



**Centennial Care Presentation to the Disabilities Concerns  
Subcommittee**

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**November 4, 2013**

# Centennial Care

- ▶ Centennial Care “Reminders”
- ▶ The Health Risk Assessment – the first step in care coordination
- ▶ Overview of Care Coordination Levels
- ▶ The Comprehensive Needs Assessment
- ▶ The Community Benefit
- ▶ Centennial Care and the DD Population
- ▶ Centennial Care Enrollment Status for Existing Disabled Populations

# Centennial Care Reminders

- ▶ The four (4) Centennial Care MCOs are:
  - Blue Cross Blue Shield of NM
  - Molina Health Care of NM
  - Presbyterian Health Plan
  - United Healthcare Community Plan of NM
- ▶ The Centennial Care program begins on January 1, 2014
- ▶ Medicaid expansion begins on January 1, 2014.

# Centennial Care Reminders

- ▶ Native Americans who are currently enrolled in CoLTS are required to be in Centennial Care Managed Care
- ▶ All other Native Americans are in fee-for-service Medicaid unless they choose to be in Centennial Care Managed Care

# Centennial Care Reminders

- ▶ Centennial Care is designed to integrate physical health, long term care services and supports (LTSS), and behavioral health services in a comprehensive care delivery system.
- ▶ Centennial Care uses care coordination to help individuals with complex needs access the services that will help them stay as healthy as they can.

# The Health Risk Assessment

- ▶ The MCOs are required to conduct a health risk assessment (HRA) for each member.
- ▶ This first step of care coordination is a brief phone call or other contact that:
  - Welcomes the member to the MCO
  - Asks a series of general health questions
  - Explains care coordination
- ▶ The HRA is designed to help the MCO identify members who may be candidates for care coordination.

# The Health Risk Assessment

- ▶ The MCOs are required to conduct the HRA as follows:
  - Must be conducted within 180 days for all members who were in the Medicaid program prior to January 1, 2014.
  - Must be conducted within 30 days following the member's enrollment for all members who become eligible for Medicaid on or after January 1, 2014.
- ▶ MCOs will already have, or will receive, health status information about their members who were enrolled in Medicaid prior to January 1, 2014.

