

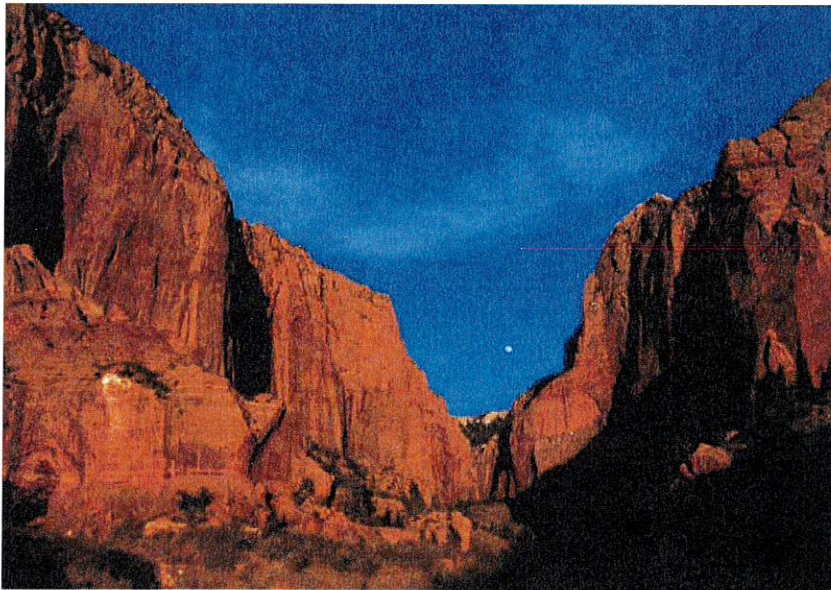
2019 HSD State-Tribal Collaboration Act Annual Report

Michelle Lujan Grisham, Governor

David Scrase, MD, HSD Cabinet Secretary

Human Services
Department

2019



HUMAN
SERVICES
DEPARTMENT

The Human Services Department (HSD) presents a synopsis of the top budget, legislative and policy issues with tribal impact in the programs and services delivered through the Income Support Division, Child Support Enforcement Division, Medical Assistance Division, and the Behavioral Health Division in 2019. HSD continues its commitment to uphold the principles of the State-Tribal Collaboration Act of 2009.

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Section I: Executive Summary

The Human Services Department (HSD) is a \$7 billion Department that serves more than 850,000 or 42.5 percent of our population through several programs including the Medicaid Program, Temporary Assistance for Needy Families (TANF) Program, Supplemental Nutrition Assistance Program (SNAP), Child Support Program (CSED), and Behavioral Health Services (BHSD). As we move toward the vision Governor Michelle Lujan Grisham has set out for our State, we are requiring much closer collaboration between all our Divisions. To do this we feel it is important to lead HSD with a leadership team approach designed to bring the Divisions together to meet our State's needs. The HSD will work with our Tribes, Pueblos and Nations to design and deliver innovative, high quality health and human services to Native Americans that improve security and promote independence in their communities by:

- Improving the value and range of services we provide to the people of New Mexico, including Indian Health Service (IHS) and Tribal 638s;
- Creating effective, transparent communication to enhance the public trust;
- Successfully implementing technology to give staff and customers the best and most convenient access to services;
- Promoting an environment of mutual respect, trust and open communication for staff to grow and reach their professional goals.

We are embarking on a year of focused programming to ensure that every qualified New Mexican receives timely and accurate benefits according to complex and changing regulations. This will be an ongoing intensive process that will require continuous improvement over many years, as regulations continue to change. We have heard people in many different organizations say, "We never have the time or money to do things right the first time, but we always find time and money to do it over." HSD does not want to be one of those organizations. We want to take the time and invest the necessary resources now to get it right. We also want and need input in this process from our Tribal partners.

We face a critical healthcare issue for New Mexicans: access to care. Within the state Medicaid program, we have been working diligently to identify areas in which our program may be contributing to this issue, and more importantly, how we can be part of the solution. With a \$13 million appropriation from the Legislature, matched by nearly \$47 million in federal funds, Governor Lujan Grisham's administration has increased Medicaid reimbursement rates to health providers for the first time in more than a decade. Traditionally, Medicaid provider payment rates have been much lower than Medicare. In New Mexico, over 50% of our population is covered by Medicaid and Medicare, the highest in the nation. Gov. Lujan Grisham announced her plan to raise certain Medicaid provider rates by \$60 million, effective July 1, 2019.

