

Disabilities Concerns Subcommittee

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Centennial Care Self Direction Community Benefit (SDCB)

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1. Care Coordination

- Assessment
 - Assess physical condition/needs and behavioral health (sometimes)
 - The assessment tool/CNA is approved by HSD, but it is unique to the MCO which is not necessarily consistent among MCO's and also there is nothing clear and/or defined as far as specialized services for example (BSC, Massage, Chiropractic, Native Healer, etc.)
 - BH issues that escalate or become increasingly chronic do not trigger additional funds in the budget, BH therapies are reliant on Medicaid coverage, Medicaid does not cover increased Community benefits
Example: L.K. diagnosis is a BH diagnosis, however, condition becoming more chronic and only increase was respite services and could use more Community involvement \$\$.
- The formula
 - Is not working
 - We have observed the formula in operation to determine allocation amount
- Disconnect between the assessments and the formula being used
 - Which doesn't provide adequate allocation amounts
Example: S.W. (United) – Assessment doesn't meet her needs
Had 26 hours prior to assessment, now 27.4 hours actual client has visible and documented decline in condition after annual CNA the increase was 1.4 hours per week in caregiving hours. She is hospice eligible.
 - Comprehensive Needs Assessment (CNA) is not allowing self-direction
 - May indicate the member needs respite, life alert, and specialized therapies PT, OT, and SLP but.....
 - Member decides they don't want the services identified in the CNA , however, the Member wants to self-direct the allocation into another service:
 - Example: Gym membership instead of physical therapy or Massage therapy instead of PT, Hippo-therapy instead of OT.
–or–
 - Example: Physical Therapy and Occupational Therapy may be covered under the MCO Medicaid Health Plan but for a limited number of sessions so, will need PT, OT, SLP in SDCB budget but there is not enough funds to cover.
 - When the CNA indicates the need for such services, these services are not allowed unless the Member received them under Agency Based
 - When conditions devolve and client needs to access services and increase budget \$\$ to cover specialized therapies 1 MCO needs only an MD RX to allow for budget revision (increase of \$\$) without needing to trigger a new assessment.



- MCOs are not consistent
 - o One MCO will allow respite hours put into caregiver hours (BCBSNM) while another MCO will not (Presbyterian).
 - o MCO (United) asks for emergency backup person(s) in the actual budget goal other MCOs do not. Issue – what happens if this person changes?
 - o MCOs want the Member activities of daily living actually written into the goal while other MCOs do not.
 - o With their understanding of the Centennial Care Standards regarding Self Direction Community Benefit (SDCB) as they will quote Agency Based language
 - o Leap year has been a big issue, 52 weeks vs. 52.2 or 52.3

2. Budgets – Hourly Wage for SDCB Employees

- Under SDCB the employee can be paid up to \$14.60 an hour. Our experience shows SDCB median wage is \$10.00-\$12.00 an hour, which with payroll taxes is \$13.58 (apprx). Which disallows caregivers to reach the 14.60 per hour pay rate, as the budget allocation will not cover the payroll taxes charged to the SDCB budget.
- While the caregivers are making wages above NM minimum wage rates, the hours are rarely 40 hours per week, it is not enough of a wage to be considered a “living wage” and it creates a difficulty to keep caregivers employed.
- It is also our understanding with grandfathered budgets, if any significant changes are made in caregivers, rates of pay, or services, it then allows for the grandfathered budget’s status to change and then allocations amounts are not protected.

3. Transportation

- Mileage is limited to 50 miles radius of the Members home (one way)
 - This doesn’t help people in frontier and rural areas to get groceries, therapies, supplies etc. (this restricts access to services)

4. Perceptions need to change among the key players for the State and MCO’s

Example ...

- “If I can’t get massage covered under my insurance, why should they get massage”
- “It would be nice if I could have those kinds of benefits”
- “What they want and what they can have are two different things”
- Recreational and diversional vs. therapeutic

5. Cell phone services

- Extremely important and there are very few limited plans with no data service included.
 - Off brand and prepaid cell phones are difficult to use, as checks from Xerox are rarely taken at vendor site.
 - Many prepaid plans are not paid via USPS