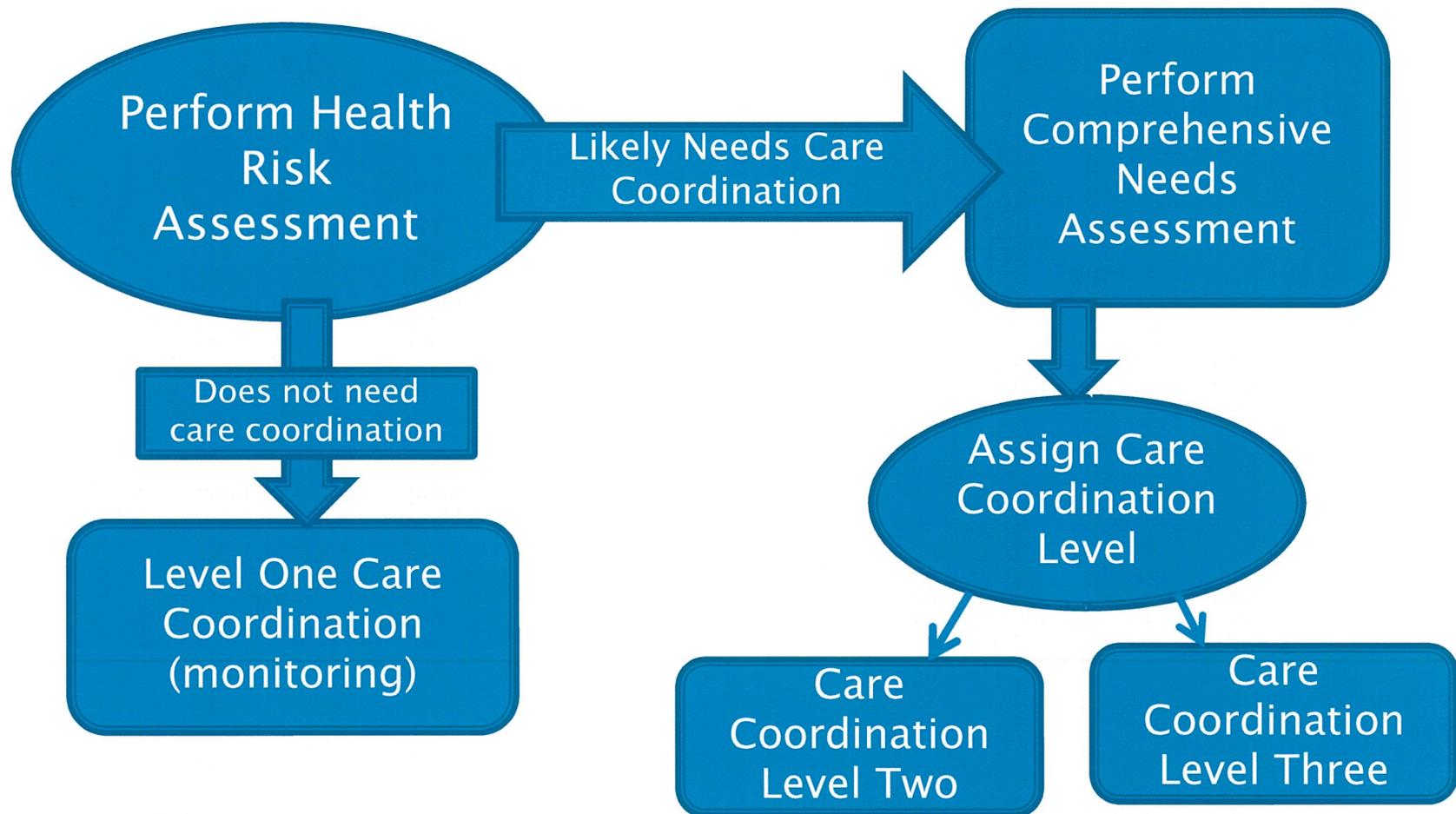
# Care Coordination

- ▶ Three care coordination levels:
  - Care coordination level 1 indicates the member does not need care coordination, although monitoring will occur.
  - Care coordination level 2 indicates the need for significant care coordination
  - Care coordination level 3 indicates the need for the most intensive care coordination
- ▶ The HRA helps the MCO determine whether a member might be a candidate for care coordination level 2 or level 3.

# Comprehensive Needs Assessment

- ▶ Members identified as possibly needing care coordination level 2 or 3 will receive a comprehensive needs assessment (CNA).
- ▶ The CNA is conducted by the care coordinator with appropriate professionals & care coordination team. Family members, caregivers and others are encouraged to be present.
- ▶ The CNA will assess:
  - physical and behavioral health needs
  - long term care needs
  - disease management needs

# Care Coordination Flow



# Comprehensive Needs Assessment

- ▶ The result of the CNA will be a Comprehensive Care Plan (CCP)
- ▶ During the CNA, the care coordinator may recognize indicators that warrant a Nursing Facility Level of Care (NFLOC) assessment
- ▶ People who meet a NFLOC are eligible for the Community Benefit

# The Community Benefit

- ▶ The Community Benefit (CB) is a package of long term services and supports (LTSS) that help people remain in their community.
- ▶ Personal care services are part of the CB. Other services include respite, adult day health, and environmental modifications.
- ▶ The CB was also designed to solve a problem in the current program.

# The Community Benefit

- ▶ Currently, only people who have a slot in the CoLTS “c” waiver get the full LTSS benefit package.
- ▶ Currently, people who have Medicaid eligibility and meet NFLOC but do not have a “c” waiver slot only receive PCO services, not all LTSS.
- ▶ Many people, both Medicaid eligibles and non-eligibles, are waiting on the central registry for a waiver slot.

# The Community Benefit

- ▶ Some people in a CoLTS “c” waiver slot are eligible for Medicaid without the need to be in a slot, but are in a waiver slot because they needed access to the full LTSS benefit.
- ▶ Some people on the central registry are already Medicaid eligible and getting PCO but are waiting for a waiver slot to get the full LTSS benefit.