Section II. Agency Overview and Background

HSD Mission

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

Human Services Department Division Programs and Services

Medical Assistance Division (MAD)

http://www.hsd.state.nm.us/Medical_Assistance_Division.aspx

The New Mexico Human Services Department (HSD) administers numerous programs to support and improve New Mexican's health and economic well-being. Many Native Americans in New Mexico are served by these programs. The HSD State-Tribal Consultation, Collaboration and Communication Policy requires consultation when Tribal impact is determined to be present in policy and rulemaking. Native American Tribes and Tribal members as citizens of New Mexico rely upon the State Tribal Collaboration Act (STCA) as a statutory commitment of New Mexico state government to work with Tribes on a government-to-government basis to better collaborate and communicate on issues of mutual concern.

A letter to the Federal Centers for Medicare and Medicaid Services (CMS) has been sent by HSD requesting approval to reverse the policy decision under the previous administration to limit retroactive eligibility to one month rather than three months. HSD is petitioning CMS to reinstate retroactive Medicaid eligibility to three months. We recognize that the one month retroactive eligibility could have a negative impact on Indian Health Service and Tribal 638 providers. We would also like to develop a new outreach program to identify and enroll Native Americans we believe are eligible for Medicaid but are not participating in the program.

Under Governor Lujan Grisham's plan, beginning July 1, the Medicaid rates for the most frequently billed services will increase from 70 percent to 90 percent of the Medicare fee schedule. This \$37.4 million increase in payments to reimburse individual practitioners such as physicians, psychologists, nurse practitioners, behavioral health, primary care, dental services, community-based pharmacies, and personal care services for many of our state's most vulnerable members, allowing them to stay in their homes, rather than being moved into a facility. Specialty providers will all see significantly increased reimbursements because of this change.

Native Americans Enrolled in Medicaid

Blue Cross Blue Shield	17,768
Presbyterian	34,855
Western Sky Community Care	3,500
Total Centennial Care/Managed Care Organizations (MCO's)	56,123
Fee for Service	71,803
Total	127,926

Table 1. MER report July 2019

FFS: FFS expenditures for fiscal year (FY) 2018/19 by Native Americans was approximately \$307,000,000. Expenditures for Indian Health Service (IHS) outpatient claims generated the bulk of costs.

Centennial Care Program Expenditures:

Managed Care Expenditures	FY 2018	FY 2019
Nursing Facility	\$40,000,000	\$42,000,000
Personal Care Services	\$59,000,000	\$53,000,000
Fee-for-Service Expenditures	\$348,000,000	\$307,000,000

Managed Care Expenditures	FY 2018 MCO	FY 2019 MCO
Nursing Facility	\$39,558,699	\$42,018,036
Personal Care Services	\$59,279,245	\$53,351,920

Fee-for-Service Services	FY 2018 FFS Expenditures	FY 2019 FFS Expenditures
Inpatient	\$61,065,423	\$46,916,411
Physician	\$24,491,324	\$20,010,011
Outpatient	\$29,322,934	\$25,520,065
IHS Inpatient	\$19,335,305	\$18,391,430
IHS Outpatient	\$115,130,638	\$104,693,040
HCB Waivers	\$29,998,399	\$28,593,616
Others	\$68,281,667	\$62,579,629
Total	\$347,625,694	\$306,704,205

Data provided by MAD Systems Bureau 7/2019 for FY2019

Out Stationed Workers: Through ISD Agreements with Tribes, Nations and Pueblos and the Indian Health Service HSD places out-stationed workers at the Albuquerque IHS, Acoma- Canoncito-Laguna IHS, Pueblo of Zuni and the Southwestern Indian Polytechnic Institute (SIPI). ISD provides trained, full time Family Assistance Analyst employees to work on location for the purpose of accepting and processing applications for various program services including SNAP, General Assistance, Temporary Cash Assistance and Medicaid.

Income Support Division (ISD)

http://www.hsd.state.nm.us/Income_Support_Division.aspx

The Supplemental Nutrition Assistance Program (SNAP) program provides food security for approximately 455,000, 42,000 of which are Native Americans monthly. The HSD has improved the efficiency of processing new, renewal and emergency SNAP applications to above the federal timeliness standard of 95 percent for all its 34 locations since Oct. 1, 2018. The state now exceeds federal standards for timely processing of SNAP applications. My department and I had the opportunity to visit ISD employees in many locations statewide. I recognize their dedication and hard work in assisting the families of New Mexico.

HSD really appreciates the time that ISD employees took away from their families to help New

Mexicans during the federal government shutdown earlier this year. The shutdown interrupted the regular schedule for SNAP benefits. HSD employees were working hard and doing everything necessary to ensure New Mexico families, including Native American families, had the ability to buy food for their families when their SNAP benefits were in jeopardy of being delayed.

The table below indicates the number of Native Americans who receive ISD services such as General Assistance, TANF, SNAP, LIHEAD and Education Works.

