



HOME AND COMMUNITY-BASED WAIVER FAQ

The home and community-based waiver program allows individuals who would benefit from a caregiver in their home access to full Centennial Care Medicaid Benefits. This program is intended to help New Mexicans who might otherwise be forced to enter long-term nursing facilities to stay in their own homes or assisted living facilities.

To qualify, an individual must meet **both income and health related requirements**. The Aging and Disability Resource Center assists with the intake process for this program which begins with registration to the registry waiting list.

If you or someone you know would benefit from this program, here are some important steps:

1 SET UP A PHONE APPOINTMENT

Set up a phone appointment to complete an intake assessment with an Options Counselor at [1-800-432-2080](tel:1-800-432-2080).

2 ALLOCATION PACKET IS MAILED

Once funding is available and the individual's name reaches the top of the list an allocation packet is mailed by Medical Assistance Division's Long-Term Services and Supports Bureau (aka Allocations Unit)

- This packet contains a Medicaid Application
- A Primary Freedom of Choice form (PFOC)
- A withdrawal form
- A self-addressed stamped envelope to return the documents
- The individual will be asked to select from one of three health insurance companies (MCOs) who will manage their services if/when individual qualifies



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3 RECEIVE AND COMPLETES THE APPLICATION

The individual receives and completes the application and must return the packet contents within 45 days from when the packet was mailed or risk losing allocation

- If you need assistance, request a SHIP referral and a counselor will help you complete the packet

4 ALLOCATION UNIT RECEIVES THE PACKET AND SENDS A LETTER BACK

The allocation unit receives the packet and sends a letter back to the individual acknowledging receipt with a letter explaining the next steps

- The contents of the packet are then scanned to the Income Support Division's (ISD) Waiver unit and the MCO selected in the application
- If the individual does not select an MCO, they are automatically assigned to one

5 MCO REACHES OUT TO COMPLETE A MORE IN-DEPTH ASSESSMENT

The MCO reaches out to complete a more in-depth assessment of the individual's needs to ensure they meet the criteria for the program which is referred to as Nursing Facility Level of Care (NFLOC).

6 ISD WAIVER UNIT REACHES OUT TO PERFORM AN INTERVIEW

ISD Waiver Unit reaches out to perform an interview and request any documentation needed to qualify the individual financially.

INDIVIDUAL'S MCO IS NOTIFIED ONCE BOTH ELIGIBILITY REQUIREMENTS ARE FULFILLED

Important Notes:

- The process may take many months to complete
- It is based on individual circumstances and hardships
- If approved, eligibility will not be back dated
- If the individual is wishing to enter into an Assisted Living Facility, not all costs are paid by this program and the benefit likely won't begin until the month following the start of initial eligibility