Medicaid and TANF Preview of FY 12 Appropriation Request

Presentation to Legislative Finance Committee

Katie Falls, Secretary, HSD September 29, 2010



Overview of Today's Discussion

- Shortfall of TANF Carryforward
- Update on Federal Reporting and Negative Cash Balances
- Medicaid Budget Request
 - > Status of Cost Containment Measures
- Comparison of Benefit Provisions to Other States

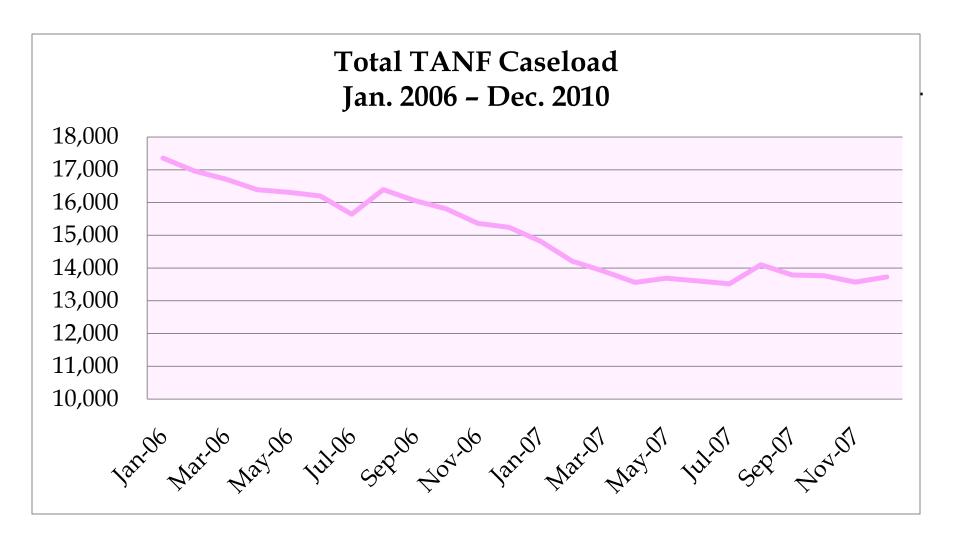


Temporary Assistance for Needy Families (TANF) – Carryforward Shortfall

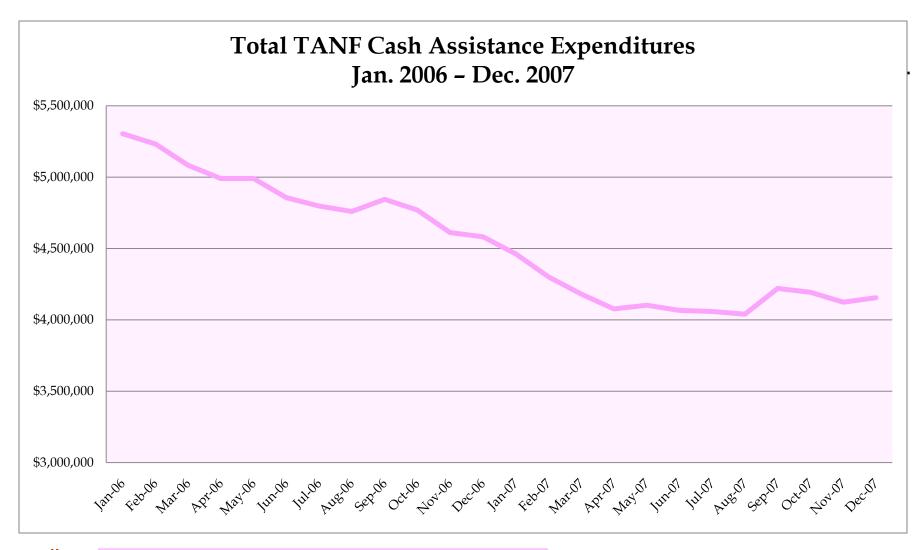
- TANF is a \$110 million federal block grant with \$6.5 million in supplemental funds (through FFY 10) for a total of \$117 million in funding
- If the states does not spend all the annual block grant amount, then the unexpended amount rolls over as "carryforward"

DATE	Caseload	Monthly	
		Expenditure	
Jan	17,359	\$5,304,253	
2006			
	45.044	44.500.045	
Dec	15,244	\$4,582,015	
2006			
July	13,518	\$4,058,751	
2007			