Distinct Count of Native American Recipients by Program and Tribal Residence SFY 2019 as of 7/19

<i>Tribal Residence</i>	Education Works	General Assistance	TANF	LIHEAP	SNAP
<i>Acoma</i>	4	4	127	206	871
<i>Alamo Navajo</i>		24	146	331	8,830
<i>Canoncito Navajo</i>			2	1	118
<i>Checkerboard Navajo</i>		18	131	294	8,436
<i>Cochiti</i>			28	9	182
<i>Isleta</i>	6	8	104	196	584
<i>Jemez</i>		2	123	35	637
<i>Jicarilla Apache</i>		6	61	40	769
<i>Laguna</i>		13	144	74	1,397
<i>Main Reservation Navajo</i>		50	134	328	11,916
<i>Mescalero Apache</i>		36	269	421	1,413
<i>Nambe</i>			39	41	187
<i>Ohkay Owingeh</i>			12	59	249
<i>Other</i>			2	35	153
<i>Picuris</i>			4	7	13
<i>Pojoaque</i>		1		4	6
<i>Ramah Navajo</i>				23	301
<i>San Felipe</i>		12	165	305	1,197
<i>San Ildefonso</i>			13		34
<i>Sandia</i>		2		4	57
<i>Santa Ana</i>				1	50
<i>Santa Clara</i>		6	68	160	458
<i>Kewa</i>		1	88	312	1,264
<i>Taos</i>		5	17	129	239
<i>Tesuque</i>			5	6	24
<i>Tohajiilee Navajo</i>	3		8	18	150
<i>Zia</i>			32	9	236
<i>Zuni</i>		3	29	40	3,051
Total	13	191	1,751	3,088	42,822

Table 2: Native American ISD Program Participants as of 7/2019

Child Support Enforcement Division (CSED)

http://www.hsd.state.nm.us/Child_Support_Enforcement_Division.aspx

CSED administers the state and federal program to collect support from non-custodial parents. Its primary role is to maximize the collection of child support for all eligible New Mexico children. CSED is required by federal and state law to help families receiving TANF and Medicaid by establishing a court order and enforcing the court order by collecting and disbursing child support payments. Families who are not receiving TANF or Medicaid may also apply to CSED for services. In SFY2019, there were more than 70,964 families with child support cases in New Mexico, approximately 5,109 were Native American.

CSED Services for Tribes: CSED provides child support services to Tribes and Pueblos across New Mexico by:

- Establishing and enforcing child support orders through Tribal courts – based on the Tribe or Pueblo’s own laws and customs;
- Registering Tribal court orders in state district courts as appropriate (when a child lives off-reservation);
- Registering state court orders in Tribal courts when appropriate (when a child lives on-reservation);
- Submitting Tribal court orders to other states for enforcement of court orders, requesting assistance from other states to establish paternity and support for Tribal members;
- Providing services to custodial tribal members living on or off Tribal lands –as long as the non-custodial parent lives off Tribal lands

Tribal Collaboration: CSED is in full support of Tribes, Nations and Pueblos interested in developing and operating their own Tribal Child Support IV-D Programs and provide technical assistance upon request. CSED entered into its first Joint Powers Agreement for operating the child support program on the Navajo Nation in 1993, the first of its kind in the nation. This agreement was renewed in 2015.

CSED has a dedicated attorney that is licensed to practice in Zia, Acoma, Isleta, and Laguna Pueblos. The CSED attorney appears before the tribal court judges from these Pueblos regularly. Tribal judges, court staff, and parties often call upon the CSED attorney when questions arise regarding child support cases involving Tribal members and/or basic child support matters. CSED also dedicates a Child Support Legal Assistant to 353 active cases for Zia, Acoma, Isleta, and Laguna Pueblos.

Crownpoint Navajo Nation IV-D				Total collections SFY 2019
Month	Cases	%Cases w/orders	Children	
June-19	3,466	32.4%	5,704	\$1,072,388.94

Shiprock Navajo Nation IV-D				Total collections SFY 2019
Month	Cases	%Cases w/orders	Children	
June-19	1,044	75.4%	1,735	\$1,257,372.76

Acoma				Total Collections SFY 2019
Month	Cases	%Cases w/orders	Children	
June-19	103	82.5%	152	\$194,958.43

Isleta				Total Collections SFY 2019
Month	Cases	%Cases w/orders	Children	
June-19	111	76.9%	165	\$158,255.31

Laguna				Total Collections SFY 2019
Month	Cases	%Cases w/orders	Children	
June-19	120	78.5%	186	\$187,295.48

Zia				Total Collections SFY 2019
Month	Cases	Cases w/orders	Children	
June-19	3	33.3%	5	\$348.00

