CoLTS- Coordination of Long Term Services

Presentation to the

Indian Affairs Committee

August 11, 2009

Medical Assistance Division, Human Services Department

Aging and Long-Term Services Department

Today’s discussion

- Why rebalance the long-term care system?
- What is CoLTS?
  - What services are covered?
  - Who is eligible?
  - Why CoLTS?
- CoLTS year one
- Continued outreach
- CoLTS and Native American members
- CoLTS and Native American providers

Why rebalance?

- Preference
  - "A vast majority of Americans age 50+ want to remain in their own homes as long as they can." (AARP Public Policy Institute)
  - "Nine in ten Americans (92%) say it is important to improve coverage for services that help people remain in their home instead of going into a nursing home."

    (Lake Research Partners on behalf of the SCAN Foundation. July 2009)
- Demand
  - Increase in the aging population = increase in demand for Home & Community-Based Services (HCBS)
- Quality
  - Reduce fragmented long-term care & integrate care
- Cost
  - Reduce Medicaid costs

What is rebalancing?

- Rebalancing is a conscious direction towards more HCBS and away from an institutional bias
- A set of policy decisions that provide for the development of community options for long-term services that support the dignity, independence, and choice of all persons regardless of age or disability

Rebalancing – NM as national leader

- NM Medicaid leads the country in supporting individuals with long-term service needs in the community
- 2008 AARP Public Policy Institute study, "A Balancing Act", identified NM as the state with the highest percentage of Medicaid long-term services dollars spent on HCBS
  - New Mexico spends 61% of long-term service dollars on HCBS
  - "New Mexico has one of the most balanced LTC systems for older people and adults with physical disabilities in the nation, and recent Medicaid trends indicate that the state is continuing to make even more progress towards rebalancing" (AARP Public Policy Institute – "A Balancing Act" 2008)

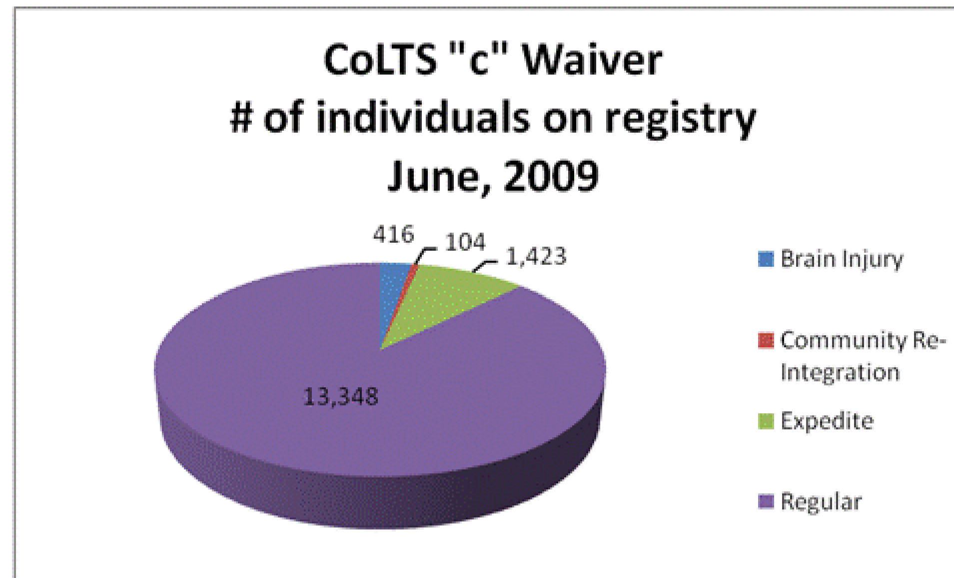
Rebalancing – collaboration on Medicaid long-term community-based services programs

DOH, ALTSD and HSD programs:

- Developmentally Disabled Home and Community-Based Waiver (HCBW) Program
  - 3,580 participants
  - 4,610 on Central Registry
- Medically Fragile HCBW Program
  - 160 participants
  - None on Central Registry
- HIV/AIDS HCBW Program
  - 9 participants
  - None on Central Registry
- Mi Vi Nursing Facility and ICF/MR HCBW Program
  - 902 participants
  - Central Registry not applicable
- PACE
  - 371 participants
  - 224 on waiting list

Rebalancing – Medicaid long-term services community-based programs

- Coordination of Long-Term Services Program (CoLTS)
  - 3,462 participants (July 2009)
  - 15,620 on registry for CoLTS "c" Waiver



NOTE: Disabled & Elderly Waiver now CoLTS "c" Waiver

Enrollment	Registry
2008: 4,209	2008: 10,879
2009: 4,076	2009: 15,335

Why coordinate long-term services?

