

Home and Community Based Services

Home and Community Based Services (HCBS) enable people to stay in their homes. Many states have HCBS Medicaid waiver programs to address needs of individuals who would otherwise receive costly institutional care. §1915 (c) of the Social Security Act allows states to waive certain Medicaid requirements to provide cost effective services for individuals at home and in the community. Waiver services complement and/or supplement other services that are available through other programs as well as the supports that families and communities provide to individuals.

Creating and Sustaining HCBS Programs

Creating and maintaining a HCBS program benefits the community and the individuals supported. Benefits include:

- ✓ HCBS waivers are cost effective, usually less than half the cost of residential care.
- ✓ HCBS waiver programs are built on person centered planning and individual choice.
- ✓ Individuals enjoy the comfort of their own home or group home in the community.
- ✓ Some HCBS programs allow family members to be paid support.
- ✓ States can develop one or multiple HCBS programs to meet unique needs of their citizens.
- ✓ States can offer self-directed options.

Centers for Medicare and Medicaid Services (CMS)

HCBS waivers are a state and federal program. CMS is the federal agency that administers HCBS waiver programs. CMS reviews and approves state applications for HCBS waivers. CMS determines if states meet federal assurances and requirements while their approved waivers are operated. CMS also issues guidance and technical assistance to states during the development and operation of their HCBS programs.

Funding for HCBS Waivers

HCBS waivers are part of Medicaid, which is a matching program. The federal government “matches” what the state pays. This match is called the Federal Medical Assistance Percentage (FMAP). The FMAP is a formula that compares individual state income to US income and is calculated every year. In state fiscal year 2019, the blended FMAP for NM is 72.24%. Operating the waiver as approved is important so that the matching funds are paid to the state.

Cost Neutrality

§1915 (c) of the Social Security Act requires that the average cost per person under the waiver be less than the average cost would have been in institutional care. Because of this requirement, it is important to contain costs of waivers to maintain cost neutrality.

NM Oversight and Operation of Waivers

The NM Human Services Department, Medical Assistance Division is responsible for oversight of the waivers and the DOH, DDS, runs the day to day operations of three HCBS waivers:

- ✓ Development Disabilities Waiver (comprehensive waiver);
- ✓ Mi Via Waiver (self-directed); and
- ✓ Medically Fragile Waiver.

Waiting Lists

States can have waiting lists for their HCBS waivers. NM has a long waiting list. Reducing the waiting list depends on:

- ✓ operating cost-effective programs;
- ✓ available funds to maintain and expand the waiver programs; and
- ✓ innovative ideas such as adding a lower cost Supports Waiver.