

Special Needs BasicCare Expansion

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Susan.Kennedy@state.mn.us



Acronyms

- CAC- Community Alternative Care Waiver
- CADI – Community Alternatives for Disabled Individuals Waiver
- CBP – County Based Purchasing
- CMS - Centers for Medicare and Medicaid Services
- COC- Certificate of Coverage
- DD – Developmental Disability Waiver
- Dual eligibles – Person eligible for both Medicare and Medicaid
- DHS – Department of Human Services
- EW- Elderly Waiver Program
- FFS – Fee For Service
- HMO – Health Maintenance Organization
- MCO- Managed Care Organization
- MHCP- Minnesota Health Care Program
- MSC+ - Minnesota Senior Care Plus
- MSHO - Minnesota Senior Health Option
- NF – Nursing Facility
- PMAP - Prepaid Medical Assistance Plan
- PINs- Preferred Integrated Network
- SNBC – Special Needs BasicCare
- SNP – Special Needs Plan
- TBI- Traumatic Brain Injury
- VADDD – Vulnerable adult/developmental disability targeted case management services

Managed Care Option for People with Disabilities

● Special Needs BasicCare (SNBC)

- A Voluntary Option open to all Medicaid dually eligible and non-dually eligible individuals with disabilities between ages 18-64 who are certified disabled and eligible for Medical Assistance.
- SNBC emphasis on preventive and primary care.
- Health plans provide additional care coordination/navigation help.
- Access to health plans dentists.
- Access to health plans networks.

Special Needs BasicCare (SNBC) SNBC COVERED SERVICES

- Adult Mental Health Rehab Services: Crisis Services, Assertive Community Treatment (ACT), Adult Rehabilitative Services (ARMHS), Intensive Residential Treatment Services (IRTS)
- Advanced Practice Nurse Services
- Cancer Clinical Trials
- Care Management Services - (Acute Medical) Chemical Dependency Treatment Services
- Child and Teen Checkups
- Children's Residential Mental Health Treatment
- Chiropractic Services
- Clinic Services
- Dental Services
- Disease Management
- Family Planning Services
- Home Care Services - Specified:
 - Home Health Aid (HHA), Skilled Nurse Visit (SNV), Home Care Therapies (PT, OT, RT, ST)
- Hospice Services
- Inpatient Hospital Services
- Interpreter Services
- Laboratory, Diagnostic and Radiological Services
- Medical Emergency, Post-Stabilization Care, and Urgent Care Services
- Mental Health Targeted Case Management effective July 2009
- Medical Supplies and Equipment
- Medical Transportation Services
- Mental Health Services including: diagnostic assessment and testing, crisis assessment and intervention, day treatment/partial hospitalization, individual and family group therapy, inpatient and outpatient treatment, neuropsychological assessment and rehab, medication management
- Nursing Home services (100 days for people admitted from the community)
- OBRA Level 1 (NF)
- Obstetrics and Gynecological Services
- Outpatient Hospital Services
- Physician Services
- Podiatric Services
- Prescription and Over-the-Counter Drugs Not Otherwise Covered by Part B or D
- Prosthetic and Orthotic Devices
- Public Health Services
- Reconstructive Surgery
- Regional Treatment Centers (under certain circumstances)
- Rehabilitation and Therapeutic Services
 - (PT, OT, RT, ST)
- Transplants
- Tuberculosis-Related Services
- Vaccines and Immunizations
- Vision Care Services

Special Needs BasicCare (SNBC)

SERVICES CONTINUED UNDER FEE-FOR-SERVICE

BASIC CARE SERVICES

- Abortion Services, as specified by State and Federal law
- Child Welfare Targeted Case Management
- Circumcision for Newborns, as specified by State law
- Individual Education Plan (IEP) and Individual Family Service Plan (IFSP) Services
- ICF-DD Services
- Long Term Nursing Home services (post 100 days)
- OBRA Level 2 assessments
- Personal Care Assistance Services (PCA)
- Private Duty Nursing (PDN)
- Vulnerable Adult - Developmental Disability (VADD) Targeted Case Management