Goals:

- Promote home and community-based services
- Reduce unnecessary institutional placements
- Coordinate and integrate medical and long-term services
- Coordinate Medicare and Medicaid funding
- Improve health status and outcomes
- Increase quality management and data sharing
- Manage public resources more effectively
- Increase participant involvement in long-term planning

What is CoLTS?

- COLTS is a managed long-term services and acute care program that serves certain Medicaid participants
  - Evercare
  - AMERIGROUP
- Covers medical and long-term services in one seamless, coordinated, integrated program
- Covers HCBS for participants on CoLTS "c" waiver

Who is eligible for CoLTS?

- Dual eligibles (individuals with both Medicare and Medicaid coverage) who are not receiving long-term services (called "healthy duals")

- Persons who meet Nursing Home Level of Care (LOC)
  - Nursing home residents
  - CoLTS "c" waiver participants
  - Adults receiving Personal Care Option (PCO) services

- Certain individuals with brain injury who meet medical and financial eligibility

Current CoLTS enrollment

- 36,715 participants enrolled as of June 1, 2009
- 48.35% enrolled with Evercare
- 51.65% enrolled with AMERIGROUP
- 6,459 Native Americans

CoLTS Native American outreach

- Extensive outreach during program development & implementation
- Follow-up continues by CoLTS MCOs
- State representatives meeting with Navajo Nation
- August outreach events – August 19th – Shiprock; August 20th Tohatchi and Crownpoint

CoLTS – quality and service coordination

- Service coordination
  - Coordinates and integrates care
  - Coordinates public resources
  - Supports improved health status and outcomes
  - Increases participant involvement in long-term planning
- All CoLTS participants receive service coordination
- Ensures continuous quality through periodic review of participant needs and identifying and planning solutions

Service coordination – quality and cost

- Service coordination model assessed all healthy dual eligibles for the first time
- 6% of healthy duals assessed were identified as needing long-term services (approximately 1,100 participants)
- Up front cost: more participants in program receiving long-term services at a higher capitation rate
- Opportunity: Providing long-term services in the community earlier provides greater opportunity to avoid institutionalization later at greater cost

Quality/performance measures for CoLTS

- Quality management and quality improvement programs
- Current & proposed CoLTS MCO performance measures
  - Vaccinations for older adults
  - Emergent care visits
  - Nursing home admissions and lengths of stay
  - Falls & mobility
  - Number of participants who transition from NF placement served & maintained in community for 6 months
  - Number of home safety evaluations conducted & percent requiring follow-up for safety issues
  - Percent of resident-requested transitions from nursing homes to home and community-based services waiver that are completed to the satisfaction of the resident within 9 months from the request
  - Average number of months that individuals are on the CoLTS "c" waiver registry prior to receiving an allocation for services
  - Percent of CoLTS "c" waiver participants who receive services within ninety days of eligibility determination

Quality/performance measures for CoLTS (cont.)

- Disease management programs
  - MCOs must provide comprehensive disease management for 2 chronic diseases
    - Diabetes
    - Hypertension
    - Coronary Artery Disease
    - Chronic Obstructive Pulmonary Disease (COPD)
- State/CMS quality reporting requirements
- MCO consumer advisory boards/bi-annual tribal meeting
- ALTSD Policy Advisory Committee
- CoLTS subcommittee to the Medicaid Advisory Committee

Cost – reimbursement designed to coordinate services

- Risk-bearing contracts to provide Medicaid benefits
- Statewide provider networks capable of providing all covered services
- Offer Medicare SNPs or Medicare Advantage Products
- MCOs have the greatest opportunity to coordinate services and realize cost efficiencies for services provided to individuals who enroll in their plan for both their Medicare and Medicaid benefits

The program brings the flexibility of value-added services

AMERIGROUP

- Enhanced transitional services
- Respite care
- Enhanced vision
- Adaptive aids
- Home-delivered meals on case-by-case basis

Evercare

- Adult annual physicals
- Home-delivered meals
- Enhanced disease management

AMERIGROUP contract with Indian Health Services includes additional value added services

- Public health nurse visits (without a doctor co-signature)
- Diabetic Retinopathy screens (JVN)

Cost and quality – how do we know if the program is successful?

