



# CareLink New Mexico Health Home

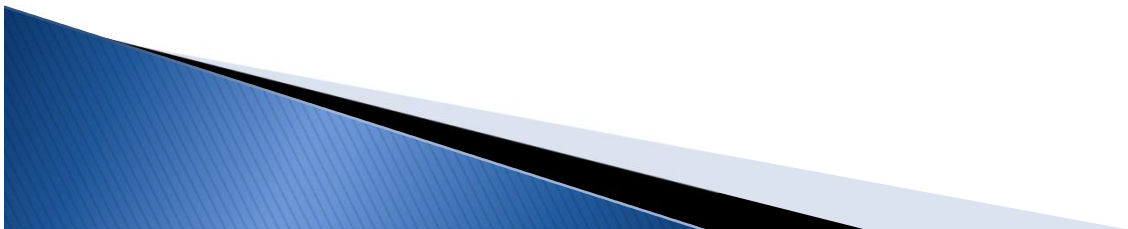
Provider Informational Session #1

October 14, 2015

New Mexico Human Services Department

# Welcome to CareLink NM

HSD welcomes the opportunity to work with all applicants who are interested in participating in the CareLink NM program (CLNM).



# What is CareLink NM?

A program or set of services, for people on Medicaid that have a Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED). CLNM will be available to MCO and Fee-for-service (FFS) Members.

Coordinates both behavioral and physical health with family supports and community services such as; housing, transportation, job placement and peer supports.

CLNM services are delivered by a designated provider agency (**CareLink NM provider agency**) to enhance the integration and the coordination of primary, acute, behavioral health, and long-term services and supports through intensive care coordination.

The initial roll-out of the program will begin in Curry and San Juan counties as of early 2016. Other counties will be included in the future.

# CareLink NM Services

## Core Services

- Comprehensive care management (*Including needs assessment and care planning*)
- Care coordination
- Comprehensive transitional care
- Individual eligible recipient and family support services
- Referrals for the eligible recipient to community and social support services
- Health promotion and education

# Freedom of Choice

## Members

- CLNM does not require members to receive all needed services through the program.
- For example: If members are receiving services from a another provider prior to joining CLNM, they can receive the 6 identified core services from the CLNM provider and use the provider of their choice for other services in the care plan.

## Providers

- Providers will be responsible for delivering the identified 6 core services.
- CLNM members can elect to receive other health care services delivered by the CLNM provider.
- The CLNM provider will identify and coordinate all needed services.

# CareLink NM Provider Agencies

## Who is eligible?

- Providers eligible for a CLNM provider agency designation include:
  - Federally Qualified Health Centers (FQHCs)
  - Indian Health Services (IHS) hospitals or clinics
  - P.L. 93-638 Tribally operated hospitals or clinics
  - Core Service Agencies (CSAs)
  - Behavioral Health Agencies (BHAs)
  - Certified Mental Health Clinics (CMHCs)

# CareLink NM Provider Agencies

## What are the participation requirements?

- Certain participation requirements are outlined in the CLNM policy manual which include:
  - Enrollment as a Medicaid Provider
  - Staffing Requirements
  - Service Requirements
  - Data Requirements
  - Reporting Requirements
  - Quality Indicators
  - Application and Readiness validation
- Prospective providers will be expected to make available integrated behavioral health and physical health services to CLNM members



# CareLink NM Provider Agencies

## What is the role of the CareLink NM Provider Agency?

- Agreement between pertinent providers to coordinate an integrated service plan and individualized plan of care.
- Providers will deliver integrated behavioral health and physical health services to members.
- Coordination with community support programs.
- Referrals, follow-up, support and advocacy are provided



# CareLink NM Provider Agencies

## What does a CareLink NM Provider Agency actually do?

- Assist an eligible recipient by engaging CLNM members in comprehensive needs assessments which are then utilized to develop CLNM members' integrated service plan and individual treatment plans.
- Increase CLNM members' access to health education and promotion activities.
- Monitor CLNM members' treatment outcomes and utilization of resources.
- Coordinate appointments with CLNM members' primary care and specialty practitioners.
- Share information among CLNM members' physical and behavioral practitioners to reduce the duplication of services.
- Engage CLNM members in learning how to manage transitions between services.
- Participate, as appropriate, in the development of CLNM members' re-entry into community-based outpatient service plan.

# Provider Payment

## How do CLNM providers get paid for services?

- The CLNM program strives to pay providers based on positive outcomes.
- CLNM providers will be paid on a per-member per-month (PMPM) basis.
- The PMPM is designed to cover the required core services and administrative costs of the program.
- Payment for members who are enrolled with an MCO will be paid by the MCO for those who are contracted MCO providers.
- Payment for members in the fee-for-service program will be made to the CLNM provider directly by the State.

# Application Review Process

**November 6, 2015:** Applications due for those providers who plan to “go-live” January 1, 2016.

**October 6 – November 6, 2015:** Technical assistance available with HSD.

**November 9 – 20, 2015:** Applications reviewed by CareLink NM Steering Committee.

# Readiness Review Process

CLNM readiness process will occur from:  
**November 10, - December 30, 2015**

November 10, 2015: Issue onsite readiness review notice.

November 20-25, 2015: Request more information and desk audit requests.

November 28 – December 4: Conduct desk audit.

December 7-11, 2015: Conduct onsite readiness review

# Application – Key Points

## Pre– Readiness vs. Post–readiness

Certain information within the application must be provided that is critical to the initial evaluation of a CLNM application.

The applicant will also be required to assure that certain information will be in place at the time of go-live.

Each area of the application has been identified as either a pre-readiness component or a post-readiness component.

- **Pre-Readiness:** Prioritized information that is required at the time a completed application is submitted for review. Some information stated in a completed application will be reviewed during a readiness assessment.
- **Post-Readiness:** Review activities and follow-ups will be conducted by HSD after the health home designation has been awarded.

# Pre-Readiness vs. Post-Readiness Tasks

## Pre-Readiness

- Name and identification information of the applicant (agency)
- Health Home service population
- Behavioral and Physical health integration information
- Health Home Site(s), Integrated Care Model(s), Primary Care Capacity and Expanded Access
- Primary care screening checklist
- Culturally and Linguistically Appropriate Services

## Post-Readiness

- Partner/Provider Outreach and Engagement
- Consumer informed Consent and Orientation
- Comprehensive Assessment, Care Planning and Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Data Sharing and Information Management for Care Management and Coordination
- Team Composition
- Quality Improvement/Performance Measures and Outcomes
- Health Information Technology

# Important Information



Applications must be submitted by:

**November 6, 2015**

CLNM Application and Bulletin is available at:

<http://www.hsd.state.nm.us/health-homes.aspx>

For technical assistance, please contact:

Nancy Smith (HSD) at [Nancy.Smith2@state.nm.us](mailto:Nancy.Smith2@state.nm.us)



# Questions?