HOME AND COMMUNITY BASED SERVICES WAIVER SERVICES

- Community Alternative for Disabled Individuals (CADI)
- Community Alternative Care (CAC)
- Traumatic Brain injury (TBI-NF, TBI-NB)
- Developmental Disabilities (DD)
- Waiver Case Management
- Long Term Care Coordination (LTCC)
- OBRA assessments, Level 1 and 2 (waivers)
- Relocation Service Coordination (RSC)

SERVICES COVERED ELSEWHERE

- Group Residential Housing (GRH)
- Medicare
- SSI
- SSDI
- IV-E
- Section 8 Housing
- Food Stamps

Minnesota Department of Human
Services

Purpose of SNBC

- **To provide additional health care delivery options for people with disabilities by integrating Medicare and Medicaid primary and acute care services.**
- **To improve access to primary and preventive care for people with disabilities.**
- **To improve care for enrollees with chronic conditions.**
- **To coordinate Medicare and Medicaid services.**

How Does SNBC Work?

- There are no premiums or additional costs for enrolling in SNBC.
- Currently people must volunteer to enroll by signing an enrollment form or having their guardians or authorized representatives sign it.
- Members can drop out in any month by sending a written request to the State or the health plan (effective the 1st of the next month).
- SNBC health plans provide additional navigation assistance and case management to members to help them use the health care system.
- SNBC plans are required to assist members to receive primary and preventive care physician visits.
- Members will get an initial risk screening and additional assessments to identify health needs.
- 24 hour RN lines are available for members to call with health issues

What are the Special Needs BasicCare Health Plan Options?

HEALTH PLAN	SNBC PROGRAM NAME
Medica	AccessAbility Solution
MHP	Cornerstone Solutions
PrimeWest Health	Prime Health Complete
South Country Health Alliance	Ability Care
UCare	UCare Connect

Is there a difference between SNBC Health Plans?

- SNBC Health Plans are currently available throughout Minnesota.
- Different SNBC Health Plans are available depending upon the county you live in.
- There are differences in the benefit set for each SNBC Health Plan.
- For more information on the differences between the SNBC Health Plans contact the Disability Linkage Line and the SNBC web site.
 - www.dhs.state.mn.us/SNBC

Outreach and Marketing

- Health plans and DHS are responsible for outreach and marketing to potential enrollees
- Health plans must follow all CMS and DHS marketing requirements.
- All member materials must be reviewed by CMS and DHS.
- County staff are not responsible for enrollment and marketing but may be consulted by potential enrollees and may assist them if requested.
- County staff should be careful of conflict of interests in providing Part D marketing advice to clients and must not interfere with client choices. Unless they are guardians, counties cannot “disenroll” SNBC members.

SNBC Expansion Legislation

- **New legislation (256B.69, subd, 28) requires that adults and children with disabilities receiving Medical Assistance (MA) be assigned to a Special Needs BasicCare (SNBC) health plan unless individuals choose to opt out of enrollment**
 - Beginning Jan. 1, 2012, people with disabilities who have MA must be asked to join a health plan participating in SNBC.
 - The law provides that people may choose to opt out of enrollment or to disenroll at any time and return to MA fee-for-service (FFS).
- Approximately 95,000 adults and 17,000 children with disabilities have MA. Due to various managed care exclusions, an estimated 78,216 adults and 11,544 children with disabilities could be affected by the new law.
- Budgeting for the legislation assumed enrollment would be phased in between January and July 2012 and that 50 percent of those asked to enroll would choose to opt out.
- SNBC is still considered a “voluntary” program under federal regulations due to the opt out provision.
- People enrolling under the new legislation for Medicaid would not be required to enroll in the Medicare SNP portion of SNBC but could do so at any time.

Enrollment Exclusions

- **DHS intends to apply current managed care enrollment exclusions to SNBC.**
 - people with monthly medical spenddowns (6,304)
 - people with other cost effective insurance or other HMO coverage (5,488)
 - people with only Medicare A or only Medicare B (320)
 - people living in IMD/RTCs (1,036)
 - Other small groups such as people with ESRD, terminally ill individuals, torture victims, and American Indians in certain circumstances may be excluded.
 - Monthly spenddowns: SNBC currently allows people with some monthly spenddowns to enroll if they voluntarily pay their spenddown each month to the State. This entails a complex manual administrative process. In addition, the spenddown payment policy is not compatible with the assignment process. This policy change would affect new members only.
- **After exclusions are applied, about 78,216 adults and 11,544 children <18 would be eligible to enroll (total 89,860). About 23,659 of the eligible group are receiving services under CAC, CADI, TBI or DD waivers.**

SNBC Revised Implementation Schedule:

January 1, 2012

Enroll adults (Approx. 8700), not on HCBS waivers, in counties currently served by Medica, SCHA and PrimeWest where there is only one plan choice (Counties with no choice of health plan – the person is enrolled in whatever health plan serves that county). The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of November 7th.

