HUMAN SERVICES
DEPARTMENT

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Centennial Care Update to the LHHS

October 21, 2014

Quick Facts

WHO	HOW MANY?*
Enrolled in Medicaid	720,000
Expansion Adults Enrolled	171,000
Enrolled in Centennial Care	575,000
Receiving Long Term Services and Supports	17,000

*Numbers rounded to nearest thousand.

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Long Term Services and Supports in Centennial Care

- LTSS Benefits in Centennial Care:
  - Long term nursing home care; and
  - Home and community based services (HCBS) through the Community Benefit:
    - Agency-based community benefit (ABCB); and
    - Self-directed community benefit (SDCB).

NOTE:

- ICF/IID facility care and DD waiver HCBS are not in Centennial Care.
- Medically Fragile waiver HCBS are not in Centennial Care

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Services in the Community Benefit

Agency-Based Community Benefit

- Adult Day Health
- Assisted Living
- Behavior Support Consultation
- Community Transition Services
- Emergency Response
- Employment Supports
- Environmental Modifications
- Home Health Aide
- Personal Care Services
- Private Duty Nursing for Adults
- Respite
- Skilled Maintenance Therapy Services

Self-Directed Community Benefit

- Behavior Support Consultation
- Customized Community Support
- Emergency Response
- Employment Supports
- Environmental Modifications
- Home Health Aide
- Homemaker/Personal Care
- Nutritional Counseling
- Private Duty Nursing for Adults
- Related Goods
- Respite
- Skilled Maintenance Therapy Services
- Specialized Therapies
- Transportation (non-medical)

Getting the Community Benefit

Two ways individuals qualify for the Community Benefit.

Otherwise Eligible for Medicaid (OEM)	Not Otherwise Eligible for Medicaid (NOEM)
▸ Already Medicaid eligible financially and/or due to a disability. ▸ Must meet nursing facility level of care (NFLOC).	▸ Eligible for Institutional Care Medicaid by meeting <u>both</u> financial and functional (NFLOC) requirements. ▸ Must have a Community Benefit waiver slot.

Centennial Care EXPANDED Access to Home & Community Based Services

- Before Centennial Care, "OEM" recipients could only get personal care services (PCS).
  - *Full HCBS benefit package available to **only** if they occupied a waiver slot.*
- Now, over 14,000 "OEM" recipients have access to full HCBS benefit package.

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Centennial Care EXPANDED Access to Home & Community Based Services

Before Centennial Care Community Benefit

	PCS Only	All other HCBS Benefits
OEM	Yes with NFLOC	Only if in waiver slot
NOEM	N/A	Yes – with a waiver slot

Centennial Care Community Benefit

	PCS only	All HCBS Benefits (includes PCS)
OEM	N/A	Yes with NFLOC
NOEM	N/A	Yes – with a waiver slot

Waiver Slots

CMS Authorized Waiver Slots	Occupied Waiver Slots (as of Sept. 2014)	# Slots Expected To Be Filled in CY2015	Open Slots Remaining After 2015
4,289	2,945	800	544

	In a Waiver Slot
"OEM" Recipients	554
"NOEM" Recipients	2391

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Community Benefit Consumers

Agency-Based *	Self-Directed
16,232	953

* The agency-based community benefit offers both a consumer-delegated and consumer-directed model

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Care Coordination

- Care coordination is at the heart of Centennial Care.
- Care Coordination is the process through which physical health, behavioral health and long-term care needs are determined for individuals with complex conditions.
- Needed services are coordinated to ensure that the member receives the right care, at the right time, and in the right setting.

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Health Risk Assessments

- The Centennial Care MCOs are required to conduct Health Risk Assessments (HRAs) for every member to determine whether a member is in need of care coordination.
- It is important to note that the MCOs use other information they have about some of their members to also identify those who need care coordination.
- Still, the HRA is required for all members.

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Health Risk Assessments

- First time most NM Medicaid recipients have ever received this kind of assessment.
- Members can choose not to participate in an HRA.
- To date, the MCOs have conducted HRAs for close to 50% of Centennial Care enrollees.

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Health Risk Assessments

- Many Medicaid recipients are hard to reach and hard to find:
  - Incorrect addresses and phone numbers.
  - Many won't answer their phone or their door.
  - No phone/no residence.
- Unreachable campaign – new approaches to find members and conduct HRAs, such as:
  - In the emergency room
  - In providers' offices
  - Using CHWs
  - Encouraging HRAs at health fairs

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Care Coordination

- Using the HRA and other existing information such as claims, care plans, prior authorizations, etc., the MCO begins determination of the member's care coordination level (CCL).
  - Level One – not in need of active care coordination.
  - Level Two– member needs care coordination.
  - Level Three – member needs higher level of care coordination
- Just over 53,000 members are in CCL 2 or 3.

