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2013 State-Tribal Collaboration Act Annual Report



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SECTION I. EXECUTIVE SUMMARY

The Human Services Department (HSD) has three Native American liaisons that interact closely with tribal communities, facilitate tribal consultations and collaborations, and are a direct resource to tribal leadership. HSD's priority initiatives and programs available to Tribal communities include the following: health coverage through Medicaid for low-income children, seniors and individuals with disabilities; Income Support Division (ISD) services that include the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance (GA) for low income individuals with disabilities, the Emergency Food Assistance Program, the Low Income Home Energy Assistance Program (LIHEAP) and homeless services; behavioral health services (mental illness, substance abuse and compulsive gambling) through the Behavioral Health Services Division (BHSD); and child support establishment and enforcement through the Child Support Enforcement Division (CSED). In addition, General Service Agreements (GSA) and Memorandums of Understanding (MOU) exist between HSD, Albuquerque Area Indian Health Service, and several tribes/pueblos. In 2014 new health insurance options will be available to qualifying Native Americans through Centennial Care and Medicaid expansion. The primary areas of focus for HSD in 2013 were:

- Medical Assistance Division, Centennial Care - A comprehensive service delivery system for its Medicaid program scheduled to roll out January 1, 2014. HSD held a tribal consultation on Centennial Care and the Medical Assistance Division made numerous presentations to tribal providers, groups and organizations. HSD also participated in an HHS federal consultation with the NM tribes.
- Income Support Division ASPEN - The ISD Automated System Program and Eligibility Network (ASPEN) will be implemented in four phases across the State beginning in July, 2013. Trainings will be available on YES NM, the self-service portal, to Indian Health Service, Tribal and Urban Indian Health programs (I/T/U) in FY2014
- Child Support Enforcement Division - CSED continues to be in full support of tribes and pueblos wishing to develop and operate their own Tribal Child Support IV-D Programs and provides technical assistance upon request. In 2002 CSED entered into a Joint Powers Agreement (JPA) with the Navajo Nation (JPA-03-25-A1) to provide child support services.
- Behavioral Health Services Division - The Behavioral Health Services Division (BHSD) primary role is to serve as the adult Mental Health and Substance Abuse State Authority for the State of New Mexico. The Authority's role is to address need, services, planning, monitoring and continuous quality systemically for all adults across the state.

The HSD encourages employees to attend the Cultural Competency Training. In FY13, 91 employees participated in the trainings. The Tribal Liaison has been working with the State Personnel Office (SPO) and the Indian Affairs Department (IAD) to offer additional trainings to staff in two HSD office locations. In FY14 HSD intends to continue collaboration with SPO and IAD for regional office on-site trainings.



SECTION II. AGENCY OVERVIEW/BACKGROUND

The Mission of the Human Services Department

To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

Overview of the Department

The NM Human Services Department manages a \$4.69 billion dollar budget of state and federal funds and administers services to more than 800,000 lower-income New Mexicans through programs such as: Medicaid and Children's Health Insurance Program (CHIP), State Coverage Insurance (SCI) Program for lower-income adults ages 19-64, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), The Emergency Food Assistance Program (TEFAP), General Assistance for low-income individuals with disabilities, Low-Income Home Energy Assistance Program (LIHEAP), Child Support Establishment and Enforcement, and Behavioral Health Services (mental illness, substance abuse and compulsive gambling).

The programs are administered through four Program Divisions:

1. Medical Assistance Division (MAD)
2. Income Support Division (ISD)
3. Child Support Enforcement Division (CSED)
4. Behavioral Health Services Division (BHSD)

The HSD is also a key member of the NM Behavioral Health Collaborative and works across state agencies to collaborate on behavioral health issues. *See Organizational Chart, Appendix A.*

SECTION III. EFFORTS TO IMPLEMENT POLICY

HSD's Medical Assistance Division (MAD) held one tribal consultation on the Centennial Care Plan and has made numerous presentations to tribal communities, Indian Health Services, and Tribal and Urban Indian Health Programs (I/T/U). In addition, a Native American stakeholders subcommittee to the Medicaid Advisory Committee (MAC) was created called the Native American Technical Advisory Committee (NATAC). After the 2013 New Mexico Legislative session, a letter was sent by the State's Medicaid Director to the 22 Tribal leaders requesting they appoint a representative to the NATAC. The primary goal of the NATAC is to advise the Medicaid Director on Medicaid issues in Indian country.

Through HSD, Leavitt Partners worked with the Office of Health Care Reform (OHCR) to establish the New Mexico Health Insurance Exchange (NMHIX) Advisory Task Force (ATF). The ATF comprised 15 members representing hospitals, providers, carriers, large and small employers, agents and brokers, underserved populations, state agencies, and Native Americans. The Native American Work Group advised the Exchange Advisory Taskforce on the development of an exchange, with an emphasis on the unique provisions and function of an exchange for Native American communities and members.