Affected counties: Aitkin, Becker, Beltrami, Big Stone, Brown, Cass, Clay, Clearwater, Crow Wing, Dodge, Douglas, Freeborn, Goodhue, Grant, Hubbard, Kanabec, Koochiching, McLeod, Meeker, Lake, Mahnommen, Norman, Otter Tail, Pipestone, Polk, Pope, Renville, Sibley, Steele, Stevens, Traverse, Wabasha, Waseca and Wilkin

February 1, 2012

Enroll adults (Approximately 6300), not on HCBS waivers, in counties served by UCare where there is only one plan choice (UCare is the only health plan choice). The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of December 5.

Affected Counties: Blue Earth, Chippewa, Cottonwood, Faribault, Fillmore, Houston, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Redwood, Rock, Watonwan, Winona, Yellow Medicine.

March 1, 2012

Enroll adults on HCBS waivers (CAC/CADI/TBI/DD) in all counties (Approximately 20,628 adults) currently served by SNBC MCOs. The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of January 2nd.

Affected Counties: All Counties

April 1, 2012

Enroll all remaining adults (Approximately 41,000 adults not on waivers) in counties with choice currently served by SNBC MCOs. The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of February 1st.

Affected Counties: Anoka, Benton, Carlton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Morrison, Pine, Ramsey, Rice, St Louis, Scott, Sherburne, Stearns, Todd, Wadena, Washington, Wright.

July 1, 2012

Enroll all eligible children (approximately 11,000) and adults (Approximately 1900) in the 9 counties currently without SNBC MCO product. The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of May 1st^h.

Affected Counties: All Counties

Enrollment Assistance

- **Linkage Line: assists Medicare recipients of all ages with problems with their Medicare coverage and with selecting a Medicare Part D plan (SNBC include Medicare Parts A, B & D benefits).**
 - **DLL: 1-866-333-2466**
- **Medicare: answers questions about Original Medicare coverage.**
 - **1-800-633-4227**

Enrollment

- Enrollments will be processed at DHS by DHS managed care staff. Counties are not currently involved in enrollments for SNBC. The initial mailings will be sent by DHS.
 - Initial Mailing Letter
 - Enrollment Form
- The **Disability Linkage Line** is available for consultation for people seeking help with SNBC enrollment.
 - **1-866-333-2466**

DHS Special Needs Plans Staff Contacts

- Pam Parker, Manager,
 - Pam.parker@state.mn.us
 - 651-431-2512
- Sue Kvendru, Senior Programs in Managed Care Program Policy
 - sue.kvendru@state.mn.us
 - 651-431-2517
- Deb Maruska, People with Disabilities Managed Care Program Policy
 - deb.maruska@state.mn.us
 - 651-431-2516
- Susan Kennedy, SNBC Coordinator
 - Susan.kennedy@state.mn.us
 - 651-431-4895
- Cindy Czech, Stakeholders Workgroup
 - Cindy.czech@state.mn.us
 - 651-431-2514
- JoAnn Jones, Lead Worker Service Implementation
 - joann.jones@state.mn.us
 - 651-431-2524



Minnesota
Special Needs BasicCare
for people with disabilities

Where to Access SNBC on the Web

- The SNBC color map:
 - <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-5218-ENG>
- Managed Care Enrollment Figures:
 - http://www.dhs.state.mn.us/main/id_018058
- SNBC website:
 - www.dhs.state.mn.us/SNBC
- Model Contract:
 - http://www.dhs.state.mn.us/dhs16_139481.pdf

Thank You!!

**When Health Care
Improves, Everyone
Wins!**

***Together,
we will make health
care work
for people.***



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