



## **Centennial Care Community Benefit** **Home and Community-Based Settings Rule** **Frequently Asked Questions**

New rules from the Federal Center for Medicare and Medicaid Services (“the CMS Final Rule”) strengthen the rights of people receiving home and community-based services (HCBS) to:

- Be part of the community where they live and work
- Choose where they live, who they live with and how they live
- Decide how to spend their days and who to spend their days with
- Determine who provides services

This FAQ document is for individuals who are enrolled in the Centennial Care Community Benefit. This may include those who are on the Developmentally Disabled Waiver Central Registry and are receiving HCBS through Centennial Care.

### **Which Community Benefit (CB) Services are impacted by the Rule?**

- Assisted Living Facilities
- Adult Day Health/Customized Community Supports
- Employment Supports

The Human Services Department (HSD), in partnership with the Aging and Long-Term Services Department (ALTSD) will be conducting CMS required provider validation visits in the spring of 2017 to ensure compliance.

### **As a CB member or representative of a CB member, what do I need to know?**

HSD is also required by CMS to conduct random participant surveys with members receiving the services listed above to assist in determining provider compliance with the rule. You may be asked to participate in a survey in the spring of 2017. You have the right to refuse to participate, however, your feedback is important.

### **How is my Centennial Care Managed Care Organization (MCO) involved?**

HSD is working closely with the four MCOs to ensure compliance with the rule. The MCOs are responsible for checking in with you during your care coordination visits to gather information on whether your providers are complying with the rule. Any Medicaid member enrolled in the Centennial Care CB may contact their MCO with questions or concerns regarding the final rule.

**How is Information on the Rule being distributed to CB members?**

The Centennial Care MCOs are working closely with HSD to distribute outreach materials to providers and members. The MCOs are discussing the Rule with members in their Member Advisory Board meetings. HSD has provided information on the Rule to the New Mexico Independent Consumer Support System (NMICSS) and receives feedback from this group.

**What if my provider is not compliant?**

HSD, in partnership with the Department of Health (DOH), is developing processes to remediate provider non-compliance. This process is outlined in the NM Statewide Transition Plan (STP) that is currently being reviewed by CMS.

**How do I find more information?**

The CMS has posted information to their website. The CMS website address is:  
<https://www.medicaid.gov/medicaid/hcbs/guidance/index.html>