

NEW MEXICO

The New Mexico Human Services Department (HSD)

P.O. Box 2348

Santa Fe, NM 87504-2348

<http://www.hsd.state.nm.us/default.aspx>

Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long-term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state's Medicaid waivers that include respite are:

New Mexico's Home and Community-Based 1915(c) waivers are being incorporated into the 1115 Demonstration: "NM Centennial Care 2.0 waiver" and are now operated as Managed Long-term Services and Supports. For members qualifying for basic Medicaid, all of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to be provided in the MLTSS delivery system. Members qualifying as part of the 217-like group (individuals who need HCBS to avert institutional placement, who would be eligible for Medicaid under another eligibility group if they were in an institution, and who receive waiver services) will receive respite and other LTSS through the 1915(c) waivers listed below.

[NM Centennial Care 2.0](#)

Centennial Care 2.0 features an integrated, comprehensive Medicaid delivery system in which a member's Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care (including pharmacy), behavioral health services, institutional services and home and community-based services (HCBS), including respite.

[NM Developmental Disabilities \(DD\) Waiver \(0173.R06.01\)](#)

Provides case management, community integrated employment, customized community supports, living supports, respite, nutritional counseling, occupational therapy for adults, physical therapy for adults, speech and language therapy for adults, supplemental dental care, adult nursing, assistive technology, behavioral support consultation, crisis support, customized in-home supports, environmental modifications, independent living transition service, intense medical living supports, non-medical transportation, personal support technology/on-site response service, preliminary risk screening and consultation related to inappropriate sexual behavior, socialization and sexuality education for individuals with autism, intellectual disabilities (ID), and developmental disabilities (DD) of all ages.

[NM Mi Via – ICF/MR Waiver \(0448.R02.01\)](#)

Provides consultant/support guide, customized community group supports, employment supports, home health aide services, homemaker/direct support services, respite, skilled therapy for adults, personal plan facilitation, behavior support consultation, community direct support, emergency response services, environmental modifications, in-home living supports, individual directed goods and services, nutritional counseling, private duty nursing for adults, specialized therapies, transportation for individuals with autism, developmental disabilities (DD), and intellectual disabilities (ID) of all ages.

[NM Medically Fragile Waiver \(0223.R05.00\)](#)

Provides case management, home health aide, respite, nutritional counseling, skilled therapy for adults, behavior support consultation, private duty nursing, and specialized medical equipment and supplies for medically fragile individuals of any age.

NM Centennial Care 2.0

State Operating Agency: Human Services Department (HSD), Medical Assistance Division (MAD)

<p>Description</p>	<p>In the extension of this demonstration for New Mexico’s Medicaid managed care program, known as Centennial Care 2.0, the state must continue to provide the most effective, efficient health care possible for its most vulnerable and needy citizens and continue the healthcare delivery reforms that were initiated during the previous demonstration period. Today, Centennial Care 2.0 features an integrated, comprehensive Medicaid delivery system in which a member’s Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care (including pharmacy), behavioral health services, institutional services and home and community-based services (HCBS). As part of the demonstration extension, the state will continue to expand access to LTSS through the Community Benefit (CB) that includes both the personal care and HCBS benefits, and by allowing eligible members who meet a nursing facility level of care to access the CB without the need for a waiver slot. Individuals who are not otherwise Medicaid eligible and meet the criteria for the 217-like group (individuals who need HCBS to avert institutional placement, who would be eligible for Medicaid under another eligibility group if they were in an institution, and who receive waiver services) will be able to access the CB if a slot is available. As is the case today, managed care enrollment will be required for all members who meet NF level of care or who are dually eligible.</p>
<p>Waiver Type</p>	<p>1115</p>
<p>Target Population-Eligibility</p>	<p>This waiver provides respite for individuals eligible under the state's 1915(c) Developmentally Disabled waiver, Medically Fragile waiver; and previous AIDS, Colts, and Mi Via-NF waivers.</p>
<p>Level of Care</p>	<p>Enrollees who meet the nursing facility (NF) level of care criteria will be eligible for the Community Benefits (CB), which provides respite.</p>
<p>Respite Services</p>	<p>Respite is available under the Community Benefits provided by this waiver. Respite services are provided to members unable to care for themselves that are furnished on a short-term basis to allow the primary caregiver a limited leave of absence in order to reduce stress, accommodate caregiver illness, or meet a sudden family crisis or emergency. Respite care is furnished at home, in a private residence of a respite care provider, in a specialized foster care home, in a hospital or nursing facility or an ICF/IDD meeting the qualifications for provider certification.</p> <p>Respite care services include: medical and non-medical health care; personal care bathing; showering; skincare; grooming; oral hygiene; bowel and bladder care; catheter and supra-pubic catheter care; preparing or assisting in preparation of meals and eating; as appropriate, administering enteral feedings; providing home management skills; changing linens; making beds; washing dishes; shopping; errands; calls for maintenance; assisting with enhancing self-help skills; promoting use of appropriate interpersonal communication skills and language; working independently without constant supervision/observation; providing body positioning, ambulation and transfer skills; arranging for transportation to medical or therapy services; assisting in arranging health care needs and follow-up as directed by primary care giver, physician, and case manager, ensuring the health and safety of the member at all times.</p> <p>When respite care services are provided to a member by an institution, that individual will not be considered a resident of the institution for purposes of demonstration eligibility; however, respite is not provided to members in Assisted Living facilities. Respite services are limited to a maximum of 300 hours annually per care plan year. It is available through both the agency-based and self-direction models.</p>
<p>Respite Provider Eligibility</p>	<p>Information for providers: https://www.hsd.state.nm.us/providers/Default.aspx</p>
<p>Caregiver Eligibility</p>	<p>Caregiver eligibility not available.</p>

