

Coordination of Long-Term Services



CHCS Medicaid Best Buys Webinar

December 11, 2008

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What is CoLTS?

- ◆ CoLTS (formerly known as Coordinated Long-Term Services) is a managed long-term services and acute care program that serves certain Medicaid participants
- ◆ Covers medical and long-term services in one seamless, coordinated, integrated program
- ◆ Estimated number of eligible individuals: 38,000

Why coordinate long-term services?

- ◆ Manage public resources more effectively
- ◆ Promote home and community-based services
- ◆ Reduce unnecessary institutional placements
- ◆ Coordinate and integrate medical and long-term services
- ◆ Coordinate Medicare and Medicaid funding

Why coordinate long-term services?

(continued)

- ◆ Improve health status and outcomes
 - Identify needs earlier
 - Increase early intervention and prevention
- ◆ Increase access to healthcare services in rural and frontier areas
- ◆ Increase quality management and data sharing
- ◆ Increase participant involvement in long-term planning

Who is eligible?

- ◆ 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
 - Disabled & Elderly (D&E) waiver individuals
 - Adults receiving Personal Care Option (PCO) services
- ◆ Certain individuals with brain injury who meet medical and financial eligibility

What services are covered?

- ◆ Medicaid State Plan Services:

Nursing facility services, primary and acute care, dental and vision care, transportation, service coordination

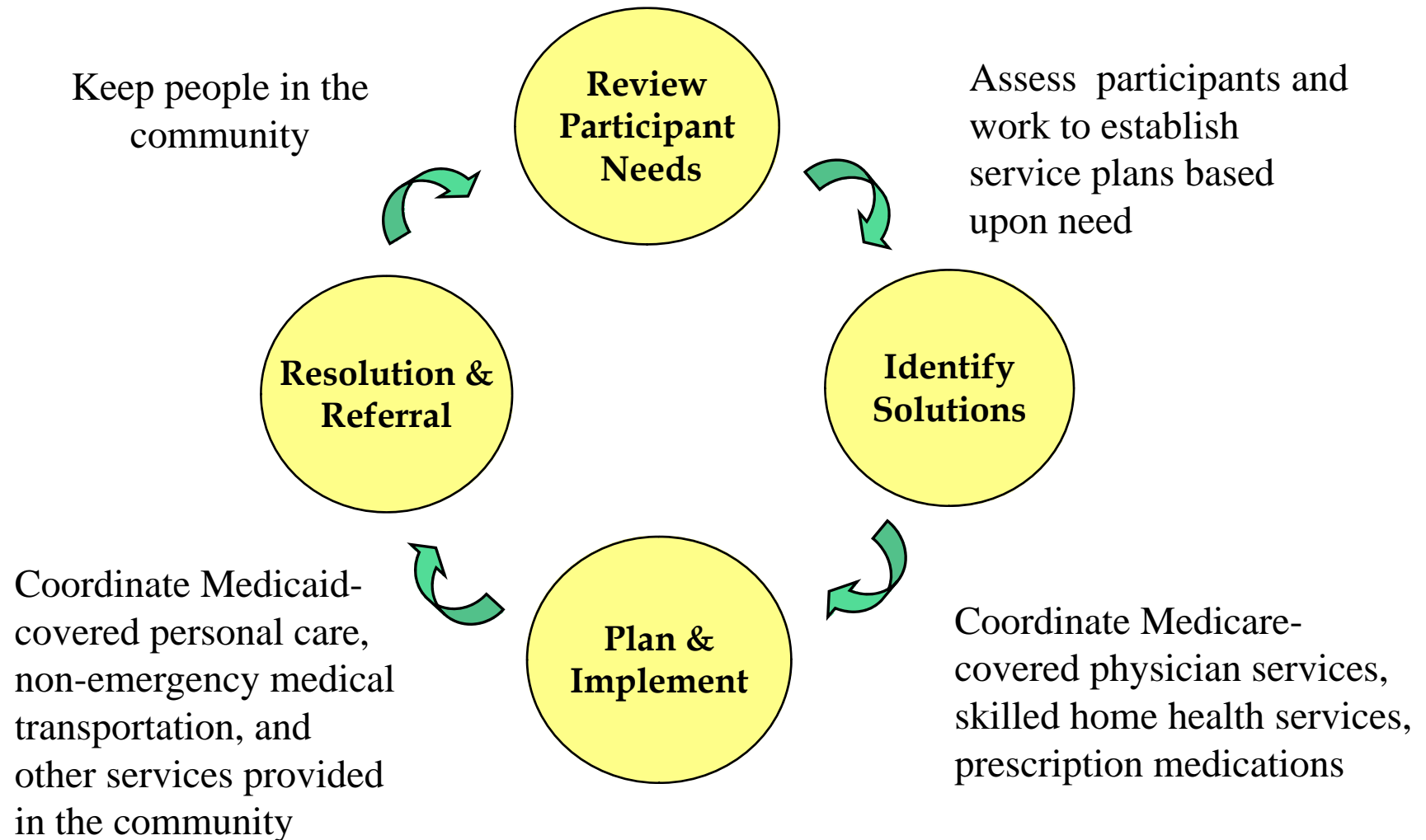
- ◆ Home and Community-Based Services (HCBS)

Includes all current D&E Waiver services, such as:

service coordination, adult day health, respite, assisted living, community transition services, relocation specialists, environmental modifications, private duty nursing for adults, skilled maintenance therapy

How do participants get services?

