

THE DISABILITY COALITION

A Coalition of Persons with Disabilities, Family Members, and Advocates
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Governor Susana Martinez
New Mexico State Capitol
490 Old Santa Fe Trail, Room 400
Santa Fe, NM 87501

VIA EMAIL TO:
Susana.Martinez2@state.nm.us

Dear Governor Martinez:

Implementation of Centennial Care, currently scheduled to begin January 1, 2014, will bring substantial changes to the state's Medicaid program. Some of these proposed changes have the potential to benefit individuals with disabilities, and we support them. However, as advocates for persons with disabilities, we have seen many program "redesigns" and "restructurings" that have promised significant benefits but which, as a result of the policies and practices applied in their implementation, have failed to improve services for our constituents, who are particularly reliant on Medicaid for essential health care and related services. The likelihood of disappointing results is increased when consumers, family members and advocates are not part of the process of program development and implementation and when information is not provided or comes out haphazardly. The Disability Coalition therefore is very concerned that available information regarding the specifics of Centennial Care is so limited and that consumers and their representatives have been excluded from the work of developing details of Centennial Care and planning the processes that will guide its implementation.

Some of the potential service improvements in Centennial Care that should benefit people with disabilities include improved coordination of services for people with complex needs, broader access to long-term services (without having to be in one of the limited number of "waiver slots"), more opportunities to self-direct those long-term services, and coverage of new, additional behavioral health services as a Medicaid benefit. These are just a few of the significant changes that will occur with Centennial Care. Others, such as new co-pay requirements or approaches to care coordination, may be more problematic or are simply untested at this time. In some cases, we simply do not have enough information to evaluate their potential for benefit or harm.

The many changes called for by Centennial Care will present major challenges to participants, service providers, the managed care organizations (MCOs) who will carry out the program, and the state agency's program managers. In the next six months, all Medicaid participants, including individuals and families with disabilities who rely on the Medicaid program, will need to make critical decisions that will affect all of their health care and related services. For example, all participants will need to decide which MCO they will use, and those who currently use Lovelace or Amerigroup, which will not be part of Centennial Care, will have to select a new MCO. All participants who currently receive services through the state's sole behavioral health contractor, OptumHealth, will have to determine which of the four available MCOs can best meet both their behavioral health and other service needs. They will need ready access to information about

provider networks, MCO policies and practices and many other issues in order to make informed choices. We are unaware of any plans by HSD to provide assistance to participants who will need to make these decisions and choices.

As the new program is implemented, all participants will be screened and assessed to determine their need for services and care coordination. For those who receive long-term services there will be new annual plans of care and in many cases new service providers to be selected. Those who currently self-direct their services through Mi Via will see that program terminated and will have to adjust to new processes and requirements. We have already heard concerns from current Mi Via participants about certain aspects of the new approach, such as a lack of independent planning assistance and financial incentives for MCOs to limit services.

The transition of networks, providers, care coordinators, and service plans is likely to be a daunting process, particularly for those who have on-going service arrangements or are in the middle of a course of medical treatment. The challenges of this transition will be compounded by the fact that the entire Medicaid program will undergo this conversion all at once, and that this is scheduled to happen at the same time as Medicaid eligibility expansion and enrollment in Medicaid and private insurance plans through the new health insurance marketplace (exchange). The state's plan to execute all of these major changes simultaneously may create the "perfect storm" of implementation problems. By contrast, when the Coordination of Long-Term Services (CoLTS) program, which involved fewer than 40,000 participants, was implemented, the state phased in the program over the course of a full year. Even with that more deliberate approach, significant problems arose, as was inevitable with a new program. We can expect that the issues relating to an attempted concurrent implementation of Centennial Care, Medicaid expansion and the insurance exchange will be exponentially greater, and will be further compounded by the fact that HSD's new IT system, ASPEN, will not be fully phased in until *after* January 1, 2014.

Individuals and families who will be affected by this multitude of changes affecting critical services are already coming to the member agencies of The Disability Coalition and other groups and agencies in the disability community for information and assistance, and will do so in increasing numbers as the implementation date nears. Unfortunately, we have little to go on other than basic information about the overall design and goals of the program reflected in the state's application for the Section 1115 waiver that would authorize the program, and periodic general updates from HSD, such as the recently released "FAQ" on Centennial Care. Significant details relating to program implementation still have not been made available to advocates or to individuals who are or will be enrolled in Centennial Care.

Occasionally, a few details seem to leak out through incidental means. For example, we very recently heard from third parties that HSD plans through Centennial Care to eliminate the opportunity for consumers who wish to self-direct their attendant care services to work with an independent Personal Care Option (PCO) agency to obtain the assistance and advice they need in order to do so. This would be a major policy change from current practice that restricts choices for participants, but it has never been publicly announced by HSD and has not been communicated directly to either the PCO provider agencies that offer self-directed assistance or to the participants who use those services. Instead it was apparently disclosed in a conversation between HSD staff and an individual representing a provider agency, who happened to pass on the information to others. The lack of transparency in planning and the lack of direct communication with stakeholders is of significant concern to us. Accurate information must be made available about the

specifics of how Centennial Care will operate, and how it will affect access to services and delivery of services to Medicaid recipients, including people with disabilities. Advocates and other stakeholders can provide a very useful perspective on how such information should be provided.

They also can provide helpful input to your administration and HSD to inform decision-making regarding Centennial Care. It is therefore imperative that the state involve stakeholders in planning and implementation of the new program. We understand that HSD has a number of work groups that are addressing various implementation issues, although the specific groups or their assigned work areas have not been clearly identified. However, stakeholders such as consumers, family members and advocates have been systematically excluded from these groups. As far as we can tell, participation from this perspective has been restricted to one invitation for two specific individuals to attend one meeting of one work group in order to make a presentation and provide suggestions. This is not the type of meaningful engagement in program planning that we think is needed in order to maximize the chances of successful program implementation.

With so much at stake, there has never been a time when the involvement of providers, consumers, administrators, funders and others in the planning process has been more clearly needed to assure that all aspects of program delivery are being considered, that plans are in place to deal with various contingencies, and that the needs of program participants are not overlooked.

We believe a more open and inclusive planning process will yield better results in both the short and long term, and will allay growing fears of impending havoc. The Disability Coalition urges you to direct the Human Services Department to involve members of the disability advocacy community, and other critical stakeholders, in its planning processes. Since the competitive procurement process has now been completed and contracts with the MCOs for the new program are now in place, we see no rationale for continued insistence on privacy and confidentiality on the part of HSD, and time is running out. Representatives of our Steering Committee are among those who would be available and willing to help in this planning effort.

Thank you for your consideration of our concerns and for your leadership on this issue.

Sincerely,



Jim Jackson, Chairperson
For The Disability Coalition Steering Committee:

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| The Arc of New Mexico | DD Planning Council | Disability Rights NM | Governor's Commission on Disability | Independent Living Resource Center | New Vistas |
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cc: Sidonie Squier, Secretary, HSD
Julie Weinberg, Director, Medical Assistance Division, HSD
Rep. Roger Madalena, Chair, Legislative Health and Human Services Committee
Sen. Jerry Ortiz y Pino, Vice-Chair, Legislative Health and Human Services Committee
Vikki Wachino, Center for Medicare and Medicaid Services
Robert Nelb, Center for Medicare and Medicaid Services