NEW MEXICO

Enrollment Limit	Over the life of the demonstration, the state will work to expand access to the CB; however, the state will impose enrollment limits for persons who are not otherwise eligible for Medicaid under the state plan and who have been determined to meet nursing facility level of care, in order to manage the growth of the program. The maximum number of slots is currently 4,289, but a pending amendment proposes to increase the number of slots by 1,500 through the waiver amendment.
How to Apply	To apply for Centennial Care online, visit the YesNM Online Portal, create an account and follow the instructions. https://www.yes.state.nm.us/yesnm/home/index To complete an application by phone, please call the Human Services Division's Medicaid Expansion Hotline toll-free at 1-855-637-6574.
Contact Information	For general questions, please call MAD Customer Service Hotline at 1-888-997-2583.
Link to Waiver Application	https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nm/nm-centennial-care-ca.pdf
Expiration Date	12/31/2023
Date of Last Update	07/31/2019

NM Developmental Disabilities (DD) Waiver (0173.R06.01)**State Operating Agency: Department of Health, Developmental Disabilities Supports Division (DOH/DDSD)**

Description	<p>The purpose of the program is to provide assistance to individuals who require long-term supports and services so that they may remain in the family residence, in their own home or small community living residences. This person-centered, community oriented approach is provided to increase independence and achieve personal goals while enabling individuals to live as active members of their community.</p> <p>Services include: case management, community integrated employment, customized community supports, living supports, respite, nutritional counseling, OT for adults, PT for adults, speech and language therapy for adults, supplemental dental care, adult nursing, assistive technology, behavioral support consultation, crisis support, customized in-home supports, environmental modifications, independent living transition service, intense medical living supports, non-medical transportation, personal support technology/on-site response service, preliminary risk screening and consultation related to inappropriate sexual behavior, socialization and sexuality education.</p>
Waiver Type	1915(c)
Target Population-Eligibility	Individuals of any age who have been diagnosed with: autism, developmental disabilities, and/or an intellectual disability. While there are no age restrictions, the related conditions or developmental disability must occur before age 22, and intellectual disability must manifest before the age of 18.
Level of Care	Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
Respite Services	<p>Respite is a flexible family support service furnished on a short-term basis to provide support to the individual and give the primary, unpaid caregiver relief and time away from his/her caregiving duties. Respite includes: assisting with routine activities of daily living (e.g., bathing, toileting, preparing or meal preparation and eating), enhancing self-help skills, providing opportunities for play and other recreational activities; assisting to enhance self-help skills, leisure time skills and community and social awareness; providing opportunities for community and neighborhood integration and involvement; and providing opportunities for the individual to make his/her own choices regarding daily activities.</p> <p>Respite may be provided in the individual's home, provider's home, a community setting of the family's choice (e.g. community center, swimming pool, and park); or a center with others receiving care. Respite is provider managed. Individuals receiving Family Living, Supported Living, Intensive Medical Living Services or Customized In Home supports may not access respite.</p>
Respite Provider Eligibility	https://nmhealth.org/about/ddsd/pven/ddmfen/
Caregiver Eligibility	Respite may not be provided by a: legally responsible person, relative, or legal guardian.
Enrollment Limit	3810: Year Ending 06/30/2021
How to Apply	<p>Contact your local Developmental Disabilities Supports Division Regional Office (https://nmhealth.org/about/ddsd/region/) and ask to speak with an Intake and Eligibility worker.</p> <p>For more general information on the application process, reference Intake and Eligibility section of the DOH website: https://nmhealth.org/about/ddsd/intake/</p>
Contact Information	Contact the Intake and Eligibility Bureau at 505-841-5552 or obtain a listing of staff members for the DD waiver program at https://nmhealth.org/about/ddsd/pgsv/ddw/staff/
Link to Waiver Application	Link to application unavailable.
Expiration Date	06/30/2021
Date of Last Update	06/07/2019