See HSD State-Tribal Consultation, Collaboration and Communication Report, Appendix B



SECTION IV. CURRENT AND PLANNED PROGRAMS AND SERVICES

INCOME SUPPORT DIVISION (ISD)

The mission of ISD is to relieve, minimize or eliminate poverty and to make available certain services for eligible low-income individuals and families through statewide programs including Supplemental Nutrition Assistance Program (SNAP; formerly Food Stamps), Cash, Medical and Energy Assistance so they can achieve self-sufficiency.

FY 2013 NATIVE AMERICAN PROGRAM PARTICIPATION		
Program	Description	NA FY Participation
Supplemental Nutrition Assistance Program (SNAP)	The Supplemental Nutrition Assistance Program (SNAP) help many low-income households buy the food they need to stay healthy, productive members of society. Applications for assistance are available through a local HSD ISD office, ISD tribal out-stationed worker offices, and on the HSD website.	June 2013 - 59,242 (13.3% of total) June 2012 - 58,115 (13.2% of Total) June 2011 – 54,751
The Temporary Assistance to Needy Families (TANF)	TANF is a \$110 million block grant administered by the US Department of Health and Human Services (HHS). TANF provides cash assistance and work opportunities to needy families. The TANF program in New Mexico is referred to as the New Mexico Works (NMW) program.	June 2013—2,107 Native Americans participating (6.3% of total) June 2012 – 2,820 Native Americans participating (6.8% of Total) June 2011 – 3,187 Zuni Pueblo and Navajo Nation run their own TANF Programs
General Assistance	General Assistance provides limited state-funded cash assistance to adults (without dependent children) who are determined disabled and who are not eligible for assistance under a federally matched cash assistance program, such as Supplemental Security Income (SSI). General Assistance also provides limited state-funded cash assistance to children residing in the homes of unrelated adult caretakers who are not eligible for assistance under a federally matched cash assistance program, such as TANF.	June 2013—216 Native Americans Participating (6.1% of total) June 2012 – 184 Native Americans Participating (6.0% of Total) 6 more than June 2011 – 178
Medical Assistance	<i>See Medical Assistance Division (MAD) report.</i>	<i>Page 11</i>

ISD Out-Stationed Workers

In FY2013 HSD maintained its expanded services to Native Americans by continued support of an Income Support office at Zuni Pueblo, and the placement of out-stationed workers in Indian Health Services (IHS) Hospitals and Service Units.

Contract processes occur through Governmental Service Agreements. ISD had an agreement with Navajo Area IHS for ISD out-stationed worker on-site. These sites included Shiprock and Crownpoint, as well as the



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Gallup Indian Medical Center (GIMC). The HSD Governmental Service Agreement (GSA) with the Navajo Area IHS expired after 3-years of negotiation. A satisfactory agreement between the agencies could not be reached. In March of 2013 ISD employees were moved back to their local ISD offices. ISD hopes to explore alternatives in FY14.

ISD has an active GSA with the Albuquerque Area IHS (AA IHS). ISD out-stationed workers are located at the IHS Units in Santa Fe, Albuquerque and at Southwestern Indian Polytechnic Institute (SIPI). ISD workers are available to assist low income New Mexicans with various programs including Food Stamps, General Assistance, Temporary Cash Assistance and Medicaid.

GOVERNMENTAL SERVICE AGREEMENTS FOR ON-SITE PLACEMENT OF HSD/ISD ELEGIBILITY WORKERS				
Tribe	Agency	Broad Activity	Agreement Name	Current Status
Multiple-ABQ Area IHS <ul style="list-style-type: none"> • Acoma-Cañoncito-Laguna Hospital • Mescalero • Albuquerque (IHS and SIPI) 	HSD/ISD	Health Services	Collaborative- 0863010000026	In effect
Zuni Pueblo Zuni Income Support Office, 203 B-State Hwy 53 in Zuni Pueblo	HSD/ISD	Health Services	Governmental Services Agreement 1363090000030	In effect
Multiple - Navajo Area IHS	HSD/ISD	Health Services	Governmental Services Agreement	Expired. No longer in effect as of March, 2013.

Food Distribution Program on Indian Reservations (FDPIR)

FDPIR is a Federal program that provides commodity foods to low-income households, including the elderly, living on Indian reservations, and to Native American families residing in designated areas near reservations. ISD, Indian Tribal Organizations (ITO's), FDPIR sites, and the Navajo Nation communicate to reduce concurrent receipt of FDPIR commodities and SNAP.

