

# Rebalancing for Home and Community-Based Services: Cost, Quality and Collaboration

Presentation to the  
Legislative Health and Human Services Committee  
August 5, 2009



Carolyn Ingram, Director  
Medical Assistance Division, Human  
Services Department

Cindy Padilla, Secretary  
Aging and Long-Term Services  
Department



# Today's discussion

---

- ◆ Rebalancing
  - What is rebalancing and why
  - NM nationally
  - NM Medicaid community-based services
- ◆ CoLTS
  - Refresher
  - Why coordinate long-term services
  - Eligibles and enrollment
  - Quality and service coordination
  - Quality/performance measures
  - Cost
  - Year one and next steps
- ◆ Collaboration

# What is rebalancing?

---

---

- ◆ Rebalancing is:
  - Serving a greater number of people with long-term care needs in their homes or in more home-like settings in their communities than in nursing homes
  - Shifting more resources toward home and community-based services (HCBS) to “balance” Medicaid long-term services spending between institutional services and HCBS – AARP Public Policy Institute
- ◆ A set of policy decisions that provide for the development of community options for long-term services that support the dignity, independence, and choice of all persons regardless of age or disability

# Why rebalance?

---

## ◆ Preference

- “A vast majority of Americans age 50+ want to remain in their own homes as long as they can.” (AARP Public Policy Institute)
- “Nearly 8 in 10 Americans (79%) say they would be more likely to support a health care reform proposal that included improved coverage for home & community-based long-term services.” (Lake Research Partners on behalf of the SCAN Foundation. July 2009)

## ◆ Demand

- Increase in the aging population = increase in demand for HCBS

## ◆ Quality

- Reduce fragmented long-term service delivery and integrate care
- Improved service delivery

## ◆ Cost

- Reduce Medicaid costs

# Rebalancing – NM as national leader

---

---

- ◆ NM Medicaid leads the country in supporting individuals with long-term service needs in the community
- ◆ 2008 AARP Public Policy Institute study, “A Balancing Act”, identified NM as the state with the highest percentage of Medicaid long-term services dollars spent on HCBS
  - New Mexico spends 61% of long-term service dollars on HCBS

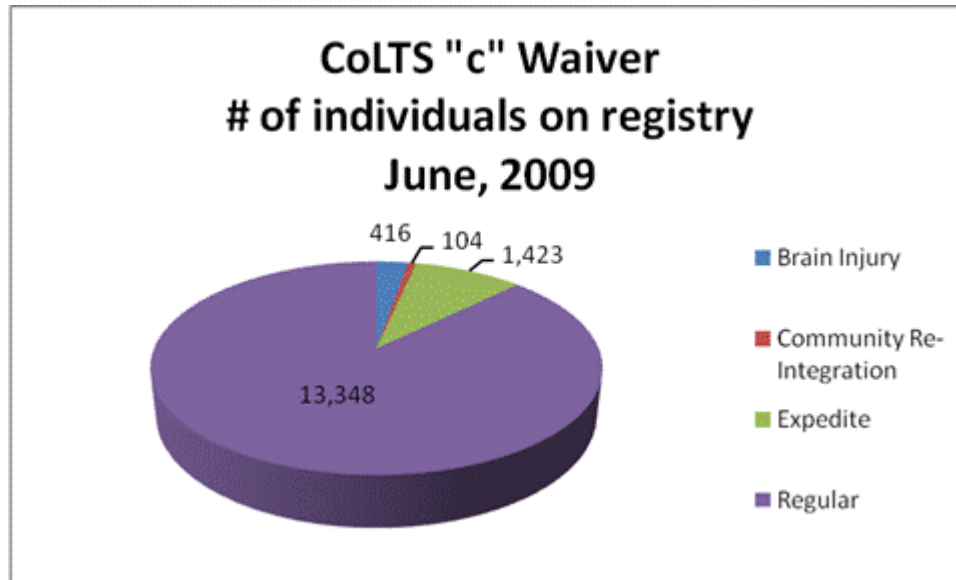
# Rebalancing – Medicaid Community-Based Services

---

## DOH, ALTSD and HSD programs/services:

- ◆ Developmentally Disabled
  - 3,580 participants
  - 4,610 on Central Registry
- ◆ Medically Fragile
  - 160 participants
  - None on Central Registry
- ◆ HIV/AIDS
  - 9 participants
  - None on Central Registry
- ◆ Mi Via
  - 902 participants
  - Central Registry not applicable
- ◆ Coordination of Long-Term Services (CoLTS) “c”
  - 3,462 participants (July 2009)
  - 15,620 on registry

