The New Mexico Medicaid Program and Community Reintegration
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New Mexico’s CoLTS Program

- 2008: Coordination of Long Term Services (CoLTS) managed care program implemented
- A 1915b and 1915c “combo” waiver
- Serves all NF LOC enrollees
- Serves all dual eligibles
New Mexico’s CoLTS Program

- Two MCOs – Amerigroup and UnitedHealthcare
- MCOs are paid the same PMPM rate for all NF LOC member
- Incentive to keep NF LOC members in community and reintegrate NF residents into community
New Mexico’s CoLTS Program

- New Mexico is one of the best re-balanced states in the nation.

- According to last year’s SCAN report, NM spend more than 80% of our LTC dollars on HCBS
Reintegration

- CoLTS MCOs transition between 80 and 120 people into the community each year

- CoLTS MCOs provide transition goods and services as “value added services”
Reintegration

- It’s one thing to reintegrate but what is the success rate – what percentage stay in the community for at least 6 months?
Reintegration

- New Mexico as compared to other states has the lowest percentage of Medicaid members residing in nursing homes and therefore a smaller potential population for reintegration.

- Complexity of members re-integrating during FY12 has increased over previous years – both in severity and number of diagnoses and psychosocial issues;
Reintegration

- Success at 6 months for FY 12 shows improvement from previous two years and is currently at 86%. This percentage currently exceeds the annual goal of 75%.
- Keys to success include strong transition planning
Barriers to Success

Eligibility process

- going from Institutional Care Medicaid to “c” waiver eligibility – lengthy process, creates impatience
- Persons can’t apply for SNAP while still in the NF
Barriers to Success

- Housing issues
  - The wait list for low-income housing in NM is from 6 months to one year.
  - Private, low rent units exist but are far and few between and usually consist of an efficiency that is located in a high crime area.
  - The other barrier is when a member has BH or MH issues
  - NM HSD has a housing consortium to address housing needs for persons we serve – particularly NF LOC members and persons with mental health/behavioral health issues
Barriers to Success

Nursing Homes Themselves –

- Their residents moving into the community increases the acuity of the remaining overall census in the NF
- NFs are not motivated to be helpful in identifying their residents who want to move back into the community (they lose money)
- States need strong ombudsman program to advocate for these members and help with transition planning
Alabama Department of Mental Health

Meeting the Challenges of Community Integration
Geographic Layout

- Northern Mountains, Gulf in South, Rivers
Symbols and Industry

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Alabama
Alabama Facts

- Pop.: 4.8 Million – 70% W, 26% B, 4% =H, A, Native
- Historically Agricultural Economy
- Currently
  - Large numbers of sparsely populated rural areas
  - 4 major population centers from North to South (I-65)
  - Largest employers = Defense/Technology, UAB & Medical Center(s); Education; Steel/Iron/Coal; Auto Industry; Tourism; Government
  - UA & AU (?)
  - AAMU & ASU
Health Issues Generally

- Few Doctors in Rural Areas
- Few Other Health Professionals in Rural Areas
- Shortage of Psychiatrists
- Shortage of Nurses
- Blue Cross/Blue Shield = Vast Majority of Health Insurance or Administrator of Self-Insurers
- Lower Per Capita Income (FMAP approx. 68%)
- Heavy Reliance on Medicaid
- Few Resources to Support Floor-Level Medicaid Program
Government/Funding Challenges

- 2 Budgets: Education—$4.5 B/Gen. Fund—$1 B
- All Growth Revenue in Education
- Over 70% of Budgets = Earmarked
- Lowest Combined Tax Base/Rate in Country
- Virtually No Home Rule; All local taxes need not state statute but CONST. AMEND., so largest Const. in World (approx. 800 amendments.)
- Medicaid Match Sources Opposite Best Health Practice
Department of Mental Health

- Organizational Framework for ADMH prior to 2010:
  - Intellectual Disabilities
  - Substance Abuse
  - Mental Health
Department of Mental Health

- Organizational Framework for ADMH 2011
  FWD:

- Intellectual (Developmental) Disabilities

- Mental Health/Substance Abuse
Department of Mental Health

- Major Shift From Reliance on Large Institutions
To Integrated Community Living, Working, Recreating
Initially Court Driven: *Wyatt v. Stickney*=Std.s of care in oldest, then–longest constitutional case for 33 years, 1970–2003

Led to Civil Rights, CMS std.’s, P & A’s, A.D.A.

Then Closure of All DMH–Run Developmental Centers (5), Nursing Homes (3), Adolescent Units (2), Psych Hospitals (3), Downsizing Continues

Increased Community Funding as Facilities Closed and Downized
Funding Inverted

- Approximately $1B Budget
- From 70% Facility & 30% Community $$ in 1980’s
- To Approaching 80% Community $$ to 20% Facility $$ (Then Only Primarily Special Populations—Forensic, Geriatric, Court Ordered)
Current Service Financial Drivers

- Targeted Case Management
- Five other HCBS Waivers Besides DMH
  - E & D (9205), SAIL (660), Technology (40), HIV/AIDS (150)
  - ACT (200)
- Psychiatric and Substance Use Services
  - SAMHSA bBlock Grants (Were 2, now Combining)
  - Medicaid Rehab Option
  - State Programs & Match
  - Gero- & Adolescent Psych (Non IMDs)
  - Medicare
  - Private Pay/Insurance
- IDD Services (One of Oldest Approximately 6000 Individuals)
  - HCBS Waiver (Residential, Day, Supports) (5260)
  - Living At Home (Supports–Capped @ $25K)(569)
  - State Match
  - DD Council
  - Individual & Family Support
Expanding & Rebalancing Resources for Transformation

1. Legislative Joint Comm. & Exec. Task Force of Medicaid Reform (Reforming Medicaid);
2. 1915(j) Personal Choices option for Self–Direction in the E & D, SAIL, & ACT Waivers;
3. Self–Direction also amended for ID & LAH waivers
4. New Money Follows the Person Grant Helps both Divisions (Approved Oct 2012)(Housing/Transitional Assistance & Education);
5. Adding ACT II Waiver (DD & Gaps–Nursing Home Transitioning w/ID Waiver–like services)(DD Div. to Administer);
6. 1915(i) State Plan Amend. (Those @ risk for Facility Commitment & Not eligible for other Medicaid Funds (MH/SA Div. to Administer);
7. Olmstead Grant Continuation–MH/SA Supportive Housing;
8. Integrated Employment vs. Day Programs & Expand Project SEARCH
Challenges

- Continued Education of Public, Policy-makers and Families to show Dis-Ability Prioritize Medicaid Operating Agency Populations w/Medicaid;
- Stagnant State Dollars Forcing Serving More with Less;
- Paradigm Shift/Culture Change in Service Models from Congregate to Person/Family-Centered Supports
- Expansion of Broad Services to More People with DD Conditions
Being Careful w/Complexity but Uplifting in Brighter Futures
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