MOA's, finalized in FY 2012, are intact with Eight Northern Pueblos, Zuni Pueblo, Acoma/Laguna Pueblos, Five Sandoval Pueblos, and the Navajo Nation in conjunction with the Food Distribution Program on Indian Reservations (FDPIR) sites.

Technology updates continue to improve methods for the distribution and exchange of mandated information between ISD and FDPIR sites.

ITO FDPIR sites recently acquired online-access enabling ISD to provide the monthly exchange of information with the 4 ITO FDPIR sites electronically. The electronic transmission of the report streamlines the FDPIR process by providing access to the monthly SNAP listing on the 1st of each month, and enables the validation of participation or non-participation in the field via laptop computers, where there is often no phone access.



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The 4 ITO FDPIR sites will begin providing electronic distribution of FDPIR information to ISD County Offices in the very near future. Training and ongoing support continues to be provided by ISD as staff within the FDPIR sites begins to utilize the electronic transmission of information. Validation is also completed via telephone through county ISD offices within service areas of FDPIR sites; backup is provided through the Program and Policy Development Bureau (PPDB) in the Santa Fe Central Office.

Exchange of mandated information to the Navajo Nation and the five associated FDPIR sites continues to be completed through the use of a hardcopy of the SNAP listing via overnight mailing with signature required upon receipt. The Navajo Nation FDPIR sites are in the process of acquiring on-line access that will enable the receipt and submission of information electronically. This should increase all avenues of communication improving the ability of both FDPIR sites and ISD sites to decrease dual participation. PPDB encourages and maintains open lines of communication with FDPIR sites to alleviate instances of dual participation.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)				
Tribe	Agency	Broad Activity	Agreement Name	Current Status
Zuni	HSD/ISD	Exchange of Information; Cross-program checks; Information for Direct Certification of School-Lunch Program	Memorandum of Agreement	In effect
Five Sandoval Indian Council	HSD/ISD	Exchange of Information; Cross-program checks; Information for Direct Certification of School-Lunch Program	Memorandum of Agreement	In effect
Zuni/Acoma / Laguna	HSD/ISD	Exchange of Information; Cross-program checks; Information for Direct Certification of School-Lunch Program	Memorandum of Agreement	In effect
Eight Northern Pueblos Indian Council	HSD/ISD	Exchange of Information; Cross-program checks; Information for Direct Certification of School-Lunch Program	Memorandum of Agreement	In effect
Navajo Nation: Crownpoint, Mexican Springs, Kirtland, Ft. Defiance, Teec Nospos	HSD/ISD	Exchange of Information; Cross-program checks; Information for Direct Certification of School-Lunch Program	Memorandum of Agreement	In effect

Food and Nutrition Services Bureau (FANS)

FANS Bureau administers the USDA Commodity Foods Program for eligible school entities participating in the National School Lunch Program (NSLP). In school year 2012-2013, commodity food was delivered by the FANS Bureau trucks to Acoma, Cochiti, Isleta, Jemez, Jicarilla Apache, Kewa, Laguna, Mescalero Apache, Nambe, Navajo, Ohkay Owingeh, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Taos, Tesuque, Zia and Zuni.

These schools served meals to approximately 34,000 Native American children each school day covering approximately 20% of their food costs. These schools received \$1,527,245 in commodity food this past year.



ISD Strategic Initiatives

For the last few years, the Income Support Division has been in the process of replacing the 25+ year old income eligibility system known as ISD2. The new replacement system is called ASPEN, the Automated System Program and Eligibility Network.

ASPEN will improve public access to income support services. Customers will have additional avenues to apply for benefits. In addition to Income Support Division’s traditional service delivery model (Fax, Mail, Walk-in to offices), customers will be able to apply for assistance through the use of a self-service online portal called YES NM from a computer at an ISD office, at home, or at a community partner site (I/T/U, library, meal site, etc.). HSD will provide I/T/U training on YES NM in 2014.

ASPEN will be implemented in four phases across the State beginning July 22, 2013 with all phases completed by January 21, 2014.

Phase	Start Date	End Date	Location	Notes
Phase 1	7/22/13	8/15/13	Albuquerque	Initial testing and training
Phase 2	8/15/13	9/15/13	Albuquerque	Expanded testing and training
Phase 3	9/15/13	10/15/13	Albuquerque	Final testing and training
Phase 4	10/15/13	11/15/13	Albuquerque	Final testing and training



CHILD SUPPORT ENFORCEMENT DIVISION (CSED)

CSED administers the Child Support Enforcement Program (CSEP) for New Mexico; CSEP is a federal-state partnership created to establish and enforce the support obligations owed by parents to their children. CSED helps locate missing parents, establishes legal paternity, and oversees child support orders. CSED has had a long collaborative relationship with the Navajo Nation that stems back to 1993, when the two entered into its first Joint Powers Agreement (JPA) for operation child support on the Navajo Nation, one of the first agreements of its kind in the United States.

