants must meet two (2) types of eligibility, initially and annually, to receive and continue receiving Community Benefits:

1. ~~Medical Eligibility:~~ The medical eligibility packet is completed by the registrant’s MCO. In order to be medically eligible, the registrants must meet nursing facility level of care (NF LOC), which is, at a minimum, daily hands-on assistance with two or more ADLs.

2. ~~Financial Eligibility:~~ In order to be financially eligible, income must be under the Institutional Medicaid (ICM)/Waiver maximum determined by HSD/ISD.

The registrant must complete both the medical and financial eligibility within ~~ninety~~ (90) calendar days from the allocation date stated in the NOA. Failure to complete both the medical and financial eligibility within the 90-day time period shall result in ~~closing~~ closure of the allocation.

Once eligibility is approved, registrants will be enrolled with ABCB services and shall receive such services as are needed, based on the Comprehensive Needs Assessment (“CNA”) conducted by the member’s MCO. Thereafter, the registrant shall be considered a member entitled to Community Benefits.

The member must participate in the ABCB for a minimum of 120 calendar days before the member can switch to the Self-Directed Community Benefit (“SDCB”).

CLOSING/INACTIVATING AN ALLOCATION

An allocation will be inactivated by HSD/MAD if one of the following occurs:

a. The registrant returns a signed Refusal Form;

b. The registrant does not return the LOI or the PFOC within the required timeframes;

c. The ADRC or HSD/MAD is informed that the registrant intends to remain in the SNF;

d. The ADRC or HSD/MAD is informed that the registrant is no longer a resident of the State of New Mexico;

e. The ADRC or HSD/MAD has been notified that the registrant has expired; or

f. The LOI is returned as undeliverable and no other contact information is available.

NOTICE REQUIREMENTS

The registrant is notified by letter in the following circumstances:

a. New registration;

b. Change in category of registration;

c. When the State is unable to contact the registrant by telephone;

d. When an allocation becomes potentially available for the registrant;

e. When an allocation is complete; and

f. When a registration is closed/inactivated for any reason other than a completed allocation.

~~With the exception of w~~When the State has been notified that the registrant is deceased ~~or has expired,~~ ~~In such a situation, no a~~ letter will not be sent to the registrant.

UNDELIVERABLE NOTICE

It is the registrant's responsibility to inform ~~keep the~~ ADRC informed of any change in address and/or telephone number. If a letter is returned to the State as undeliverable, HSD/MAD shall review the registrant's record to determine an alternate address. HSD/MAD shall attempt to call the registrant or the registrant's representative to verify a correct mailing address to send a notice. If HSD/MAD cannot obtain the registrant's address, the registrant's Central Registry record will be inactivated due to the inability to contact the registrant. HSD/MAD shall document the reason the registration has closed, the specific attempts made to contact the registrant, and the date(s) of attempts, in the registrant's journal notes.