Cash Assistance totals do not include clothing allowance

New Mexico Human Services Department

TANF Funds Four Key Areas

Cash Assistance

- Monthly Cash Assistance benefit Maximum amount is \$447 for a family of three
- Twice a year clothing allowance of \$100 for school-aged kids
- > \$200 a month for Transition Bonus Families

Child Care

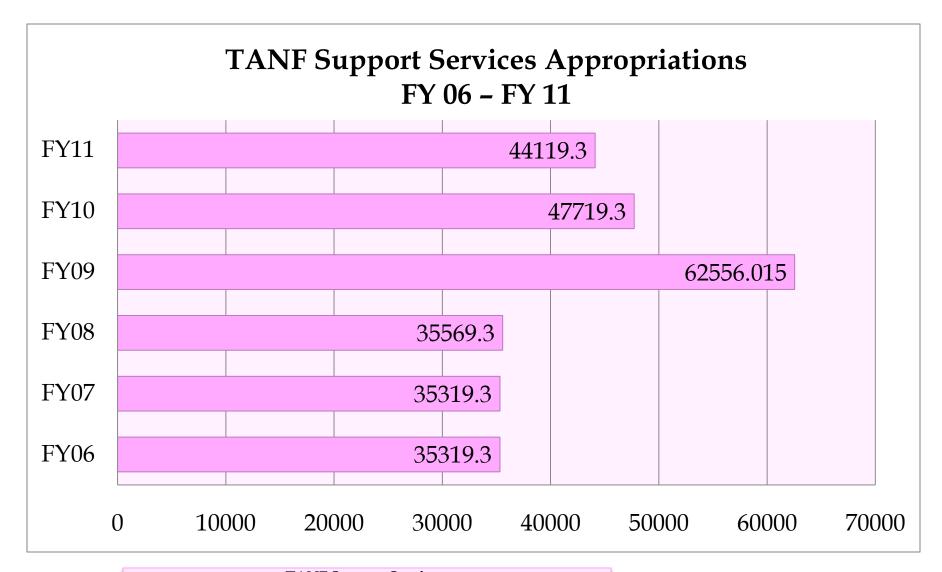
- \$32 million transferred to CYFD for Child Care Block Grant
- Additional \$6.6 million for child care

3. Supportive Services

- Employment and Training services
- Other Supportive Services TANF and non-TANF specific