Service Coordinators - Continuous Assessment of Participant Needs



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
- DME supplies for wound care

AMERIGROUP contract with Indian Health Services includes additional value added services

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

Services: FFS vs. CoLTS

Service	FFS	Managed Care
Claims Processing	√	√
Data Reporting	√	√
Utilization Review	√	√
Complex Case Management		√
Care Coordination		√
Customer Service & Member Handbooks		√
Provider Services	√	√
Network Management & Provider Directory		√
Quality Initiatives	√	√
Disease Management		√
24-Hour Nurse Advice Line		√
Coordination of Medicare/Medicaid		√
Health Education & Health Materials		√
Flexibility \$ Value Added Benefits		√
Certified Language Lines		√

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**

- \$1,530.00

The Evolution Toward CoLTS

- ◆ Request for Proposal (RFP) released in 2004
 - 3 Bids received
 - Awards given to 2 MCOs:
 - Evercare
 - AMERIGROUP
- ◆ Stakeholder meetings began December 2005
- ◆ Concept Paper released for public input December 2006
- ◆ Extensive Tribal Consultation
- ◆ Waivers approved by the Centers for Medicare and Medicaid Services (CMS) in July 2008

Transition to CoLTS

Geographic Phase-in by County

Phase	Region (by county)	Go live date	Estimated Enrollment
1	Bernalillo, Sandoval, Torrance, Valencia, Santa Fe, Los Alamos	8/1/2008	12,063 (actual)
2	Sierra, Dona Ana, Catron, Luna, Grant, Hidalgo, Otero	11/1/2008	8,000
3	Cibola, McKinley, San Juan, Socorro	1/1/2009	6,500
4 and 5	Curry, De Baca, Lincoln, Chaves, Eddy, Lea, Quay, Roosevelt, San Miguel, Guadalupe, Taos, Rio Arriba, Mora, Colfax, Union, Harding	4/1/2009	10,000

Transition to CoLTS

Outreach to Participants

- ◆ State conducted extensive outreach and counseling to CoLTS participants in such locations as Senior Centers, Independent Living Centers, and Nursing Facilities
 - May 2008 - Continuing education and enrollment events
 - July 2008 - Started ALTSD Benefits Counseling staff provided one-on-one phone counseling as well as home visits to homebound participants
- ◆ Resource Center at ALTSD and Solutions Center at HSD trained and available for answering CoLTS participant questions

Transition to CoLTS

Ombudsman Program Enrollment Support

- ◆ A resident-centered advocacy program designed to promote and protect the rights of residents in long-term care facilities
- ◆ Ombudsman Program provided CoLTS education to 91 facility staff members from 16 nursing homes and assisted living facilities in the Phase I implementation area
- ◆ Ombudsman staff provided on-site education to nursing facility staff
- ◆ Ombudsman staff provided on-site resident, family, power of attorney and guardian meetings

Transition to CoLTS

Community Placements

- ◆ Work with nursing homes to reinvent themselves as community centers
- ◆ Incorporates Money Follows the Person
 - Flexibility to serve people in the community
 - Increase access to home and community based services as community capacity is developed

Transition to CoLTS

Continued Stakeholder Communication

- ◆ CoLTS Subcommittee to the Medicaid Advisory Committee (MAC)
 - Purpose: Communicate with the MAC, ALTSD and HSD/MAD on key issues important to individuals who are served in the Medicaid CoLTS program
 - Charge: Develop a protocol to provide advice in the areas of access, improved quality and accountability
 - Appointment letters sent to 11 members representing providers, consumers, and advocates
 - Initial Subcommittee meeting **September 2008**

Multi-Pronged Program Oversight

- ◆ Joint oversight by ALTSD and HSD
- ◆ Readiness reviews
- ◆ Financial oversight includes solvency monitoring, financial reporting, and audits
- ◆ Program safeguards through numerous federal and state regulations
- ◆ Quality performance measures for MCOs
- ◆ Consumer feedback via MCO consumer advisory boards/bi-annual tribal meetings

Lessons Learned from Phase I

- ◆ Assessing Issues/Receiving Input
 - Internal evaluation by staff
 - CoLTS Advisory Subcommittee
- ◆ System Enhancements
 - Outreach to client to correct address information
 - Nursing Facility Level of Care date spans
- ◆ Continuity of Care
 - Extended existing service plan dates
 - Provider network continuity
 - Ensure no break in pharmacy benefits

Lessons Learned from Phase I

- ◆ Need for different and enhanced provider outreach
 - Increased medical provider communication
 - Increased number of Provider Education Events
 - ACS Training to *all* providers, including Pharmacists
- ◆ Need to enhance participant education
 - Consolidated education and enrollment events
 - Conducted simultaneous enrollment events in English and Spanish
 - Conducted enrollment events in Spanish only

Lessons Learned from Phase I

◆ Provider networks

- Greater awareness of regional needs
 - Culture
 - Language
- Improve information and outreach regarding state-owned facilities
- Improve information and outreach with nursing facilities
- Increase relationship-building with other large existing networks