Table 3: CSED Native American Caseload as of 2019

Behavioral Health Services Division (BHSD)

http://www.hsd.state.nm.us/Behavioral_Health_Services_Division.aspx

The purpose of the Behavioral Health Services Division (BHSD) is to manage the adult public behavioral health service system. BHSD has a staff of approximately 40 that focuses on developing strategies for mental health promotion and substance abuse prevention and treatment for individuals in NM. As the state mental health and substance abuse authority, BHSD works in partnership with MAD to oversee contracts with the Medicaid MCOs and to ensure provision through New Mexico's behavioral health statewide system of Medicaid benefits. In addition, the Director of BHSD also serves as the CEO of the NM BH Collaborative that coordinates services across State Departments. As a result, BHSD is actively engaged in a number of projects that include collaboration with the Children, Youth, and Families Department, the Department of Health, the Department of Indian Affairs, the Corrections Department, and the Department of Veterans Services, as well as the Behavioral Health Planning Council, Local Collaboratives, providers and consumers. The Behavioral Health Services Division (BHSD) is a leading participant in the Native American Sub-Committee (NASC) which addresses prevailing issues in behavioral health in Tribal communities and urban areas around the state.

HSD has begun work to rebuild the behavioral health network in New Mexico by expanding potential new billable services by \$34 million, increasing base payment rates and expanded behavioral health service rates, working with the Department of Health and Workforce Solutions to expand the behavioral health workforce.

BHSD staff work with Native American and tribal providers on federal grants and state programs such as:

Substance Abuse Prevention and Treatment (SAPT) Block Grant - SAPT is a Substance Abuse and Mental Health Services Administration (SAMHSA) block grant that funds planning, implementing and evaluating activities/services to prevent and treat substance abuse. Community-based providers receive these funds through BHSD to help support their substance abuse treatment services and primary prevention activities, including traditional healing services.

State General Funds for BH Services - BHSD allocates a portion of its state general funds (SGF) to support Native American and tribal providers who offer a range of behavioral health prevention and treatment services, including programs for substance abuse, mental health, jail-based and jail-diversion services, supportive housing, and veterans' services. BHSD also utilizes SGF to support training and certification of Peer Support specialists through the Office of Peer Recovery & Engagement (OPRE), as well as five peer-operated Wellness Centers strategically situated in Gallup, Shiprock, Reserve, Espanola, and Albuquerque.

Behavioral Health Investment Zones (BHIZ) - Two investment zones in Rio Arriba and McKinley counties were established in 2016 based on the highest composite NM death rates due to drug overdoses, alcoholism, and suicide. McKinley BHIZ efforts have focused on providing intensive services to the top 200 individuals with repeated placement in protective custody and/or public inebriation. Successes include renovation and opening of Gallup's Detox Center, offering therapeutic and case management services; creation of partnerships for provision of residential treatment, transitional living services, job placement and education programs; an improved electronic health record system; staff recruitment and training for critical positions to enhance service provision and coordination; and creation of the Indigenous Peoples Commission to advise the Gallup City Council.

Opioid Use Initiatives - BHSD manages a number of intersecting and complementary opioid use initiatives through the following grants: Partnership for Success (PFS), Prevent Prescription Drug/Opioid Related Deaths (PDO), Strategic Prevention Framework for Prescription Drugs (SPF Rx), and the Opioid Strategic Targeted Response (STR) and State Opioid Response (SOR) Initiatives. San Juan College and the Institute for American Indian Arts participate in PFS' Higher Education Prevention Consortium, aimed at reducing youth prescription drug abuse and underage drinking. PDO supports overdose death prevention through training and naloxone distribution to first responders and other key community sectors. SPF Rx promotes collaboration and awareness for reducing over-prescribing of opioids. The STR and SOR initiatives utilize a hub and spoke model to support expansion of opioid prevention, treatment and recovery services and include training of tribal communities on buprenorphine and naloxone.

Honoring Native Life (HNL) Initiative – The goal of this project is to provide centrally-based resources and support to improve health and well-being of Native American populations, with an overarching aim to suicide reduction through capacity building, community-based program support, and youth and student mentorship. BHSD partners with UNM's Community of Behavioral Health Division on this initiative, with guidance from the Native American Suicide Prevention Advisory Council (NASPAC) and various community partners.

FY19 highlights include:

“Stand Up, Step Up, Speak Up – Finding Solutions for Suicide Interventions Together” Annual Youth Leadership Summit designed to prevent youth suicide by providing evidence based training and youth leadership training. Training topics include sessions on trauma, bullying, and cyberbullying. Held on April 5th and 6th, 2019 in Albuquerque, the Summit brought together 215 participants representing 13 different Tribal communities in New Mexico.