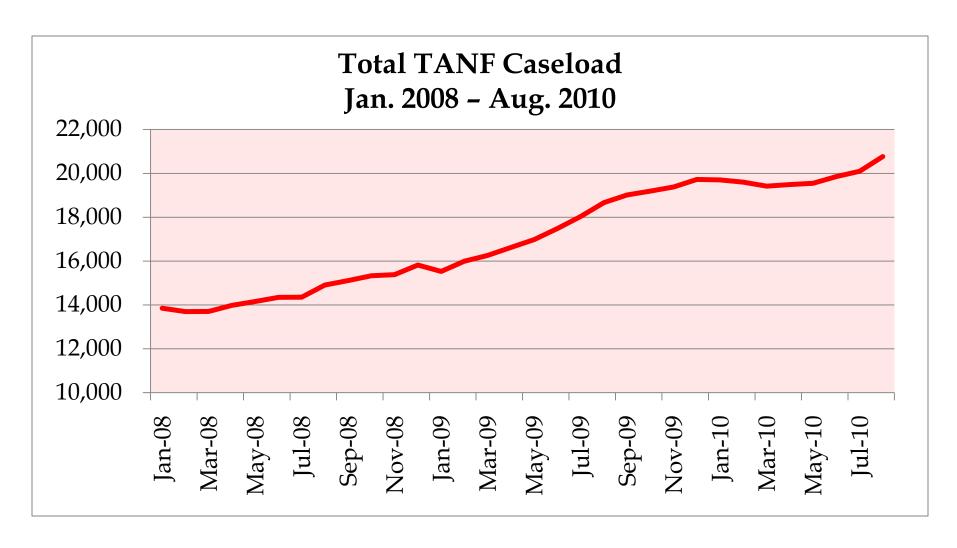




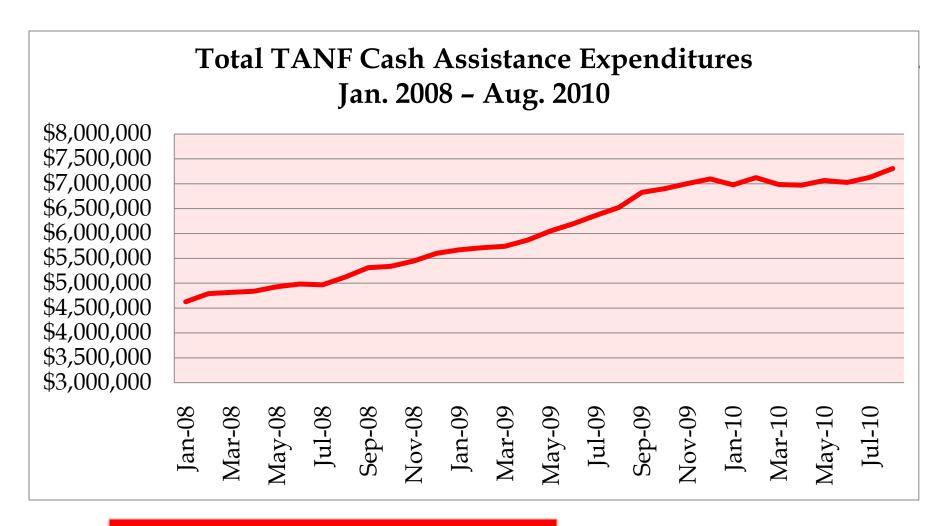
TANF Support Services:

Childcare, Pre-K, Domestic Violence, Grads, Home Visiting, TRD, Gold Mentors

New Mexico Human Services Department











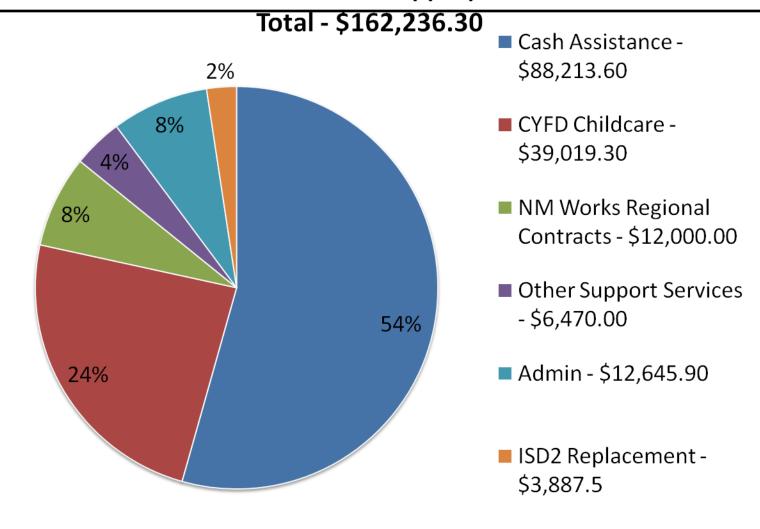
TANF - ARRA

- The American Recovery and Reinvestment Act (ARRA) included additional federal funding for TANF programs as all states saw a dramatic increase in enrollment.
- Bill to extend TANF Emergency Contingency Fund (ECF) has passed the House and will be heard sometime in mid-October by the Senate. Slight possibility of passage.

Maximum Award for FFY 2009 & FFY 2010	\$55,289,050	
Contingency Fund FFY 2009 & 2010	\$26,247,678 \$9.7 for cash assistance \$16.5 Tax & Rev	
ECF FFY 2009 & 2010	\$29,041,372	



FY 2011 HB 2 TANF Appropriations





TANF Budget Needs for FY 11

Revenue Available - \$137,796.8 (assumes \$4.9 in supplemental grant)

