



HEALTH CARE  
AUTHORITY



NEW MEXICO 1115 WAIVER JUSTICE RE-ENTRY PROGRAM  
PROVIDER STAKEHOLDER MEETING

SEPT. 12, 2024

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



A cloudy morning looking over Santa Cruz Lake  
photo by Jessica Gomez



# MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*



HEALTH CARE  
AUTHORITY

# VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

# GOALS



**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**BUILD** the best team in state government by supporting employees' continuous growth and wellness.



**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# AGENDA

- Introductions
- Purpose of this stakeholder meeting
- Voice of Lived Experience
- Explaining the Justice Re-entry Waiver Opportunity & CAA Alignment
- Next Steps
  - Take our survey
  - Contact us

Appendix A: Capacity Building Categories

Appendix B: Definitions



# ONE-QUESTION POLL

# PURPOSE OF THE MEETING

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- **Inform** the group of the Justice Re-entry 1115 waiver demonstration opportunity, Consolidated Appropriations Act requirements for services for justice-involved youth
- **Provide insight** regarding the capacity building investments needed to address challenges to implementation
- **Collect input** to inform the phased approach, scope, and duration of pre-release services



VOICE OF LIVED EXPERIENCE



# MEET CAROLINA MARTINEZ

*Carolina Martinez is a **Certified Peer Support Specialist** in Portales.*

*She herself has lived experience with addiction and incarceration, and now is 6 years into her recovery.*

*She uses that lived experience to support others leaving incarceration with substance use disorders and other needs.*



# JUSTICE RE-ENTRY OPPORTUNITY

# WHAT IS THE 1115 JUSTICE RE-ENTRY WAIVER?

## 1115 Demonstration Waivers are contracts that dictate how a state operates its Medicaid program:

- Typically, a 5-year approval cycle.
- Allows states to pursue experimental or pilot demonstration projects that advance the objectives of Medicaid.
- Must be approved by the Centers of Medicare and Medicaid Services (CMS), our federal partners.
- Requires implementation and operational plans, third-party evaluations.

## What's New?

- Historically, federal Medicaid funds could not be used to pay for services provided to individuals who are incarcerated, referred to as the **inmate exclusion**.
- CMS policy now allows states to pursue Justice Involved initiatives through 1115 demonstrations to provide Medicaid coverage at transitions and encourage continuity of care.
- New Mexico received approval for our Justice Involved waiver initiative in our July 2024 approval



# ALIGNMENT WITH THE CAA REQUIREMENTS

The Consolidated Appropriation Act requires mandatory services for eligible juveniles in public institutions up to age 21, and former foster care youth up to age 26.

## CAA Services

### REQUIRED (5121):

- Targeted Case Management 30 days pre-release through 30 days post-release
- EPSDT screening and diagnostics 30 days pre-release or as soon as feasible immediately post-release (i.e., within one week)
- Applies to eligible juveniles post-adjudication, regardless of carceral facility

## CAA Intersection

- State Plan Amendment required to attest to State Operational Plan effective January 1, 2025
- Significant alignment surrounding required procedures and policies to integrate carceral services within broader Medicaid systems and processes
- The 1115 waiver allows New Mexico to offer coverage beyond the CAA (e.g., longer pre-release period)