The PAX Good Behavior Game (GBG) - PAX GBG is an evidence-based practice, demonstrated to increase students' self-regulation, self-control, and self-management. The program has been found to reduce disruptive behaviors, hyperactivity, and emotional symptoms. Long-term outcomes include reduced need for special education services; reductions in drug and alcohol addictions, serious violent crime, suicide contemplations and attempts, and initiation of sexual activity; and increases in high school graduation rates and college attendance. In the 2018-2019 school year, two new indigenous communities joined the project: Jemez Pueblo Education Collaborative, including Jemez Pueblo Head Start; and Native American Community Academy. Ch'ooshgai Community School continued its participation in PAX GBG and received additional training. Schools that have expressed interest in PAX GBG include Jicarilla Apache, Santo Domingo & San Felipe, Naschitti, Santa Fe Indian School, and Ohkay Owingeh Community School.

CareLink NM Health Homes - CareLink NM (CLNM) providers serve Medicaid-eligible adults with Serious Mental Illness (SMI) and children/adolescents with Severe Emotional Disturbance (SED). Seven providers are offering services in ten New Mexico Counties to provide enhanced care coordination and integration of primary, acute, behavioral health, long-term and transitional care services and social supports. Kewa Pueblo Health Corporation is the only Tribally run health home providing services at Santo Domingo Pueblo to nearly 200 Tribal members. The project, initiated by Behavioral Health Services Division and Medical Assistance Division, includes long-term goals of preventing risk behaviors, reducing avoidable emergency department and inpatient hospital admissions, and improving the quality of life for members with SMI and SED.

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Local Collaboratives (LCs) – House Bill 271 was introduced in 2004 and was set up to:

- Identify behavioral health needs statewide;
- Create a statewide behavioral health system
- Pay special attention to regional differences
- Contract with a single, statewide entity
- Monitor service capabilities and utilization
- Make funding decisions

The purpose of the Local Collaboratives is to develop strong local voices to guide behavioral health planning and services. The Local Collaboratives are comprised of Tribal communities, consumers, family members, advocates and providers. BHSD actively works with the LCs to share behavioral health news and opportunities, to gain public input, and to support behavioral health activities including Pow Wows, September recovery events and community summits.

New Mexico's Crisis and Access Line (NMCAL) – BHSD supports NMCAL, which is available 24 hours a day, seven days a week to respond to calls related to behavioral health crises. NMCAL is staffed by mental health professionals who connect consumers to local providers and state agencies. NMCAL also has a peer-operated Warmline that connects callers with persons in recovery who are trained as Certified Peer Support Workers, and now offers a Warmline texting service. NMCAL has also added specialized training on Opioid Use Disorder for all its counselors and peer support staff to better address the opioid crisis.

Section III. Agency Efforts to Implement the State-Tribal Consultation, Collaboration and Communication Policy

Below is a list of Written Tribal Notification letters that was sent for each proposed change. From July 1, 2018 to June 30, 2019 Tribes, Pueblos, Nations, Indian Health Service, Tribal 638s and interested parties had 25 opportunities to comment on proposed changes to the New Mexico Medicaid program. For more detailed information on each notification, please see <https://www.hsd.state.nm.us/providers/written-tribal-consultation-letters.aspx>

Written Tribal Notification Letter 19-13 - Proposed SPA 19-0009 Census Bureau Wages Exclusion

Written Tribal Notification Letter 19-12 Proposed Rates for Inpatient Hospital – DRG Rates, Proposed Rates for Hospital OPPS

Written Tribal Notification Letter 19-11 - **Comment Period Closed 2019**

Written Tribal Notification Letter 19-01 - 8.314.3 Proposed Rule, Regulatory Impact Form

Amended Written Tribal Notification Letter 19-02 - Written Tribal Notification Letter- January 11, 2019 Draft Medically Fragile Waiver Amendment, Proposed Medically Fragile Waiver Fee Schedule

Written Tribal Notification Letter 19-03 - Draft Quality Strategy

Written Tribal Notification Letter 19-04 8.200.400 NMAC – Medicaid Eligibility – General Recipient Rules, General Medicaid Eligibility, 8.200.430 NMAC – Medicaid Eligibility – General Recipient Rules, Recipients Rights and Responsibilities, 8.296.400 NMAC – Medicaid Eligibility – Other Adults, Recipient Requirements, Regulatory Impact Form

Written Tribal Notification Letter 19-05 - Draft Waiver Amendment Application

Written Tribal Notification Letter 19-06 - 8.200.510 NMAC – Medicaid Eligibility-General Recipient Rules, Resource Standards, 8.200.520 NMAC – Medicaid Eligibility-General Recipient Rules, Income Standards, 8.291.430 NMAC – Medicaid Eligibility-Affordable Care, Financial Responsibility Requirements, Regulatory Impact Form