◆ Cash Assistance 92,276.3

Regional Employment & Training: \$12 mil

◆ Child Care 32,419.3 + \$6,600 \$39 mil

◆ Supportive Services \$ 6.47 mil

Domestic Violence - \$2 million

> Pre-Kindergarten - \$2.5 million

> GRADS - \$250,000

Gold Mentors - \$350,000

Transportation - \$670,000

Employment-Related Costs - \$700,000

◆ ISD Program Support \$13,777.6

TOTAL = \$163,523.9



TANF Reductions

- Cash Assistance regulations being proposed to reduce monthly cash assistance benefit, eliminate 2nd clothing allowance, eliminate Transition Bonus program
- Childcare reduction of \$13.5 million
- Supportive Services reductions across the board; funding for Domestic Violence, Pre-K, GRADs, and Gold Mentors ends October 31st.
- DV and Pre-K have other funding sources
 - > DV has \$10,166.9 in other funding
 - Pre-K has \$14,360.4 in other funding
- GRADs and Gold Mentor have no other funding sources
- ISD Program Support Funding of \$13,777.6 pays for ISD eligibility workers (amount expended based on random moment cost allocation) and to help replace the Department's IT eligibility system.

Update on Federal Reporting and Negative Cash Balances

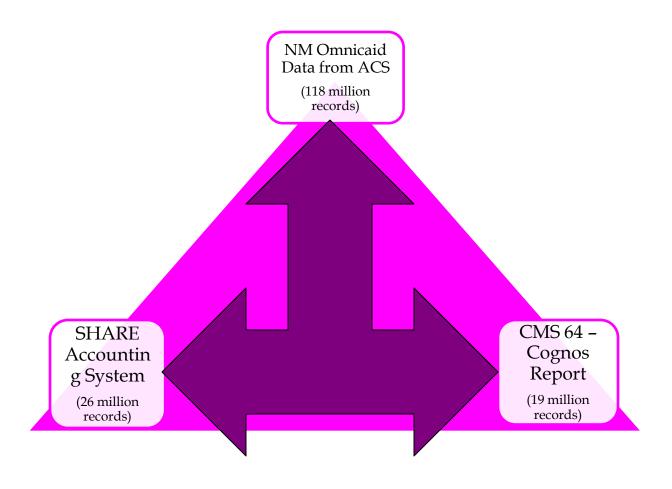
- Background of Problem
 - 2 separate systems: SHARE and CMS 64 Reporting System
 - Noted State Cash Problem in FY 09
 - ARRA funds highlighted the problem
 - Very complex reporting requirements, millions of transactions each quarter, automated reports in SHARE
 - ➤ Became clear that there were significant discrepancies between SHARE and the CMS 64 Report
 - Department staff has been working to identify problems in the 2 systems



Actions to Identify and Remedy the Issues

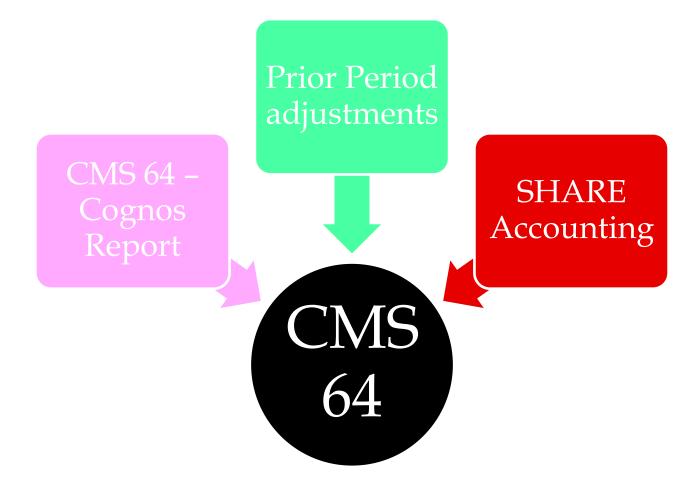
- April 2010 Myers and Stauffer, LC performed a detailed evaluation of our data and processes; Determined need to evaluate each quarter back through FFY 09
- ◆ June 2010 Project Manager engaged to lead the effort to resolve these issues; Notified CMS of issue
- July 2010 Internal Task Force created to work on problem; meet daily with Project Manager; implemented QC Procedures for future reports
- August 2010 "Desk Top" tool developed to facilitate comparison between federal reports and SHARE files; Initiated weekly reconciliations of the federal grant award draw
- September 2010 Completed analysis of one quarter of FFY10; Began analysis of all other quarters; Project Management meetings begin with Deputy Secretary

Reconciliation: Myers & Stauffer Approach





Reconciliation: Myers & Stauffer Approach





What We Know Today

 Discrepancies between the CMS 64 and SHARE (based on draws) show the following:

