Comments on Centennial Care 2.0 1115 Demonstration Amendment (Comments March 1, 2019 through April 15, 2019)

Comments are received from emails and public hearings are included below. Content from letters and attachments are not included here.

Comments (all via HSD website unless noted otherwise)	Date	Submitter name, location, and email
	Submitted	
I am a mother, student, advocate and social worker who lives and works in the	3/22/19	Grace Olivas
state of New Mexico. I am an advocate for families and children, particularly		olivas.grace@ymail.com
those living in poverty or in impoverished conditions. It is unethical to create		
medical premiums and/or co-pays for families who are struggling to provide for		
their children or other family members and for individuals who are struggling to		
make ends meet. I recognize the importance of access and availability to		
community health and benefit services. It is of great importance for the state of		
New Mexico to help individuals and families thrive and improve their overall		
health and living conditions. In recognition of this, I am in support of the		
following amendments:		
I am in support of these amendments proposed to the federal government for		
Centennial Care 2.0 Medicaid waiver:		
I support the removal of co-pays of \$8.00 for non-emergency use of the		
Emergency room and \$8.00 for non-preferred prescription drugs for individuals		
and families who use Centennial Care.		
I support the removal of monthly premiums for adults and medicaid recipients		
who are living just above the poverty line.		
I support reinstating retroactive medical coverage back to three months for		
eligible Medicaid recipients.		
I support the expansion of the HSD Community Benefit and for HSD to continue		
to increase the number of slots for members to access community benefit		
services by 1500.		
I am in support of these amendments. Please consider the health and wellness		
of New Mexico communities.		

Letter from NMAHHC	4/1/19	Meggin Lorino
		meggin@nmahc.org
Letter from NMHA	4/5/19	Andrea Lohse
		alohse@nmhsc.com
Pegasus Legal Services for Children whole heartedly supports HSD's proposal to	4/11/19	Mariel Willow
not implement co-payments, premiums, the phase out of retroactive coverage.		Mwillow@pegasuslaw.org
Pegasus also supports HSD's proposal to expand home visiting and community		
benefits services. The previous Centennial Care 2.0 proposed the addition of		
premiums and co-pays for our state's poorest residents. If prior changes were		
implemented they would have a significant negative impact on New Mexico's		
most vulnerable citizens. Medicaid is designed to cover health insurance for		
families and individuals who would otherwise not be able to afford health		
insurance. Any additional burdens on these families and individuals would only		
drive them deeper into poverty. Forcing New Mexico's most vulnerable citizens		
to choose between medical care, putting food on the table, and a roof over their		
children's heads. The increase in home visiting and community benefit services		
will assist New Mexico families in raising their children.		
Letter from Taos Pueblo	4/12/19	Ezra Bayles
		EBayles@taospueblo.com
Letter from DRNM	4/15/19	Tim Gardner
		tgardner@drnm.org
Letter from National Multiple Sclerosis Society	4/15/19	Simone Nichols – Segers
		Simone.Nichols-Segers@nmss.org
Letter from Health Action New Mexico	4/15/19	Colin Baillio
		colin@healthactionnm.org
Letter from Disability Collation	4/15/19	Ellen Pines
		EPinnes@msn.com
Letter from Office of Attorney General	4/15/19	Jennie Lusk
		JLusk@nmag.gov
Letter from Senior Link	4/15/19	Jennifer P. Crosbie
		jcrosbie@seniorlink.com
Letter from New Mexico Center for Law and Poverty	4/15/19	William Townley
		william@nmpovertylaw.org

