



OVERVIEW:

The Human Services Department took a major step to improve Medicaid in 2014 with the implementation of its new Medicaid 1115 waiver, Centennial Care. This integrated care model puts New Mexico among the leading states in the design and delivery of a modern and efficient Medicaid program. Recognizing that many Medicaid members have health needs that span physical health, behavioral health and long term care, Centennial Care unites these three previously separate service delivery systems into one "Integrated Care" model.

SUMMARY:

- Improving access to physical health services, through integrated care, is particularly important for individuals with serious mental illness and/or chronic substance abuse. These individuals are more likely to have chronic conditions such as high blood pressure, asthma, diabetes, heart disease and stroke than those without mental illness. They are more likely to use hospitalization and emergency room treatment.ⁱ People with serious mental illness on average have a life span that is cut short by 25 years.ⁱⁱ Many also have a higher utilization of emergency room services.
- Centennial Care is designed to improve member health through a coordinated and integrated health care delivery system to better meet the needs of the whole person." *Our vision is to build a service delivery system that delivers the right amount of care, at the right time, in the right setting.*"ⁱⁱⁱ To improve integration of physical and behavioral health care, HSD and the Behavioral Health (BH) Collaborative are co-signers on the managed care contracts and both are partners in overseeing contract performance. A number of contract requirements reinforce the importance of integrated care.
- The Centennial Care contracts include a number of specific requirements to improve access to integrated care for members.
 - Each managed care organization (MCO) is required to conduct a Health Risk Assessment (HRA) for each member. The HRA assesses the member's physical, behavioral health and long term care needs.
 - For members with complex conditions, the MCOs are required to work directly with each member to identify the member's needs and coordinate appropriate services to ensure that all the member's health needs are addressed.
 - Members whose lives are significantly affected by a BH condition receive periodic needs assessments, service planning and individual care coordination for their physical health (PH), BH and long-term care (LTC) services.
 - While BH and PH services are actually co-located in some clinics throughout the state, integrated care is provided primarily through care coordination.

HSD FY15 STRATEGIC PLAN:

Goal 4: Improve behavioral health services

Task 4.1: Strengthen a behavioral health system of care

Task 4.2: Integrate New Mexico's behavioral health system within the changing healthcare environment

Task 4.3: Boost accountability auditing and assistance

Task 4.4: Reduce adverse impacts of substance abuse and mental illness on individuals, families and communities

CURRENT FUNDING:

No funding is allocated specifically to the integration of care.

CURRENT INITIATIVES:

- Integrated services in Centennial Care better support members by removing system barriers, providing individual care coordination and operating as a more seamless delivery system. To be successful, integration is not just at the service delivery level but also in the management of the system.
 - Centennial Care requires each MCO to integrate BH professionals in the MCOs' care management activities including: call centers, nurse advice lines, care coordination, member services, grievance and appeals and advisory groups.
 - To ensure that BH issues are considered in all top management decisions, each MCO is required to employ a senior executive who is a board certified psychiatrist.
- Centennial Care has also added several new services that improve the integration of care.
 - Screening in health clinics for depression and substance abuse will be in place in 2015, including an evidence-based program called SBIRT (Screening and Brief Intervention and Referral to Treatment). Earlier identification of depression and substance abuse will increase the likelihood of effective treatment.
 - New medications for treating opioid addiction were added to the Medicaid benefit. Opioid replacement therapies (Suboxone and Methadone, as well as, Naloxone to protect against overdose) were added to the Medicaid benefit package to better impact opioid addiction.
 - Integration is a priority as Centennial Care enters its second year. HSD is working to develop a specialized pilot for members with complex physical and BH needs. "Health Homes" are being planned for 2015 to focus care integration on members most seriously impacted by these conditions.
- Three new peer-based services have also been added. Developing the peer workforce is an important goal for HSD. New Mexico currently has about 150 Certified Peer Support Specialists. Peer Specialists are effective at engaging members in BH services. Medicaid reimbursement of these services also provides important employment opportunities for members in recovery. The three new services include:

- *Recovery Services* that provide peer-to-peer instruction focused on developing and enhancing wellness and health care practices in a supportive group setting;
 - *Family Support Services* that provide family-to-family peer support to aid a family in developing patterns of interaction that promote wellness and recovery;
 - *Respite for Youth* provides short-term, temporary care for youth with serious emotional disturbances to provide relief for family members.
- Another major factor that has improved access to PH and BH care services for New Mexicans is the Medicaid expansion. With the start of Centennial Care, New Mexico also expanded Medicaid and extended Medicaid eligibility to childless adults.
 - Prior to expansion, childless adults who were not eligible for Medicaid, accessed BH care through state and block grant funded services through HSD. Non-Medicaid members relied on public clinics for health care.
 - With the Medicaid expansion, these individuals can now enroll in Medicaid and receive comprehensive coverage for their BH and PH care needs.
 - Medicaid coverage also includes additional benefits that are important to the whole health of individuals with BH needs such as: care coordination, transportation to services, pharmacy, preventive care, vision care and dental services.

FACTS/GOALS

- By the end of its first year, Centennial Care has provided more Medicaid members with access to BH services than in the years previous. Many factors have likely contributed to the increase: the integration of services, the added Medicaid enrollment through the expansion, and increased referrals from health care providers or as a consequence of care coordination. The end result is that approximately 53 percent more Medicaid members have accessed BH services in Centennial Care (59,309 in Q3 CY14 compared to 38,812 in Q3 SFY13). Overall, about 12 percent of Medicaid managed care members accessed BH services.
- As with any major service delivery system change, adaptation has been necessary. BH provider organizations have needed to relearn working with multiple public sector payors. HSD, and each of the public sector payors, have diligently worked to assist providers with challenges related to contracting, credentialing, and claims adjudication. In recognition of the BH service systems vulnerability related to increasing costs, workforce challenges, and the demands of the current healthcare marketplace, Medicaid reimbursement rates for BH were increased by 7.5% beginning July 1, 2014, and another 5% on January 1, 2015. Non-Medicaid rates were also increased by 7.5% starting on January 1, 2014. In addition, work continues on ways that the BH provider system can develop increased capacity and be released from unnecessary administrative burdens.

The integrated management and oversight of services, along with the specific strategies included in the Centennial Care contracts, have resulted in major gains. Care coordination will continue

to build to develop into an effective mechanism to better support members with complex needs that span physical and behavioral health. The implementation of Health Homes in 2015 will provide an important opportunity to pilot further integration of general health care and BH services. The full integration of services is an on-going goal.

ⁱ 2013 National Survey on Drug Use and Health Report, <http://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>

ⁱⁱ SOURCE: Colton, C.W. and Manderscheid, R.W. Preventing Chronic Disease 2006 Apr. http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

ⁱⁱⁱ Centennial Care Concept Paper, Feb. 21, 2012