# Rebalancing – Medicaid long-term services community-based programs



**NOTE: Disabled & Elderly Waiver  
now CoLTS "c" Waiver**

Enrollment

2008: 4,209

2009: 4,076

Registry

2008: 10,879

2009: 15,335

# CoLTS refresher

---

- ◆ COLTS is a managed long-term services and acute care program that serves certain Medicaid participants
  - Evercare
  - AMERIGROUP
- ◆ Covers medical and long-term services in one seamless, coordinated, integrated program
- ◆ Covers HCBS for participants on CoLTS “c” waiver



# Why coordinate long-term services?

---

## Goals:

- ◆ Promote home and community-based services
- ◆ Reduce unnecessary institutional placements
- ◆ Coordinate and integrate medical and long-term services
- ◆ Coordinate Medicare and Medicaid funding
- ◆ Improve health status and outcomes
- ◆ Increase quality management and data sharing
- ◆ Manage public resources more effectively
- ◆ Increase participant involvement in long-term planning

# CoLTS eligibility

---

---

- ◆ Dual eligibles (individuals with both Medicare and Medicaid coverage) who are not receiving long-term services (called “healthy duals”)
  
- ◆ Persons who meet Nursing Home Level of Care (LOC)
  - Nursing home residents
  - CoLTS “c” waiver participants
  - Adults receiving Personal Care Option (PCO) services
  
- ◆ Certain individuals with brain injury who meet medical and financial eligibility

# Current CoLTS enrollment

---

---

- ◆ 36,715 participants enrolled as of June 1, 2009
- ◆ 48.35% enrolled with Evercare
- ◆ 51.65% enrolled with AMERIGROUP
- ◆ 6,459 Native Americans

## **Native American Outreach**

- Extensive outreach during development and implementation
- Follow-up continues by CoLTS MCOs
- State representatives met with Navajo Nation July 28, 2009
- August outreach events - Shiprock, Tohatchi and Crownpoint

# CoLTS – quality and service coordination

---

- ◆ Service coordination
  - Coordinates and integrates care
  - Coordinates public resources
  - Supports improved health status and outcomes
  - Increases participant involvement in long-term planning
  
- ◆ All CoLTS participants receive service coordination
  
- ◆ Ensures continuous quality through periodic review of participant needs and identifying and planning solutions

# Service coordination – quality and cost

---

---

- ◆ Service coordination model assessed all healthy dual eligibles for the first time
- ◆ 6% of healthy duals assessed were identified as needing long-term services (approximately 1,100 participants)
- ◆ Up-front cost: More participants in program receiving long-term services at a higher capitation rate
- ◆ Opportunity: Providing long-term services in the community earlier provides greater opportunity to avoid institutionalization later at greater cost

# Quality/performance measures for CoLTS

---

---

- ◆ Quality management and quality improvement programs
- ◆ Current & proposed CoLTS performance measures
  - Vaccinations for older adults
  - Emergent care visits
  - Nursing home admissions and lengths of stays
  - Falls & mobility
  - Numbers of participants who transition from NF placement served & maintained in community for 6 months
  - Number of home safety evaluations conducted & percent requiring follow-up for safety issues
  - Percent of resident-requested transitions from nursing homes to home and community-based services waiver that are completed to the satisfaction of the resident within 9 months from the request
  - Average number of months that individuals are on the CoLTS “c” waiver registry prior to receiving an allocation for services
  - Percent of CoLTS “c” waiver participants who receive services within ninety days of eligibility determination

# Quality/performance measures for CoLTS (cont.)

---

- ◆ Disease management programs
  - MCOs must provide comprehensive disease management
    - Diabetes
    - Hypertension
    - Coronary Artery Disease
    - Chronic Obstructive Pulmonary Disease (COPD)
- ◆ State/CMS quality reporting requirements
- ◆ MCO consumer advisory boards/bi-annual tribal meeting
- ◆ ALTSD Policy Advisory Committee
- ◆ CoLTS subcommittee to the Medicaid Advisory Committee

# Cost – reimbursement designed to coordinate services

---

- ◆ Risk-bearing contracts to provide Medicaid benefits
- ◆ Statewide provider networks capable of providing all covered services
- ◆ Offer Medicare SNPs or Medicare Advantage Products
- ◆ MCOs have the greatest opportunity to coordinate services and realize cost efficiencies for services provided to individuals who enroll in their plan for both their Medicare and Medicaid benefits

