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Centennial Care Update to the LHHS
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New Mexico Human Services Department

Quick Facts

WHO?	HOW MANY?*
Enrolled in Medicaid	729,000**
Expansion Adults Enrolled	171,000
Enrolled in Centennial Care	575,000
Receiving Long Term Services and Supports	17,000

**Numbers rounded to nearest thousand*

***Total includes those enrolled in Medicare Premium Only programs*

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

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 (formerly known as PCO)**
- ▶ 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)

- ▶ Already Medicaid eligible financially and/or due to a disability.
- ▶ Must meet nursing facility level of care (NFLOC).

Not Otherwise Eligible for Medicaid (NOEM)

- ▶ Eligible for Institutional Care Medicaid by meeting both 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 was available only if they occupied a waiver slot.*
- ▶ Now, over 14,000 “OEM” recipients have access to full HCBS benefit package.

** formerly called personal care option – PCO*

Centennial Care EXPANDED Access to Home & Community Based Services

Before Centennial Care Community Benefit			Centennial Care Community Benefit	
	PCO Only	All HCBS Benefits (includes PCO)		All HCBS Benefits (includes PCS)
OEM	Yes with NFLOC	Only if in a waiver slot	OEM	Yes with NFLOC
NOEM	N/A	Yes – with a waiver slot	NOEM	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*

** doesn't account for normal attrition that would increase available slots*

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

Community Benefit Consumers

Agency-Based *	Self-Directed
16,232	953

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

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 then arranged for and coordinated to ensure that the member receives the right care, at the right time, and in the right setting.

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 also use other information they have about their members to identify those who need care coordination.
- ▶ Still, the HRA is required for all members.

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.

Health Risk Assessments

- ▶ Many Medicaid recipients are hard to reach and hard to find:
 - Incorrect addresses and phone numbers.
 - Some decline HRA or do not respond to outreach.
 - No phone/no residence.
- ▶ Unreachable campaign uses new approaches to find members and conduct HRAs, such as:
 - In the emergency room
 - In providers' offices
 - Using CHWs
 - Encouraging HRAs at health fairs

Care Coordination

- ▶ Using the HRA and other existing information such as claims, care plans, prior authorizations, etc., the MCO begins to determine 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.
- ▶ Members can refuse care coordination.

Care Coordination

- ▶ Characteristics of members in CCL 2:
 - Co-morbid health conditions
 - Frequent ER use
 - 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

Care Coordination

- ▶ Characteristics of members in CCL 3:
 - Members who are medically complex or fragile
 - Members with excessive ER use
 - 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

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 CNA finalizes the CCL level.
- ▶ The result of a CNA is usually a person-centered care plan developed with the member that addresses the member's needs and goals.

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 differences are:
 - The ABP does not have an LTSS benefit.
 - The member must meet NFLOC and choose to be ABP-exempt to access LTSS benefits.
 - The ABP has some limits on physical, occupational and speech/language therapy.

The Alternative Benefit Plan

- ▶ A new adult group recipient who meets certain conditions or is “medically frail” can be “ABP–exempt” and choose to be covered by the state plan benefit.
- ▶ The recipient is the one who *chooses* to be ABP–exempt.
- ▶ ABP–exempt conditions include:
 - pregnancy
 - terminal illness and in hospice care

The Alternative Benefit Plan

- ▶ Medically frail conditions include:
 - inability to perform one or more activities of daily living,
 - serious mental illness,
 - chronic substance use disorder, and
 - numerous serious illnesses.

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 the 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.

The Alternative Benefit Plan

- ▶ A 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).

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.

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:
 - 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.



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;
 - Centers for Independent Living; and
 - The Brain Injury Resource Center



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.



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.





the sites

have been distributed along

• IIMIC22 information crisis

lessons:

• IIMIC22 case - first features links to IC22

• The IC22 was created a merger

organizations and other interested parties

concepts planning volume the state for IC22

• To promote consistent information, the IC22

independent computer network system