Letter from Cochiti Pueblo	4/15/19	Antoinette Bird antoinette.bird@cochiti.org
Comments from April 15, 2019 M	AC Meeting	
Supports all amendments set forth. Copayments and premiums: we stand and	4/15/19	William Toweny
support the provisions that would be considered detrimental to low income		NM Center Law and Poverty
families. As well as anything that would cause the lose of thousands of New		
Mexicans. Retro active eligibility: it protects families as a vital safety net as well		
as insures that providers are compensated for services provided. Home Visiting:		
we are in support of expansion of this pilot. we would love to see that is it done		
in areas of high need in the state of NM. Many counties that are not currently		
selected have demonstrated need of early childhood intervention now being set		
forth. This is an opponent for a pilot to really study the infrastructure and		
staffing needs in those areas to ensure those families are receiving services that		
are known to provide an outcome for the health and education. Every home is		
provided a comfortable home visiting service is something this state should look		
to do. This program is overseeing through the oversight of home visiting		
providers as well as stake holders and early childhood.		
Thank you for implementing these changes. A firm believer that copays are	4/15/19	Dale Tinker
designed to be a of very good care, so getting rid of those is a really good		NM Pharmacy Association
move. Charging a ten dollar premium or so for folks that are almost poverty		
level, doesn't make any sense in terms of administration. The changes are very		
positive.		
Submitted letter via email 4/15 in support of all March 1st, 2019 amendments	4/15/19	Vickie Knowal
and we thank you for those. Waiver slot expansion: people with MS are		National MS Society
diagnosed in-between ages 20-50 and women are diagnosed more often then		
men. 60% of MS clients leave the work force within 10 years and that is due to		
disability and disease progression. MS impacts in cognition and also the physical		
aspects. Nursing homes are not appropriate for people between the ages 20-50.		
Because of the really long wait list, we have families living in these homes to get		
on Medicaid quicker, which allows them to get the waiver at home. Some		
individuals with MS are living at home without any home care support without		
any personal care. Their caregivers are children of the individual, or the parents,		
which puts everyone at risk. Its also impacts the employment of the spouse and		

their ability to work while caring for this individual. Opening up more slots allows more access to life changing and lifesaving services. Cost share and premiums: Copays really add up. So if you are living with MS you are not only getting prescriptions, you are going to PT, OT, multiple doctor visits. Any payment of any kind per month for the low moderate income individuals makes it so these individuals don't go to their appointments. Applaud HSD and GOV office for not only these waiver amendments but also to retro active coverage and also using it as an opportunity to improve upon the waiver with the changes to the home visiting as well as the community benefits. it is great to look at the evidence in all these programs and the changes that were proposed, and adopted and moved towards the ones that were supported by the evidence. Appreciate, HSD was fighting for the Medicaid budget and advocating for the beneficiaries for the program. Question: Folks that did incur medical costs in results of the MCO changes, that have been put into effect retro active coverage since January 1, if they would be held harmless if the amendment gets accepted. Stand in support of all amendment changes. The dept really has the health and the best interest of kids and families in mind. Feels very different. The legislative session shows it is very different and the proposed changes also show a new direction. Very excited and very grateful for that. Commend the dept in terms of what they are doing in child health. Home visiting: Was an article in 2016 called Home Visiting and use of Infant Health Care. Supports and shows gratitude of all the amendments. 65 % of of SBHC are run by federally qualified health centers and are often in the position to absorb the cost of hese copays for these visits, it could have kelled the SBHC in the state. Very excited for these amendments. Excited for the new expansion. While the waiver was being developed there were sub-committee of the MAC committee on different topics. Cost share: The commit			
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Supports all five amendments for the CC Waiver. Thanks Gov. for singing bills into law that will increase access into Medicaid and other insurance coverage for members with disabilities example HB 323 HB436. Wants to encourage the department to review and address the steady decline in the average utilization of personal care services and some other long term benefits under CC. Encourage the dept on an on-going basis post it, publicize the data about utilization with the long term services. Encourage the dept to solicited advice from the committee.	4/15/19	Jim Jackson Disability Rights NM
Written comments submitted. Copays and retro active eligibility: These put a particular administrative burden and a cost on hospitals that are sometimes standing in a situation that are having to not have the copays paid and having to eat that cost. As well as being able to provide the retroactive care.	4/15/19	Jeff Dye Disability Rights NM
Supports all amendments. Care Coordination at the NFLOC level care in the home. There seems to be difficulty for participants outside of MCOs that the interaction with the CC and the subscribers. Not enough training on the MCO side and lack of follow ups. Echo Jim Jacksons comment about MAC members.	4/15/19	Nat Dean Disability Advocate
Echo comments that have been made. Supports the amendments. Support the elimination of premiums.	4/15/19 4/15/19	Eileen Goode Hyde & Associations