



CENTENNIAL CARE

Issues for Elders and Persons with Disabilities

Legislative Health and Human Services Committee

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KEY FEATURE OF CENTENNIAL CARE: MCOS TO PROVIDE (NEARLY) ALL SERVICES TO (NEARLY) ALL POPULATIONS

- Elders and people with disabilities needing long-term services
 - Nursing home services
 - Community-based services
 - Behavioral health services for children and adults
 - Mental health services
 - Substance abuse services
 - Exception: Developmental disabilities *waiver services*
 - Service coordination and case management for people with higher levels of need
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INCREASED ACCESS TO COMMUNITY-BASED LONG-TERM SERVICES

- New approach will make these services available to many more people
 - Services now available only through Disabled & Elderly (CoLTS) waiver will be available to *everyone* in Medicaid/Centennial Care who is income-eligible and needs “nursing home level of care”
 - Full menu of long term services, including PCO (attendant care) = “Community Benefit”
 - People in this group don’t need a waiver slot
- Note: Medicaid expansion will cover people to 138% of poverty; includes access to Community Benefit

ACCESS TO LONG-TERM SERVICES (CONTINUED)

- Some people with income *over* 138% FPL who need long term services can *also* get Centennial Care, through HCBS waiver
- Waiver slots for those between 138% and 225% FPL
- Opportunity to increase number served by 1,200 or more
 - > Over 16,000 on current wait list
 - > About 3,300 now receiving services through current waiver
 - > HSD: about 900 of them will be income-eligible (< 138% FPL), won’t need slots – can go to others
 - > Total number of authorized slots increases by 300 (to 4,289)
- How many slots will be filled? In current program, 84% of authorized slots filled
- HSD goal is to reduce waiting list each year
 - > No clear plan in place to reduce wait list. Compare SM 20 for DD
 - > Priority for those leaving nursing facilities may limit progress

ACCESS TO LONG-TERM SERVICES

(CONTINUED)

- Built-in Barrier: Services any individual can receive will be capped at nursing facility cost
 - Change from current practice that calls for group average cost not to exceed nursing home cost
 - Discriminates against persons with more severe disabilities, higher levels of need
 - Individuals who are denied services above the cap will have to cope on their own without needed services, or will be forced into institutional care
 - If there's a nursing facility that will take them
 - HSD says it will "grandfather" current recipients but for how long?

5

SELF-DIRECTION

- D&E/CoLTS Mi Via will end as separate program
 - But note: DD Mi Via will continue
- Self-direction for many (not all) community-based services available to all who want to (and can) do so
- MCO will now be financially responsible for self-directed services (change from Mi Via)
- Support for self-direction
 - MCOs now in charge of "support broker" functions (assistance with care planning, budgeting, employer duties) through contractors or their own staff
 - Year 1: All four MCOs providing one or more outside contract agencies to assist consumers

6

SELF-DIRECTION (CONTINUED)

- New members must wait 120 days before self-directing
 - People who currently self-direct can continue (“grandfathered”)
- Disenrollment from self-direction for good cause
- Agency-based PCO consumer-directed option to continue

“INDEPENDENT CONSUMER SUPPORT SYSTEM”

- Required by CMS pursuant to Special Terms and Conditions
- For consumers receiving Long Term Services – community, residential, institutional
- To help consumers weigh MCO options, understand coverage, access services, assist if needed through grievances & appeals
- Independent of MCOs – and MAD to “extent possible”
- HSD was to submit ICSS plan within 60 days of waiver approval (i.e., September 10); extended to November 13
- ICSS won’t be in place until January 2014 – too late to help current beneficiaries who must choose MCO by Dec. 2

"INDEPENDENT CONSUMER SUPPORT SYSTEM"
(CONTINUED)

HSD's ICSS Proposal:

- House program in office of HSD Secretary Sidonie Squier
- Refer elders and people with disabilities who need information or individual assistance to any relevant agency or organization that might help
 - State agencies, non-profits, Xerox call center, etc
- No new/additional funding to enhance capacity of existing agencies to serve Centennial Care clients.
- Voluntary: no one funded or mandated to provide the services required to be a part of the ICSS

A Better Alternative:

- Use state and federal matching funds (Medicaid) to create an independent program, utilizing specific existing agencies to provide required services

CHALLENGE OUT OF THE CHUTE: CHOOSING
AN MCO

Over half of current recipients of long term services (those in Amerigroup) will **have** to choose a new MCO

Others may **want** to choose a new MCO

Can you find an MCO that will cover your...

Primary Care Provider	Current medications
Behavioral health therapist	Specialists
Personal care provider (attendant)	

- No help from HSD or from new ICSS program

BEHAVIORAL HEALTH

- To be “carved in” and provided along with physical health and long-term services and supports by the same MCOs
 - Goal is more “holistic” approach that integrates physical and behavioral health
 - Responsibility to provide and coordinate care to be delegated to Core Service Agencies; some will be designated as “behavioral health homes”
 - Impact of current crisis caused by suspension of payment to provider agencies and transfer to Arizona companies unclear

BEHAVIORAL HEALTH (CONTINUED)

- Medicaid expansion will extend health coverage to large number of uninsured adults with mental illness
- All participants to be screened to identify BH needs
 - But self-reporting and phone-based screening may miss many who could benefit from services
- New services to be added to benefit package:
 - Peer-to-peer recovery services
 - Family support
 - Respite care for families of youth with mental illness.
- BH funding to remain dedicated to that purpose
 - But not clear how this will be accomplished