NM Mi Via – ICF/MR Waiver (0448.R02.01)

State Operating Agency: Department of Health, Developmental Disabilities Supports Division (DOH/DDSD)

Description	<p>The goal of this waiver is to provide a community-based alternative to institutional care that facilitates greater participant choice, direction and control over services and supports. Participants are offered a multi-faceted education program, including information, tools, training and support, in order to make informed choices and to plan, direct and manage their services and supports. Mi Via's Guiding Principles state that all participants have value and potential; shall be viewed in terms of their abilities; have the right to participate and be fully included in their communities; and have the right to live, work, learn, and receive all services and supports, appropriate to their individual needs, in the most integrated settings within their communities.</p> <p>The services provided by this waiver include: consultant/support guide, customized community group supports, employment supports, home health aide services, homemaker/direct support services, respite, skilled therapy for adults, personal plan facilitation, behavior support consultation, community direct support, emergency response services, environmental modifications, in-home living supports, individual directed goods and services, nutritional counseling, private duty nursing for adults, specialized therapies, transportation.</p>
Waiver Type	1915(c)
Target Population-Eligibility	<p>Individuals of any age who are deemed to have a medically fragile condition or who are diagnosed with autism, developmental disabilities (DD), and/or intellectual disabilities (ID). While there are no age restrictions for receiving waiver services, the specific related conditions, developmental disability, or medically fragile condition must have occurred before the age of 22, and the intellectual disability must have manifested before the age of 18. Consumers must be able to self-direct their services.</p>
Level of Care	<p>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</p>
Respite Services	<p>Respite is a flexible family support service furnished on a short-term basis to provide support to the individual and give the primary, unpaid caregiver relief and time away from his/her caregiving duties. Respite includes: assisting with routine activities of daily living (e.g., bathing, toileting, preparing or meal preparation and eating), enhancing self-help skills, providing opportunities for play and other recreational activities; assisting to enhance self-help skills, leisure time skills and community and social awareness; providing opportunities for community and neighborhood integration and involvement; and providing opportunities for the individual to make his/her own choices regarding daily activities.</p> <p>Respite may be provided in the individual's home, provider's home, a community setting of the family's choice (e.g. community center, swimming pool, and park); or a center with others receiving care. Respite is participant directed.</p>
Respite Provider Eligibility	<p>https://nmhealth.org/about/ddsd/pven/sdwen/</p>
Caregiver Eligibility	<p>Respite may be provided by the legally responsible person, relative or legal guardian.</p> <p>A legally responsible individual (parent of a minor child and spouse) may be paid to provide Mi Via Waiver services under extraordinary circumstances, including the inability of the legally responsible person to find other qualified, suitable caregivers when the legally responsible individual would otherwise be absent from the home and, thus, must stay at home to ensure the participant's health and safety.</p>
Enrollment Limit	2443: Year ending 09/30/2020
How to Apply	<p>Contact your local Developmental Disabilities Supports Division Regional Office (https://nmhealth.org/about/ddsd/region/) and ask to speak with an Intake and Eligibility worker.</p>