Written Tribal Notification Letter 19-08 - 8.200.410 NMAC – Medicaid Eligibility-General Recipient Rules, General Recipient Requirements, Regulatory Impact Form

Written Tribal Notification Letter 19-10 - Proposed Fee Schedule for Evaluation & Management (E&M) Codes, Proposed Fee Schedule for Dental Codes, Proposed Fee Schedule for New Chronic Care Management & Transitional Care Management, Proposed Rates and Codes for Centennial Care Supportive Housing

Written Tribal Notification Letter 18-01 - Proposed SPA 18-001 Home Equity Exclusion

Written Tribal Notification Letter 18-02 - 8.314.6 NMAC, Mi Via Home and Community-Based Services Waiver

Written Tribal Notification Letter 18-03 - 8.200.410 NMAC, General Recipient Requirement

Written Tribal Notification Letter 18-05 - Proposed SPA 18-002 Health Homes

Written Tribal Notification Letter 18-06 - 8.314.5 NMAC, Developmental Disabilities Home and Community-Based Services Waiver

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Written Tribal Notification Letter 18-07 - 8.311.3 NMAC, Methods and Standards for Establishing Payment – Inpatient Hospital Services

Written Tribal Notification Letter 18-14 - Fee Schedule for Behavioral Health Providers

Written Tribal Notification Letter 18-16 - Proposed SPA 18-003 Individuals Above 133% FPL (Former Foster Care Individuals from Other States up to Age 26)

Written Tribal Notification Letter 18-17 - Draft Waiver Amendment Application, Proposed Developmental Disabilities Fee Schedule

Written Tribal Notification Letter 18-18 - Proposed Behavioral Health Supplement, Proposed Behavioral Health Policy and Billing Manual, Appendices A-Z; ZA-ZW

Written Tribal Notification Letter 18-19 - Proposed SPA 18-006 Substance Use Disorder, Proposed SPA 18-007 Substance Use Disorder – Alternative Benefit Plan (ABP)

Written Tribal Notification Letter 18-20 - Proposed Applied Behavior Analysis (ABA) Fee Schedule, Proposed Behavioral Health (BH) Fee Schedule, Proposed Physical Health (PH) Fee Schedule

Written Tribal Notification Letter 18-08 - 8.201.400 NMAC, Medicaid Eligibility – Medicaid Extension, 8.215.400 NMAC, Medicaid Eligibility – Supplemental Security Income (SSI) Methodology, 8.281.400 NMAC, Medicaid Eligibility – Institutional Care (Categories 081, 083 and 084)

Written Tribal Notification Letter 18-09 - 8.308.6 NMAC, Managed Care Organization (MCO) Enrollment, 8.308.7 NMAC, Enrollment and Disenrollment, 8.308.9 NMAC, Benefit Package, 8.308.10 NMAC, Care Coordination, 8.308.12 NMAC, Community Benefit, Comments Received: [Comment 1](#)

Written Tribal Notification Letter 18-11 - 8.200.400 NMAC - 8.302.2 NMAC

Written Tribal Notification Letter 18-15 - Section 02 through Section 20

Section IV. Current and Planned Programs and Services for Native Communities

The Native American Technical Advisory Committee (NATAC) is comprised of appointees by Tribal leaders, Indian Health Service (IHS) and HSD representatives working on issues of common concern and policy making with the Medical Assistance Division (MAD), Behavioral Health Services Division and the Income Support Division (ISD). The NATAC, which began in September 2012, is designed to give HSD and the Tribes, Pueblos, and Nations an opportunity to meet and discuss issues of mutual concern and interest on a quarterly basis. The goal of these meetings is to have committee members identify concerns and make recommendations for program improvement and to track the progress of our efforts.

Innovative Tribal healthcare initiatives are underway at HSD. As the single State agency for New Mexico's Medicaid program, HSD has federal authority to operate a Medicaid managed care program through its Section 1115 Demonstration Waiver. The waiver is currently pending renewal with the Centers for Medicare and Medicaid Services (CMS) effective January 1, 2019.

Effective July 1, 2019 \$60 million in increases for Medicaid reimbursement rates to primary care providers, behavioral health providers, PACE program providers, and personal care services providers, FQHC providers and providers at Project ECHO at UNMH to name a few. New Mexico hospitals are receiving an additional \$150 million in rate increases for an average of 12.5 percent hospital rate increase.