# WHAT WE NEED

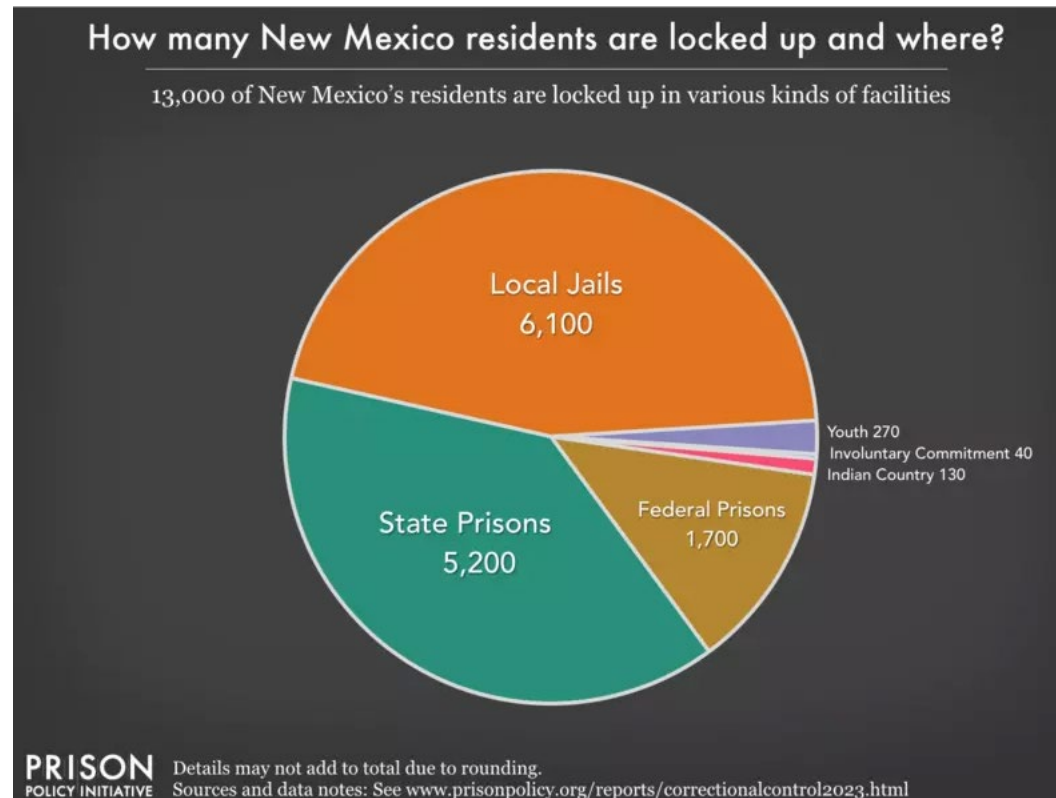
- **Input and participation** from justice partners to meet Consolidated Appropriations Act (CAA) and Justice Re-entry goals
  - CAA effective date is Jan. 1, 2025
  - Justice Re-entry effective date tentatively July 1, 2025
- You are all key partners in helping us implement these initiatives!



# JUSTICE-INVOLVED POPULATIONS BACKGROUND

New Mexico has an incarceration rate of [647 per 100,000 people](#).

Each year, [at least 49,000 different people](#) are booked into carceral settings.



Source: Prison Policy Initiative, New Mexico Profile, 2023. Retrieved from: <https://www.prisonpolicy.org/profiles/NM.html>.



# JUSTICE RE-ENTRY WAIVER GOALS

Assumed Monthly Releases*	Estimated Months of Medicaid Coverage Annually**
~1,083	~39,000

*\*based on preliminary data*

*\*\* assumes 90-day coverage pre-release*

## GOALS

- Ensure eligible individuals are enrolled in Medicaid and re-entry services at least 30 days prior to release,
- Assist county carceral settings with implementing the program and educate on Medicaid billing,
- Add more jail and county detention centers as partners,
- Improve the physical and behavioral health of individuals upon community reentry,
- Reduce recidivism,
- Decrease the number of formerly incarcerated individuals struggling with homelessness or housing insecurity
- Ensure medication and medical resource continuity upon community reentry,
- Strengthen community-based supports to prevent costly and avoidable emergency department visits or inpatient hospitalizations.



