Welcome to CareLink NM

HSD welcomes the opportunity to work with all applicants who are interested in participating in the CareLink NM program (CLNM).
What is CareLink NM?

A program or set of services, for people on Medicaid that have a Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED). CLNM will be available to MCO and Fee- for- service (FFS) Members.

Coordinates both behavioral and physical health with family supports and community services such as; housing, transportation, job placement and peer supports.

CLNM services are delivered by a designated provider agency (CareLink NM provider agency) to enhance the integration and the coordination of primary, acute, behavioral health, and long- term services and supports through intensive care coordination.

The initial roll- out of the program will begin in Curry and San Juan counties as of early 2016. Other counties will be included in the future.
CareLink NM Services

Core Services

• Comprehensive care management (*Including needs assessment and care planning*)
• Care coordination
• Comprehensive transitional care
• Individual eligible recipient and family support services
• Referrals for the eligible recipient to community and social support services
• Health promotion and education
**Freedom of Choice**

**Members**

- CLNM does not require members to receive all needed services through the program.
- For example: If members are receiving services from another provider prior to joining CLNM, they can receive the 6 identified core services from the CLNM provider and use the provider of their choice for other services in the care plan.

**Providers**

- Providers will be responsible for delivering the identified 6 core services.
- CLNM members can elect to receive other health care services delivered by the CLNM provider.
- The CLNM provider will identify and coordinate all needed services.
Who is eligible?

- Providers eligible for a CLNM provider agency designation include:
  - Federally Qualified Health Centers (FQHCs)
  - Indian Health Services (IHS) hospitals or clinics
  - P.L. 93-638 Tribally operated hospitals or clinics
  - Core Service Agencies (CSAs)
  - Behavioral Health Agencies (BHAs)
  - Certified Mental Health Clinics (CMHCs)
CareLink NM Provider Agencies

What are the participation requirements?

- Certain participation requirements are outlined in the CLNM policy manual which include:
  - Enrollment as a Medicaid Provider
  - Staffing Requirements
  - Service Requirements
  - Data Requirements
  - Reporting Requirements
  - Quality Indicators
  - Application and Readiness validation

- Prospective providers will be expected to make available integrated behavioral health and physical health services to CLNM members
CareLink NM Provider Agencies

What is the role of the CareLink NM Provider Agency?

- Agreement between pertinent providers to coordinate an integrated service plan and individualized plan of care.
- Providers will deliver integrated behavioral health and physical health services to members.
- Coordination with community support programs.
- Referrals, follow-up, support and advocacy are provided
CareLink NM Provider Agencies

What does a CareLink NM Provider Agency actually do?

• Assist an eligible recipient by engaging CLNM members in comprehensive needs assessments which are then utilized to develop CLNM members’ integrated service plan and individual treatment plans.

• Increase CLNM members’ access to health education and promotion activities.

• Monitor CLNM members’ treatment outcomes and utilization of resources.

• Coordinate appointments with CLNM members’ primary care and specialty practitioners.

• Share information among CLNM members’ physical and behavioral practitioners to reduce the duplication of services.

• Engage CLNM members in learning how to manage transitions between services.

• Participate, as appropriate, in the development of CLNM members’ re-entry into community-based outpatient service plan.
How do CLNM providers get paid for services?

- The CLNM program strives to pay providers based on positive outcomes.
- CLNM providers will be paid on a per-member per-month (PMPM) basis.
- The PMPM is designed to cover the required core services and administrative costs of the program.
- Payment for members who are enrolled with an MCO will be paid by the MCO for those who are contracted MCO providers.
- Payment for members in the fee-for-service program will be made to the CLNM provider directly by the State.
November 6, 2015: Applications due for those providers who plan to “go-live” January 1, 2016.

October 6 – November 6, 2015: Technical assistance available with HSD.

November 9 – 20, 2015: Applications reviewed by CareLink NM Steering Committee.

November 20-25, 2015: Request more information and desk audit requests.

November 28 - December 4: Conduct desk audit.

December 7-11, 2015: Conduct onsite readiness review.

CLNM readiness process will occur from:
November 10, - December 30, 2015
Application – Key Points
Pre- Readiness vs. Post-readiness

Certain information within the application must be provided that is critical to the initial evaluation of a CLNM application.

The applicant will also be required to assure that certain information will be in place at the time of go-live.

Each area of the application has been identified as either a pre-readiness component or a post-readiness component.

- **Pre- Readiness**: Prioritized information that is required at the time a completed application is submitted for review. Some information stated in a completed application will be reviewed during a readiness assessment.
- **Post- Readiness**: Review activities and follow-ups will be conducted by HSD after the health home designation has been awarded.
## Pre–Readiness vs. Post–Readiness Tasks

### Pre- Readiness

- Name and identification information of the applicant (agency)
- Health Home service population
- Behavioral and Physical health integration information
- Health Home Site(s), Integrated Care Model(s), Primary Care Capacity and Expanded Access
- Primary care screening checklist
- Culturally and Linguistically Appropriate Services

### Post- Readiness

- Partner/Provider Outreach and Engagement
- Consumer informed Consent and Orientation
- Comprehensive Assessment, Care Planning and Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Data Sharing and Information Management for Care Management and Coordination
- Team Composition
- Quality Improvement/Performance Measures and Outcomes
- Health Information Technology
Important Information

Applications must be submitted by:

**November 6, 2015**

CLNM Application and Bulletin is available at:

http://www.hsd.state.nm.us/health-homes.aspx

For technical assistance, please contact:

Nancy Smith (HSD) at Nancy.Smith2@state.nm.us
Questions?