- Oversight of CoLTS is extremely intensive
  - External and internal audits
    - Office of Inspector General
    - Centers for Medicare and Medicaid Services
    - HSD/ALTSD
    - Other entities
  - Independent Review
  - External Quality Review Organization
  - Consumer and Provider Satisfaction Surveys
  - Grievance and Appeals Monitoring
  - Financial Solvency Reviews
  - Waiver renewal review

CoLTS – opportunities realized from year 1

- Identified unmet service needs
- Identified service inefficiencies
- Addressed some pre-existing barriers for participants transitioning from nursing facilities to the community (ongoing efforts to address other pre-existing barriers)
- Statewide service coordination and provider relations

CoLTS – lessons learned from year 1

Challenges	Solutions
Transitions to community	Ombudsmen Transition Specialists identified barriers and developed and provided Nursing Home Discharge Planner training
Provider transitions to MCO reimbursement structure	Provider workgroups: • Home Health Workgroup • NF workgroup & audit State contract oversight State provider outreach
MCO claims system development	
"Bad" participant addresses (national Medicaid challenge)	• Individual cases worked by MCOs and their service coordinators with community workers and groups (i.e. CHRs, Senior Centers) • State participant outreach provided informing members how to change/update addresses
MCO provider contracting process	State addressed with MCOs and worked with individual providers
MCO customer service proficiency	State: • Secret shopper survey • Follow-up with MCOs • Individual participant support MCO: • "Retraining" for call centers

Next steps – Medicaid and Medicare coordination

- Continue to better coordinate Medicaid & Medicare
  - Funding streams
  - Coordination of benefits

- Outreach to participants to communicate advantages of enrolling with the same organization operating CoLTS MCO and Medicare Advantage or Special Needs Plan (SNP)

HCBS successful collaboration: complementary perspectives

- HSD & ALTSD bring together complementary perspectives:
  - Supporting lifelong independence & healthy aging
  - Medicaid & LTC policy development
  - Quality assurance & improvement
  - Advocacy
  - Fiscal management
  - Service delivery systems management
  - Regulatory & contract oversight

CoLTS and Native American members

- Native American participants may self-refer for services to Indian Health Service (IHS) or Tribal Provider (defined in Indian Health Care Improvement Act) whether or not the provider participates in the CoLTS MCO networks
- CoLTS MCOs may not require prior authorization for services provided within the IHS and Tribal 638 network
- Participant provider directories include a separate section with a listing of all IHS and Tribal facilities (including hospitals, outpatient clinics, pharmacies and dental clinics)

CoLTS and Native American members (cont.)

- CoLTS MCOs must identify a Tribal liaison to assist with issues specifically related to Native American and IHS and Tribal facilities
  - Evercare – Wanda Yazzi (505) 449-4236
  - AMERIGROUP – Daryl Madalena (505) 875-4295

- CoLTS MCOs are to hold semi-annual meetings with Native American representatives from around the state of NM that represent geographic and participant diversity

CoLTS and Native American providers

- Reimburse providers at rate currently established for IHS facilities by the Office of Management and Budget (OMB), or, if the OMB rate does not apply, then the rate as developed by the State
- CoLTS MCOs shall make good-faith efforts to contract with IHS and Tribal 638 facilites and other Tribal programs
- Accept an individual provider employed by IHS or Tribal 638 facilities who holds a current license to practice in the United States or its territories as meeting licensure requirements

CoLTS contacts

HSD/MAD: Solutions Center 1.888.997.2583

Nick Ossorgin, Long-Term Services Outreach Coordinator 1.505.476.6817

ALTSD: Resource Center 1.800.432.2080

CoLTS Bureau 1.505.476.4799

State Ombudsman 1.505.476.4790

AMERIGROUP: Member Services (Albuquerque) 1.877.269.5660 or 1.505.875.4320

Provider Relations (Albuquerque) 1.877.269.5706

Evercare: Member Services 1.877.236.0826, choose option 1, option 1 again to connect to Albuquerque office.

Provider Relations 1.888.363.8476