The Human Services Department currently spends over \$20 million in support of Graduate Medical Education (GME) training programs. The expansion of GME programs into rural areas is a very important part of our program to expand our primary care access in rural communities. The state will give special priority to applications that develop residency programs at facilities that have not previously offered GME programs; offer physician specialty positions that have shortages in the state, such as primary care and psychiatry; or propose positions in medically underserved regions including Tribal communities. HSD will also identify new opportunities to expand loan forgiveness.

100% FMAP Pilot Project: CMS pays each state a percentage of its total Medicaid expenditures. The Federal Medical Assistance Percentages (FMAP) are the rates used to determine the matching funds rate allocated to certain medical and social service programs in the U.S., these rates vary by program and by state. However, in all states, services provided to Medicaid-eligible AI/AN patients at IHS or Tribal facilities can be reimbursed at 100% FMAP. MAD is working with the Albuquerque Area Office of the IHS and Navajo Area Office of the IHS, Tribal 638's and major healthcare delivery systems in New Mexico to implement 100% FMAP for Native Americans who receive services through an IHS or Tribal 638 for certain Medicaid services outside of IHS. Additional revenue generated by this initiative will help sustain the Medicaid program.

As for Behavioral Health Services, the reimbursement rate increases will better recruit and retain essential medical professionals, especially in rural and Tribal areas who deliver care and services to the most vulnerable New Mexicans and help rebuild and protect New Mexico's health care delivery network, particularly in rural areas and for providers of behavioral health, primary care, dental services, specialty care and long-term services, as well as for independent community pharmacies.

New Mexico has also set a new precedent by creating a statutory requirement for Medicaid coverage of autism therapies, including Applied Behavior Analysis (ABA), regardless of the individual's age. In addition, the new law removes all age and dollar caps from the state's current autism insurance mandates.

Section V. Training and Employee Notification

Policy Background

In 2009 Senate Bill 196 was signed into law, enacting the State-Tribal Collaboration Act (STCA). The STCA is a statutory commitment of New Mexico state government to work with Tribes on a government-to-government basis as multijurisdictional issues, concerns and conflicts, as well as the shared responsibility to use public resources effectively and efficiently, necessitates cooperation. The HSD State-Tribal Consultation, Collaboration and Communication Policy is posted on the HSD website at [//www.hsd.state.nm.us/](http://www.hsd.state.nm.us/).

Department executive and mid-level management employees, whose work involves initiating programmatic actions and/or policy changes that have Tribal implications, are required to complete this training. This training is offered on the Department training website below.



Blackboard

Course ID	Course Name	Instructor	Description	Textbooks
HSD_4951_FY20	NM State-Tribal Collaboration Act and HSD Policy Training FY20	Jeannine Isom, Admin		

Course Content



Welcome!

NM State-Tribal Collaboration Act and HSD State-Tribal Consultation, Collaboration and Communication Policy Training!

- Mandatory once for HSD employees (including executive managers and supervisors), whose work involves initiating programmatic actions and/or policy changes that have tribal implications. All new personnel hired into those positions are required to complete the training within 90 days.
- Course length: Approximately 30-45 minutes
- Test: Five (5) questions. Minimum score 80%. Unlimited attempts allowed.

Important Resources link on the left menu contains:



- The HSD State-Tribal Consultation, Collaboration and Communication Policy.
- Current HSD Native American Liaisons.
- NM Senate Bill 196 The State-Tribal Collaboration Act.
- Course content for the State-Tribal Collaboration and HSD Policy Training.
- SPO Cultural Competency Training Registration website.

This online training is **not the same training** as the instructor-led Cultural Competency Training.



- The instructor-led Cultural Competency training, sponsored by SPO and the Indian Affairs Department, is mandated to NM employees who have regular interaction with NM tribes' Native American citizens across the state.

[ps://hsd.blackboard.com/webapps/blackboard/content/listContent.jsp?course_id=_347...](https://hsd.blackboard.com/webapps/blackboard/content/listContent.jsp?course_id=_347...) left menu for information and registration.

The State Tribal Consultation, Collaboration, and Communication Policy course is on Blackboard

- 142 employees were registered to take the course
- 138 completed the course
- 108 employees were **required** to complete the course
- 30 employees not required to take the course completed it

A goal of HSD for FY2019-2020 is to have all employees complete the NM State Tribal Collaboration Act and Policy Training course, *and* for those employees that have direct interaction with the 23 Tribes, Pueblos, and Nations of New Mexico, receive the instructor led Cultural Competency Training through the HSD and MAD Native American Liaisons.

Section VI. Key Names and Contact Information

HSD Key Staff

To promote collaboration and communication between the Human Services Department Agency Secretary, Deputy Secretaries, Division Directors and Tribes, the Tribal Liaisons facilitate consultation and collaboration and serve as a direct resource to Tribal leadership.