- **FY09 COLTS MCO Contracts**

- *\$390 million (phase-in year)*

- **MCO administration fee is limited**

- *5 – 7% depending on cohort*

- **Average per member per month (pmpm) capitation rate**

- *\$1,715.00*



# The program brings the flexibility of value-added services

---

## AMERIGROUP

- Enhanced transitional services
- Respite care
- Enhanced vision
- Adaptive aids
- Meals on case-by-case basis

## Evercare

- Adult annual physicals
- Home-delivered meals
- Enhanced disease management

**AMERIGROUP contract with Indian Health Services includes additional value added services**

- Public health nurse visits (without a doctor co-signature)
- Diabetic Retinopathy screens (JVN)

# Cost and quality – how do we know if the program is successful?

---

- ◆ Oversight of CoLTS is extremely intensive
  - External and internal audits
    - Office of Inspector General
    - Centers for Medicare and Medicaid Services
    - HSD/ALTSD
    - Other entities
  - Independent Review
  - External Quality Review Organization
  - Consumer and Provider Satisfaction Surveys
  - Grievance and Appeals Monitoring
  - Financial Solvency Reviews
  - Waiver renewal review

# CoLTS – year 1

---

- ◆ Identified unmet service needs
- ◆ Identified service inefficiencies
- ◆ Addressed some pre-existing barriers for participants transitioning from nursing facilities to the community (ongoing efforts to address other pre-existing barriers)
- ◆ Statewide service coordination and provider relations

# CoLTS – year 1

Challenges	Solutions
Transitions to community	Ombudsmen Transition Specialists identified barriers and developed and provided Nursing Home Discharge Planner training
Provider transitions to MCO reimbursement structure	Provider workgroups: <ul style="list-style-type: none"> <li>• Home Health Workgroup</li> <li>• NF workgroup &amp; audit</li> </ul>
MCO claims system development	State contract oversight State provider outreach
"Bad" participant addresses (national Medicaid challenge)	<ul style="list-style-type: none"> <li>• Individual cases worked by MCOs and their service coordinators with community workers and groups (i.e. CHRs, Senior Centers)</li> <li>• State participant outreach provided informing members how to change/update addresses</li> </ul>
MCO provider contracting process	State addressed with MCOs and worked with individual providers
MCO customer service proficiency	State: <ul style="list-style-type: none"> <li>• Secret shopper calls and program review</li> <li>• Follow-up with MCOs</li> <li>• Individual participant support</li> </ul> MCO: <ul style="list-style-type: none"> <li>• "Retraining" for call centers</li> </ul>

# Next steps – Medicaid and Medicare coordination

---

- ◆ Continue to better coordinate Medicaid & Medicare
  - Funding streams
  - Coordination of benefits
- ◆ Outreach to participants to communicate advantages of enrolling with the same organization operating CoLTS MCO and Medicare Advantage or Special Needs Plan (SNP)

# Collaboration

---

---

- ◆ HSD and ALTSD bring together complementary perspectives:
  - Supporting lifelong independence and healthy aging
  - Medicaid and long term service policy development
  - Quality assurance and improvement
  - Advocacy
  - Fiscal management
  - Service delivery systems management
  - Regulatory & contract oversight

# Why has New Mexico been so successful in supporting HCBS

---

## New Mexico:

- ◆ Philosophy of and intention to deliver services in the most independent setting
- ◆ Comprehensive array of services and options
- ◆ Coordinates multiple funding sources to maximize resources
- ◆ Offers a program that integrates health and long-term services
- ◆ Offers a consumer-directed HCBS program
- ◆ Provides community-reintegration program
- ◆ Established quality improvement programs

# CoLTS contacts

---

HSD/MAD: Solutions Center 1.888.997.2593

ALTSD: Resource Center 1.800.432.2080  
CoLTS Bureau 1.505.476.4799  
State Ombudsman 1.505.476.4790

AMERIGROUP: Member Services (Albuquerque) 1.877.269.5660  
or 1.505.875.4320  
Provider Relations (Albuquerque)  
1.877.269.5706

Evercare: Member Services 1.877.236.0826, choose option 1,  
option 1 again to connect to  
Albuquerque office.  
Provider Relations 1.888.363.8476