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Care Coordination

- Characteristics of members in CCL 2:
  - Co-morbid health conditions
  - Frequent ER use (as defined by contractor)
  - Mental health or substance abuse
  - Assistance with two (2) or more Activities of Daily Living (ADLs) or Independent Activities of Daily Living (IADLs), living in the community at low risk
  - Mild cognitive deficits requiring prompting or cues
  - Poly-pharmaceutical use

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Care Coordination

- Characteristics of members in CCL 3:
  - Members who are medically complex or fragile
  - Members with **excessive ER** use (as defined by the contractor)
  - Members with a mental health or substance abuse condition
  - Members with untreated substance dependency
  - Members who require assistance with two (2) or more ADLs or IADLs
  - Members with **significant** cognitive deficits; and
  - Members with **contraindicated** pharmaceutical use

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Care Coordination

- All members in CCL 2 or 3 get a comprehensive needs assessment (CNA).
- The care coordinator assigned to the member completes the CNA.
- The result of a CNA is usually a person-centered care plan that addresses the member's needs and goals.

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The Alternative Benefit Plan

- The Alternative Benefit Plan (ABP) is the benefit package for the expansion adults (new adult group.)
- There is very little difference between the ABP and the regular Medicaid benefit package (state plan benefit.)
- The ABP does not have an LTSS benefit.
- The ABP has some limits on physical, occupational and speech/language therapy.

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The Alternative Benefit Plan

- A new adult group recipient who is "medically frail" can be "ABP-exempt" and choose to be covered by the state plan benefit.
- The recipient must ***choose*** to be ABP-exempt.
- Medically frail includes:
  - pregnancy,
  - inability to perform one activity of daily living,
  - serious mental illness,
  - substance use disorder, and
  - numerous serious illnesses.

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The Alternative Benefit Plan

- New adult group recipients are notified about the ABP exemption in their eligibility notice.
- MCO care coordinators identify members who meet ABP-exempt requirements.
- Care coordinators work with members to encourage them to choose to be ABP-exempt.
- When the member chooses to be ABP-exempt, the MCO makes that change in its system and notifies HSD.

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The Alternative Benefit Plan

- An new adult group recipient can also request ABP exemption without a care coordinator recommending it.
- The recipient simply has to supply a statement from a provider to the MCO indicating the recipient's medically frail condition.
- Fee-for-service recipients can request ABP exemption through HSD's third party assessor (TPA).

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The Alternative Benefit Plan

- 1,346 new adult group recipients are ABP-exempt.
- 691 ABP-exempt recipients meet NFLOC and are receiving LTSS or are in the process of doing so.

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Independent Consumer Support System

- The Centennial Care waiver requires HSD to have an Independent Community Support System (ICSS) to support Centennial Care members who receive LTSS.
- ICSS functions include:
  - Unbiased health plan choice counseling;
  - Program-related information;
  - Helping members understand the grievance and appeals process; and
  - Helping members understand the fair hearing process and assisting them with it, if requested.

NM iCSS New Mexico Independent Consumer Support System

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Independent Consumer Support System

- HSD recognized that New Mexico had a variety of entities that already do this work, including:
  - The Aging and Disability Resource Center (ADRC) run by ALTSD;
  - The Medicaid Call Center (choice counseling);
  - The Area Agencies on Aging (AAAs);
  - Centers for Independent Living; and
  - The Brain Injury Resource Center

NM iCSS New Mexico Independent Consumer Support System

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Independent Consumer Support System

- Rather than duplicating services that already exist, the ICSS knits these resources together.
- The ICSS assures they can supply consistent and accurate information.
- The ICSS works to make recipients and others aware of the resources available to them.
- The ICSS has an advisory team that includes representatives of participating ICSS organizations, advocacy groups and consumers.

NM iCSS New Mexico Independent Consumer Support System

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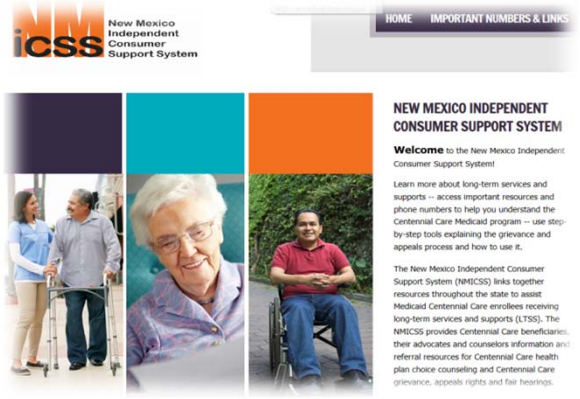
Independent Consumer Support System

- To promote consistent information, the ICSS conducts training around the state for ICSS organizations and other interested entities.
- The ICSS has created a website – www.nmicss.com – that features links to ICSS resources.
- NMICSS information cards have been distributed around the state.



NM icss New Mexico Independent Consumer Support System

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