# JUSTICE RE-ENTRY WAIVER APPROVAL

- Removes the inmate exclusion to allow Medicaid to pay for select pre-release services
- Outlines parameters for pre-release services, including a **minimum set of 3 pre-release services that must be offered:**
  1. Care Management,
  2. Medication Assisted Treatment (MAT)\*,
  3. 30-day supply of medication upon release.
- New Mexico can request coverage for **additional services**, such as HCV treatment.
- Allows coverage for a period of **30-90 days** immediately prior to the individual's expected release date.
- Offers optional **start-up funds** for planning and capacity building.
- Requires **implementation planning, readiness assessment & financial reinvestments.**
- **All options are subject to state budget availability, approved 1 year at a time.**

*\*when clinically appropriate and deemed medically necessary*





# JUSTICE RE-ENTRY WAIVER APPROVAL

ADDITIONAL DETAILS	
<b>Timeframe of Services</b>	30-90 days prior to release
<b>Populations</b>	Full benefit Medicaid-eligible individuals who are inmates of public institutions
<b>Allowed Settings</b>	state prisons, tribal facilities*, county detention facilities, and juvenile correctional facilities.
<b>Reporting Requirements</b>	<ul style="list-style-type: none"> <li>• Implementation Plan due to CMS 120 days after approval</li> <li>• Reinvestment Plan due to CMS 180 days after approval</li> </ul>
<b>Other Operational Considerations</b>	<ul style="list-style-type: none"> <li>• Planning and Implementation Program (capacity building)</li> <li>• Readiness assessment, system changes, and policies</li> </ul>

*\*Tribal facilities to be determined*



# APPROVED JUSTICE RE-ENTRY SERVICES

Service	Mandatory Services	New Mexico Optional Services*
Care Management	X	X
Physical and Behavioral Health Clinical Consultation		X
Medication Assisted Treatment (MAT)	X	X
Medications and Medication Administration		X
Treatment for HepC		X
Laboratory and Radiology Services		X
Community Health Worker Services		X
Peer Support Services		X
Family Planning Services		X
30-day supply of all prescription medications and over-the-counter drugs	X	X
Durable medical equipment and supplies		X

\*Can be phased in and subject to annual budget availability and approval.



# FINANCING THE JUSTICE RE-ENTRY PROGRAM

States can access **Federal Financial Participation (FFP)** (federal match) on services and capacity funding but need to identify the source for the state share.

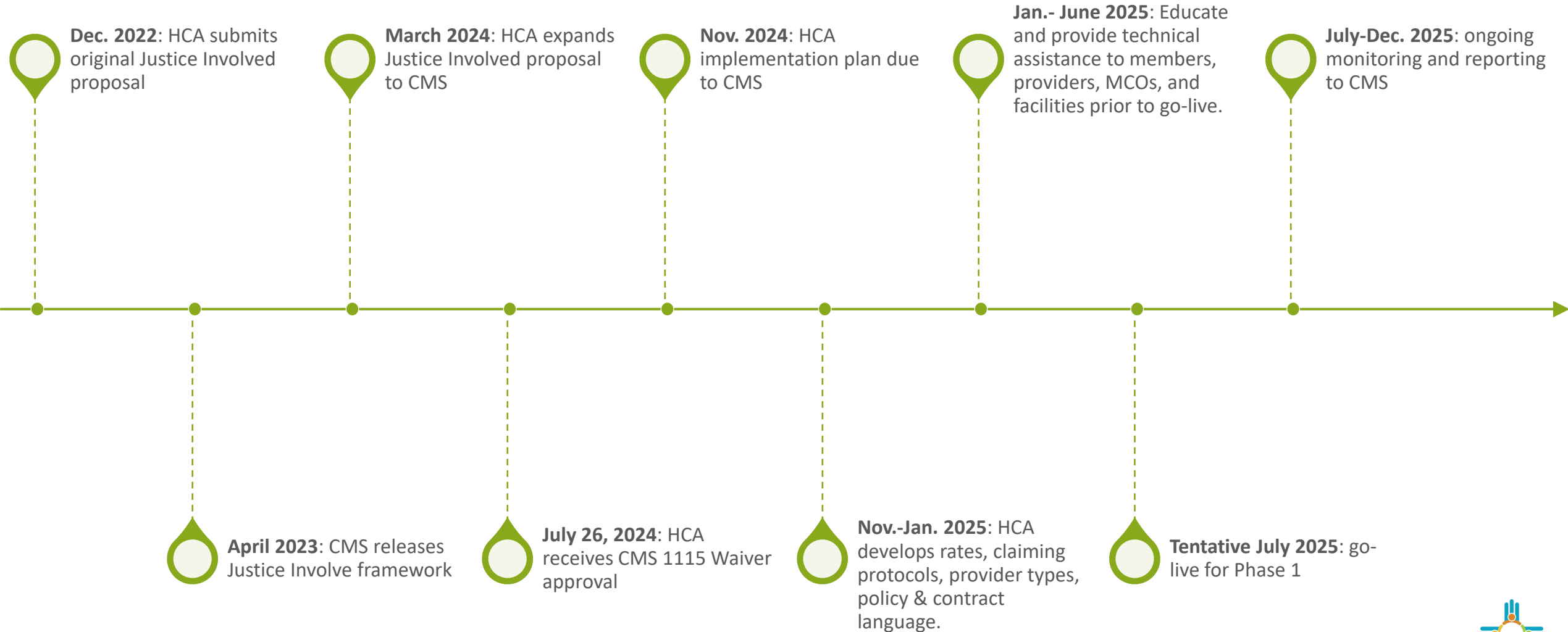
- This opportunity is not a CMS “buyout” of existing carceral health care expenses.
- Reinvestment means any state or local funds “freed up” by Medicaid federal funds must be reinvested back into services and supports for individuals transitioning from incarceration into the community.
- States are required to submit a reinvestment plan following Demonstration approval. The plan will calculate the amount of reinvestment required.

