Objectives:

- Overview of CareLink NM (CLNM); Goals & Requirements
- Provider CLNM Eligibility
- CLNM Six Core Services
- Staffing Requirements
- Application Process
- Provider Readiness & Education
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). CareLink NM (CLNM) will be available to MCO and Fee–for–service (FFS) Members.

CLNM coordinates behavioral, physical health, and social health for adults and children through intensive care coordination.

CLNM services are delivered by a designated provider agency to enhance the integration and the coordination through multidisciplinary teams including PCPs, specialists, family supports, and community services such as housing, transportation, job placement and peer.

The initial roll–out of the program began in Curry and San Juan counties in 2016 and is now being expanded into Bernalillo, Sandoval, Grant, Hidalgo, Dona Ana, Lea, Roosevelt, De Baca, and Quay Counties.
Five Goals

1. Improve acute and long term health of individuals with the chronic conditions of SMI/SED and all co-occurring conditions – *integrated care*

2. Promote health and prevent co-occurring risks – *prevention and disease management*

3. Enhance member engagement and self-efficacy – “*Treat First*” and client self-determination

4. Improve quality of life for members with SMI/SED – *Social determinants*

5. Reduce avoidable utilization of emergency department, inpatient and residential services – *Financial return*
Who is eligible?

- A Medicaid or Fee-For-Service member that meets criteria for Serious Mental Illness or Severe Emotional Disorder
- Who lives in the county or surrounding counties
- Is willing to participate in the program services

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- A member may also choose not to participate – also referred to as opt–out
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 six 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.
CareLink NM Six Core Services

Person focused

- Care Coordination
- Comprehensive care management
- Referral to community and social support services
- Individual and family support
- Health Promotion
- Comprehensive transitional care and follow-up

Linked by IT
How is it accomplished?

Engagement through the concept of “home” and an individual that listens, understands, and works with The person to assure they are linked With all the resources at the state’s disposal

“My Best Friend” That I can trust, no matter what!

The Care Coordinator
Questions?

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What are the criteria for a provider to become a CLNM HH?

1. Serve both adults and children with SMI/SED
2. Practice in one of the designated counties
3. Possess a CCSS certification from the State (can be added if not currently providing)
4. Follow CLNM staffing requirements
5. Utilize the supplied data systems developed to share and report information
6. Be approved through a HSD application and readiness process
7. Have the ability to provide primary care services for all ages OR have a memorandum of understanding with 1 PCP for adults and one for children
8. Have established referral protocols with hospitals, residential treatment centers, long term care, & social services
CLNM Staffing Requirements

1. Health Home Director

2. **Health Promotion Coordinator** – relevant Bachelors degree, and experience developing & delivering curriculum

3. **Care Coordinators** – licensed or bachelors or masters degree in human services with experience with population (# dependent on population & ratios)

4. **Community Liaison** – multi-lingual and experienced with local community resources

5. **Clinical Supervisor** – independently licensed with adult & pediatric experience

6. **Peer Support Specialists** – certified by State

7. **Medical Consultant** – M.D. or psychiatric CNP

8. **Psychiatric Consultant**

9. **Other (optional), e.g. exercise specialist, pharmacist, employment or housing specialist**
How is it reimbursed?

- A per member per month (PMPM) payment in addition to clinical services currently providing

- PMPM is specific to each clinic and is based on staffing and administrative costs for the 6 services

- Typical administrative costs:
  - Travel, insurance, technology, misc. equipment/supplies, training/conventions, promotions, rent/utilities/claims support, indirect admin
Why do this?

1. A means to receive revenue for a broader range of services
2. Join the ranks of providers delivering or coordinating *Integrated Care*
3. Receive high quality staff education *at no cost*
4. *Why would you consider this?*
CLNM Application Process

1. Agency decision to learn more – *Submit letter of interest by 3/21/17*
2. Attend Learning Community sessions
3. Submit application to HSD – 4/30/2017
4. CLNM Steering Committee reviews application and responds to prospective agency with any needed deliverables
5. CLNM Steering Committee conducts on site readiness visit
6. Agency approved as a CLNM NM Health Home
PROVIDER READINESS & EDUCATION
Regional CLNM Learning Communities

- Establish regional Learning Communities designed to encourage sharing knowledge, experiences, and tools.

- Create an environment in which agencies can build capacity and readiness to go live by targeted start date:
  - Developing policies and procedures, MOUs with external provider, and modifying existing MCO contracts
  - Develop client outreach and education materials
  - Site specific workflows
Provider Education

- Develop and deliver an array of educational and learning activities including:
  - Wrap Around
  - Quality Service Review (QSR)
  - TreatFirst
  - CCSS
  - CareLink NM Services
  - MCO collaboration
  - Levels of Care
  - Nursing Facility Level of Care (NFLOC) MCOs
  - Workflow Requirements
  - Quality and Evaluation
  - Use of Automated Systems
  - Claims Processing

First round of education is for management teams
Questions?

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