# The Community Benefit

- ▶ Centennial Care changes this situation:

Anyone who is Medicaid eligible and meets NFLOC will have access to the CB.

- ▶ People occupying a waiver slot who don't need to in order to be Medicaid eligible will no longer need to have a waiver slot to get the CB.
- ▶ People who are Medicaid eligible and on the central registry won't have to be on the registry to wait for a waiver slot to get the CB.

# The Community Benefit

- ▶ The results of this change are:
  - More CB slots will open up in Centennial Care for people who are not otherwise Medicaid eligible.
  - People who already have Medicaid will no longer need to be on the central registry to get the CB package, thus making a shorter wait for others who must stay on the list to wait for a CB slot.

## Under Current Program

**Medicaid Eligible**

- Only gets PCO
- May be on “c” waiver with access to full LTSS benefit
- May be on central registry and receiving PCO

**Medicaid Eligible Only by Being On Waiver**

- On waiver, access to full LTSS benefit
- On Central Registry, no Medicaid eligibility
- Must wait for slot to gain Medicaid eligibility

## Under Centennial Care

**Medicaid Eligible**

- Gets full Community Benefit
- No longer needs slot
- No longer needs to be on Central Registry

**Medicaid Eligible Only by Being In a CB Slot**

- In a CB slot, access to full Community Benefit
- More slots available for allocation
- Not eligible yet but shorter Central Registry

# The Community Benefit

- ▶ Members may choose to receive CB services through the Agency-Based Community Benefit (ABCB) or Self-Directed Community Benefit (SDCB)
- ▶ To self-direct their care, SDCB Members will work with:
  - the MCO's care coordinator,
  - a support broker, and
  - the fiscal management agency (FMA).

# The Community Benefit

- ▶ Members in the ABCB will have a choice of 2 personal care services delivery models:
  - The Consumer-Delegated Model
  - The Consumer-Directed Model

# Centennial Care and the DD Population

- ▶ People on the DD waiver will receive care coordination services from the Centennial Care MCO.
- ▶ A CNA will be conducted and the DD waiver case manager and others will be included.
- ▶ Centennial Care MCOs will be responsible for health care services for a person on the DD Waiver.

# Centennial Care and the DD Population

- ▶ People on the DD waiver will continue to receive their DD waiver services through the Fee-for-Service system.
- ▶ This is true for people on the DD waiver accessing services through the Mi Via program.
- ▶ The Centennial Care MCOs will NOT be responsible for DD waiver services.

# Centennial Care and the DD Population

- ▶ A DD individual who is not on the DD waiver will receive health care services and care coordination through a Centennial Care MCO.
- ▶ A DD individual who is found to meet NFLOC will be eligible for the CB.
- ▶ The CB benefit package is not designed for a DD individual but may have some services that will help while they wait for an allocation to the DD waiver.

# Centennial Care and Other Disabled Populations

- ▶ Individuals residing in ICF/IID facilities are exempt from Centennial Care managed care and are covered in fee-for-service.
- ▶ Individuals on the AIDS waiver will receive their health services and waiver services from a Centennial Care MCO.

# Centennial Care and Existing Disabled Populations

- ▶ Individuals on the Medically Fragile (MF) Waiver will continue to receive their waiver services through the MF Waiver thru June 2015.
  - They will receive their other health services through Centennial Care.
- ▶ In July 2015, the Medically Fragile waiver will be absorbed into Centennial Care managed care.
  - Individuals will receive their waiver services and all health services through the Centennial Care MCOs.

# Centennial Care and Disabled Populations

- ▶ The following table illustrates what kinds of services disabled populations who meet NFLOC or ICF LOC will get from a Centennial Care MCO.

Disabled Population	All Services from Centennial Care MCO	Health Services* from Centennial Care, Waiver Services FFS	Not in Centennial Care at All (full FFS)
DD Waiver (Traditional)		●	
DD Waiver (Mi Via)		●	
Medically Fragile Waiver	Starting July 2015	● (thru June 2015)	
AIDS Waiver	●		
CoLTS Members	●		
ICF/IID Residents			●

\* Includes care coordination