NEW MEXICO

For more general information on the application process, reference Intake and Eligibility section of the DOH website: <https://nmhealth.org/about/ddsd/intake/>

Contact Information	Contact the Intake and Eligibility Bureau at 505-841-5552 or visit https://nmhealth.org/about/ddsd/pgsv/sdw/staff/ for a listing of staff members for the Mi Via waiver program.
Link to Waiver Application	Link to application unavailable.
Expiration Date	9/30/2020 - However in 2019 this waiver will be rolled into the Centennial Care program. Information on Centennial Care can be found here: http://www.hsd.state.nm.us/Centennial_Care.aspx
Date of Last Update	06/07/2019

NM Medically Fragile Waiver (0223.R05.00)**State Operating Agency: Department of Health, Developmental Disabilities Supports Division (DOH/DDSD)**

Description	<p>The purpose of this waiver is to help individuals who have a medically fragile condition and a developmental disability or are developmentally delayed or at risk for developmental delay and meet conditions that require frequent and ongoing medical supervision out of institutions. The program is designed to keep medically fragile individuals with conditions that require frequent and ongoing medical supervision out of institutions. The goals of the waiver are to maintain consumers in a comfortable home environment and maximize their level of functioning through the provision of waiver services. Each participant receives services as indicated on an Individual Service Plan (ISP) which are overseen by the case management agency. This waiver program uses traditional service delivery methods.</p> <p>The services provided by this waiver include: case management, home health aide, respite, nutritional counseling, skilled therapy for adults, behavior support consultation, private duty nursing, and specialized medical equipment and supplies.</p>
Waiver Type	1915(c)
Target Population-Eligibility	Individuals of any age who have been diagnosed as medically fragile before reaching the age of 22.
Level of Care	Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
Respite Services	<p>Respite services are provided to participants unable to care for themselves that are furnished on a short-term basis to allow the primary caregiver a limited leave of absence in order to reduce stress, accommodate caregiver illness, or meet a sudden family crisis or emergency. By permitting the caregiver a specific and limited break from the daily routine of providing care, burnout is avoided, and the primary caregiver receives a source of support and encouragement to continue home care services.</p> <p>Respite may be provided in the following locations: participant's home or private place of residence, the private residence of a respite care provider, or specialized foster care home. Respite is provider managed. The participant and/or participant representative has the option and gives final approval of where the respite services are provided. The institution(s) and agency(s) are required to coordinate all services with the participant and/or the participant representative.</p> <p>Respite services include: medical and non-medical health care; personal care bathing; showering; skin care; grooming; oral hygiene; bowel and bladder care; catheter and supra-pubic catheter care; preparing or assisting in preparation of meals and eating; as appropriate, administering enteral feedings; providing home management skills; changing linens; making beds; washing dishes; shopping; errands; and calls for maintenance; assisting with enhancing self-help skills; promoting use of appropriate interpersonal communication skills and language; working independently without constant supervision/observation; providing body positioning, ambulation and transfer skills; arranging for transportation to medical or therapy services; assisting in arranging health care needs and follow-up as directed by the primary care giver, physician, and case manager; ensuring the health and safety of the recipient at all times.</p> <p>Respite services are furnished up to a maximum of 14 days or 336 hours per annualized budget.</p>
Respite Provider Eligibility	https://nmhealth.org/about/ddsd/pven/ddmfen/
Caregiver Eligibility	Respite may not be provided by a: legally responsible person, relative, or legal guardian.
Enrollment Limit	178: Year ending 06/30/2021

NEW MEXICO

How to Apply	Contact your local Developmental Disabilities Supports Division Regional Office (https://nmhealth.org/about/ddsd/region/) to apply over the phone.
Contact Information	For more information, call 1-877-696-1472 or the Program Manager at 505-841-2913
Link to Waiver Application	Link to application unavailable.
Expiration Date	06/30/2021. However, in 2019 this waiver will be rolled into the Centennial Care program. Information on Centennial Care can be found here: http://www.hsd.state.nm.us/Centennial_Care.aspx
Date of Last Update	06/07/2019