# NEW MEXICO'S JI IMPLEMENTATION OPTIONS

- **Phase-in of facilities over time, for example**
  - Based on state-defined cohorts: currently planning to start with NMCD facilities
  - Based on individual facility readiness
  - Consider alignment with the Consolidated Appropriations Act (CAA)
  
- **Phase-in of services based on “Service Levels”**
  - Statewide phase-in, for example: mandatory services initially and remaining services phased-in based on state budget authorization.
  - Based on individual facility readiness
    - For example: NM could allow facilities to opt-in to service levels beyond the mandatory services.



# JUSTICE RE-ENTRY PROGRAM: IMPLEMENTATION TIMELINE



NEXT STEPS

# SURVEY

Please take the survey to inform our planning!



[https://s.zoom.us/m/bPIWbK4w0](https://s.zoom.us/j/9182812121)

1. Name/**title**/facility
2. Which of these services do you already provide to justice-involved populations? (multiple choice)
3. Which of these optional services would you most want Medicaid to cover for your justice-involved populations?
4. What capacity investments would you need to be ready to provide these services and bill Medicaid? (Multiple choice)
5. As a contractor or employee, what challenges will your program face in implementing services in the detention/correctional facility?
6. May we contact you with more questions?



# NEXT STEPS FOR HCA

- Gather stakeholder feedback and write implementation plan, due to CMS Nov.
- Operational plan due to CMS
- Reinvestment plan due to CMS





# HCA / MEDICAL ASSISTANCE DIVISION CONTACTS

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QUESTIONS

# APPENDIX A

## Capacity-Building Categories

- Technology and IT Services
- Hiring of Staff and Training
- Adoption of certified electronic health record (EHR) technology
- Purchase of Billing Systems
- Development of Protocols and Procedures
- Additional Activities to Promote Collaboration
- Planning
- Other activities to support provision of pre-release services



# APPENDIX B

## Definitions

Acronym	Definition
DME	durable medical equipment
EHR	electronic health record
FFP	Federal Financial Participation
FMAP	Federal Medical Assistance Percentage
HRSN	health-related social need
JI	justice-involved
MAT	Medication Assisted Treatment
SMDL	State Medicaid Director Letter
STCs	Special Terms and Conditions
LTSS	long-term services and supports