> FFY 09

\$89.9 Million

> FFY 10

\$4.2 Million (not final)

- Completed analysis of one quarter of FFY10 revealed both systemic problems and human error .
 - Systemic issues:
 - 1. Under reporting of expenditures
 - ✓ Federal funds to be adjusted on CMS-64 (\$63,194) increase in federal reporting
 - Incorrect FMAP recorded in SHARE
 - ✓ Amounts to be adjusted in SHARE (\$304,343) increase in federal draw



Next Steps

- Mid-Late October 2010: Completion of analysis of all quarters of Federal FY 09 and State FY 10
- Adjustments to SHARE accounting system & Prior Period Adjustments to the CMS 64
- No longer draw year-end accrued Federal Receivable; draws supported by CMS 64
- Continue Project Management meetings under the Deputy Secretary and Quality Control Procedures



Preview of FY 2012 Medicaid Appropriation Request

Assumptions

- Does not include use of Tobacco Settlement Funds
 - Loss of \$23,192.0
- Includes Loss of full enhanced ARRA funding
 - > Loss of \$333,839.0
- Reflects adjusted base FMAP
 - Increases general fund need of \$26,863.0
- Assumes increase of total costs by 10.4%
 - Increased need of \$25,894.0 due to recipient and utilization growth
- FY 2011 Expenditures Pushed Forward
 - **>** \$33,132.0



Preview of FY 2012 Medicaid Appropriation Request

FY 11 Cost Containment	FY 11 \$	FY 12 \$
SCI – waiting list, rate reduction	7,810	11,206
Cost Settle Border/Out-of-state Hosp	5,674	73
Implementation of OPPS	22,470	30,005
Benefit Limitations	494	673
CoLTS changes	2,826	7,320
Close PAK & PAM to new enrollment	838	1,116
Pharmacy Management	3,305	5,812
FFS & NMRS Admin ASO Fee	1,088	1,756
Drug Rebate	1,262	1,280
School Payment of State Share	<u>3,000</u>	<u>3,000</u>
TOTAL	48,767	62,241

Appropriation Request

- Increase in General Fund needed to fund services at levels after cost containment is \$360.7 Million
- Updates since Budget Request Submission
 - ➤ Total Program Expenditures expected to be an increase of \$352,248 based on most recent projections (was \$376,630.5 previously based on budget projections from year before)
 - ➤ Latest information from state per capita income data indicate our base FMAP for FY 12 will be 69.36%, and EFMAP of 78.55%, slightly better than the original estimates. Will bring in an additional \$8 million in federal funds.
 - Pursuing additional funding from CMS due to updated Bureau of Labor Statistics that show NM should have drawn a higher percentage of enhanced ARRA FMAP sooner.



Examples of Cost Containment Already Implemented

- Reset MCO rates
- Created waiting list for SCI
- Require in-state facilities for appropriate services
- Reduce state share of subsidy for PAK
- Eliminated state's payment for background checks (still required)
- Implemented increased Fraud and Abuse Activities
- Eliminated Aggressive Outreach
- Pharmacy Fee/Reimbursement Changes
- Reduced Nursing Home Reserve Bed Days

- Reduced Eye glasses to 1 pair every 2 years; Reduce Frame Allowance for Glasses
- Reduced Transportation for Pharmacy
- Eliminated paying for Meals and Lodging for Attendants
- Eliminated Gastric Surgery (bypass) as a benefit
- Reduce home environmental modification benefit from \$7,500 over 5 years to \$5,000
- Reduced long-term care respite benefit from 336 hours per year to 168 hours per year
- Eliminated paying installation fee for emergency response systems for long-term care clients



Cost Containment In Progress or Being Evaluated

- Proposed Pharmacy Regulations
- Changes to Durable Medical Equipment & Supplies
- Eliminate coverage of over-thecounter drugs for adults; some for children
- Reduce inappropriate use of emergency rooms
- Tighten utilization of Personal Care Option (PCO) services
- Changes to the Mi Via program (ALTSD)

- Expand use of matching data system for the Public Assistance and Reporting Information System (PARIS)
- Implementation of Accountable Care Organizations (ACOs) and Medical home model
- Eliminating duplicative administrative processes
- Elimination of other benefits