HSD Office of the Secretary (OOS)

David Scrase, M.D., Cabinet Secretary
 Angela Medrano, Deputy Secretary
 Russell Toal, Deputy Secretary
 1474 Rodeo Rd.
 Santa Fe, New Mexico
 87504 O: 505.476.9200
 F: 505.827.6286

HSD Tribal Liaison, OOS

Vacant
 1474 Rodeo Rd.
 Santa Fe, New Mexico
 87504 O: 505.476.7203
 F: 505.827.6286

Medical Assistance Division Tribal Liaison, MAD

Theresa Belanger
 P.O. Box 2348
 Santa Fe, New Mexico 87504
 O: 505.827.3122
 F: 505.827.3195
 Toll Free: 1.888.997.2583

Medical Assistance Division, MAD

Nicole Comeaux, Director
 P.O. Box 2348
 Santa Fe, New Mexico 87504-
 2308 O: 505.827.7704
 F: 505.827.7215
 Toll Free: 1.888.997.2583

Income Support Division, ISD

Karmela Martinez,
 Acting Director
 1474 Rodeo Rd.
 Santa Fe, New Mexico
 87504 O: 505.827.7750
 F: 505.827.7215

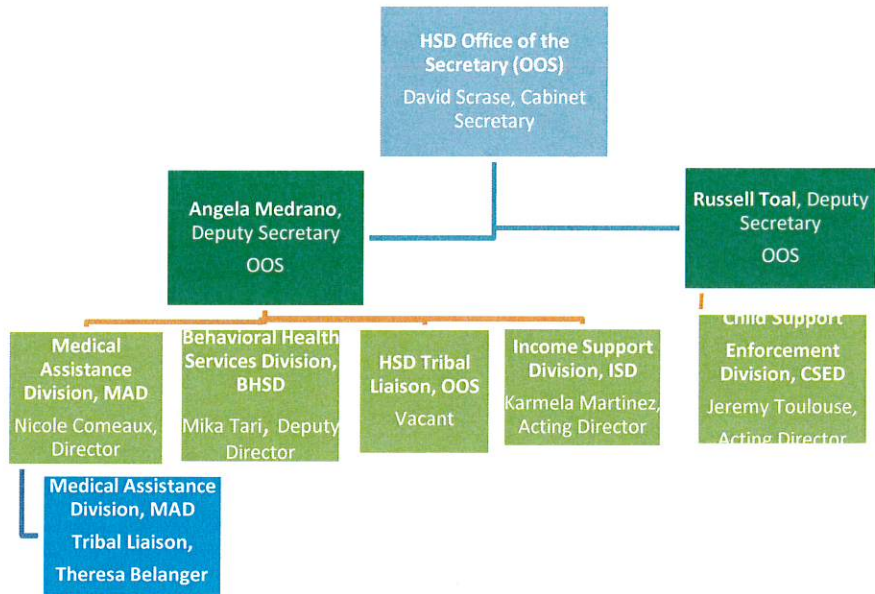
Child Support Enforcement Division, CSED

Jeremy Toulouse,
 Acting Director
 1474 Rodeo Rd.
 Santa Fe, New Mexico
 87504 O: 505.827.7750
 F: 505.827.7215
 In New Mexico: (800)288.7207
 Out of New Mexico: (800)585.7631

Behavioral Health Services Division, BHSD

Mika Tari, Deputy Director
 37 Plaza La Prensa
 P.O. Box 2348
 Santa Fe, New Mexico
 87504 O: 505.476.9295
 F: 505.476.9277

HSD Organizational Chart for office of Native American Liaisons



Section VII. Relevant Statutes and Mandates

Please refer to Section III - Agency Efforts to Implement the State-Tribal Consultation, Collaboration, and Communication Policy

Section VIII. Agreements

The Medical Assistance Division has been working with the Centennial Care Managed Care Organizations (MCOs) to enter into contracts/agreements with Indian Health Service, Tribal 638 facilities, Tribal providers, and Community Health Representatives for care coordination activities. Below is a summary of their efforts.

MCO contracting

BCBS has 11 contracts with Tribal 638s and one contract with Albuquerque Area IHS.

BCBS is in the process of negotiating care coordination contracts with Community Health Representative (CHR) programs.

Presbyterian has contracted with Albuquerque Area IHS, Navajo Area IHS, and Tribal 638 programs.

Presbyterian has two contracts/agreements in place for care coordination activities with Community Health Representative (CHR) programs.

Western Sky Community Care has contracts/agreements with three Tribal 638 facilities within Navajo Nation and has five contracts with CHR programs.

Section IX. STCA Report Closing Statement and Signature

The Human Services Department hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2019 to the Department of Indian Affairs:



8/7/19

David Scrase, Cabinet Secretary
Human Services Department

Date