

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 25, 2021

Nicole Comeaux
Director, Medical Assistance Division
New Mexico Human Services Department
State Capitol, Room 400
Santa Fe, NM 87501

Dear Ms. Comeaux:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving New Mexico's request to extend the "Centennial Care 2.0" (Project No. 11-W-00285/6) authorities in the 1115 Attachment Q in order to respond to the COVID-19 pandemic. This extension has been incorporated into the demonstration's Special Terms and Conditions as Attachment Q.

The authorities that the state has requested in Attachment Q are effective from January 27, 2020 through 6 months after the end of the federally declared COVID-19 public health emergency (PHE). These authorities apply in all locations served by the demonstration for anyone impacted by COVID-19 who receives home and community-based services through the demonstration.

We have included the updated Attachment Q pages with this correspondence.

If you need assistance, feel free to contact your Project Officer, Michael Trieger at (410) 786-0745 or by e-mail at Michael.Trieger1@cms.hhs.gov.

Sincerely,

Angela D. Garner -S
Digitally signed by
Angela D. Garner -S
Date: 2021.03.25
16:57:51 -04'00'

Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Peter Banks, State Monitoring Lead, Medicaid and CHIP Operations Group

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

- A. **State:** New Mexico
- B. **Waiver Title(s):** Centennial Care 2.0 1115 Waiver Demonstration
- C. **Control Number(s):**
11W00285/6

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

The nature of the emergency is the COVID-19 pandemic. This amendment is additive to the previously approved Appendix K and extends the anticipated end date to six months after the end of the public health emergency. This amendment will apply to 1115 Demonstration Waiver retroactive to January 27, 2020.

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** Six months after the end of the declared public health emergency.

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

N/A

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Tallie
Last Name: Tolen
Title: Bureau Chief, Long-Term Services and Support Bureau
Agency: Medical Assistance Division
Address 1: 1 Plaza La Prensa
Address 2:
City: Santa Fe
State: New Mexico
Zip Code: 87507
Telephone: 505-827-7013
E-mail: Tallie.Tolen@state.nm.us
Fax Number: 505-827-3185

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Megan
Last Name Pfeffer
Title: Deputy Director, Medical Assistance Division
Agency: Human Services Department
Address 1: 1 Plaza la Prensa
Address 2:
City Santa Fe
State New Mexico
Zip Code 87507
Telephone: 505-412-0617
E-mail Megan.Pfeffer@state.nm.us
Fax Number 505-827-3185

8. Authorizing Signature

Signature:

Date: 2/25/2021



State Medicaid Director or Designee

First Name: Nicole
Last Name Comeaux
Title: Director, Medical Assistance Division
Agency: Human Services Department
Address 1: 1 Plaza La Prensa
Address 2:
City Santa Fe
State New Mexico
Zip Code 87507
Telephone: 505-490-7703
E-mail Nicole.Comeax@state.nm.us
Fax Number 505-827-3185