Services provided by CSED to the Navajo Nation include, but are not limited to:

- Access to and the use of the NM Child Support Enforcement System (CSES);
- Centrally located services providing access to state & federal case registries, including the Federal Parent Locator Services (FPLS);
- Timely responses to referrals from Constituent Services;
- Central receipt and disbursement services through the CSED State Disbursement Unit (SDU);
- CSED Customer Service Information Center with in-state and out-of-state toll free numbers and an Automated Voice Response system;
- New hire reporting services, automatic income withholdings, federal and state tax referral and intercept services, and Financial Institution Data Match (FIDM) services;
- Credit bureau reporting;
- License suspension and passport denial;
- Child support training; and
- Technical assistance and procedural guidance, including Help Desk Services and other computer support.

CSED is in full support of tribes and pueblos wishing to develop and operate their own Tribal Child Support IV-D Programs and will provide technical assistance. CSED also 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 child lives off-reservation);
- Registering state court orders in tribal courts when appropriate (when 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;
- Outreaching to tribal hospitals on paternity acknowledgements;



- Providing services to custodial tribal members living on or off tribal lands – so long as the non-custodial parent lives off tribal lands; and
- Providing data and reports to Navajo Nation.

In 2001, the Navajo Nation was the third Tribe to receive approval to have its own Child Support Enforcement Program. In 2002, CSED entered into another JPA with the Navajo Nation to provide support for the Navajo Nation in its efforts. The JPA includes:

- Recognizes that the Navajo Nation is in total control of its caseload;
- Assists the Navajo Nation with its efforts; and
- Provides assistance, in the same manner as provided to its own offices, in order that the Navajo Nation might provide full child support services under the Tribal IV-D program.

The Navajo Nation has established two New Mexico child support offices in Shiprock and Crownpoint under the Tribal IV-D Program that provide a full array of services to its tribal members living within New Mexico state boundaries. CSED provides the Navajo Nation child support program full access to all automated functions of the CSED child support enforcement system, the State's Microsoft Outlook email system, the State Disbursement Unit, and the CSED customer service and constituent services centers; provides activity reports to assist in case management and federal reporting purposes; conducts IRS safeguard compliance inspections and training; conducts quality assurance reviews for data reliability; and provides central registry services for interstate/inter-jurisdictional cases.

The Farmington and Central CSED Offices communicate with the two Navajo Nation offices on a daily basis regarding payment processing, audits, driver's license suspension, case transfers, jurisdictional concerns, and teleconferences with mutual non-custodial parents. The Albuquerque North CSED office communicates with the Navajo Nation offices at least twice a month regarding mutual customers.

Utilization fees are charged to the Navajo Nation for services provided by CSED. These fees are based on the percentage of Navajo Nation cases compared to CSED's caseload. The Navajo Nation is charged the same amount that CSED pays for these services; CSED cannot match these fees with federal funds. Under the original agreement in 2002, the cost for services at Navajo Nation was roughly \$2.21 million per year. Since 2007, this cost has dramatically decreased to \$792,615 per year. Navajo Nation's share of costs is currently \$158,523 (or 20%), and the federal government's share is currently \$634,092 (or 80%). The New Mexico Legislature appropriates \$40,000 each year to CSED to transfer to the Navajo Nation child support program to match with federal funds to help offset these costs.

The Alamogordo CSED office communicates with the Mescalero Apache Tribe IV-D Program on a regular basis regarding mutual customers, jurisdiction, obtaining child support and medical support orders,



enforcing and modifying exiting court orders, registering cases, exchanging intrastate and interstate cases, locating missing parents and providing born-out-of-wedlock information.

CSED and Tribal Child Support Programs have developed good reciprocal working relationships over the years; CSED continues to work with:

- Jemez Pueblo Tribal Court to address cases involving members of this pueblo;
- Tesuque Pueblo regarding mutual customers and conducts an annual presentation on “Paternity Establishment” to the Santa Clara, Nambe, and San Ildefonso Pueblos through the Santa Fe CSED Office;
- Isleta, Acoma, Zuni and Laguna Pueblo Courts, who each now establish paternity, child and medical support orders, as well as enforce existing court orders – additionally, Isleta Pueblo also withholds tribal payments for child support arrears.

CSED has a dedicated attorney from the Albuquerque South Office that is licensed to practice in Acoma, Isleta, Laguna, and Zuni Pueblos. The CSED attorney appears before one of the tribal court judges from these Pueblos regularly. This attorney can file requests with the tribal court to order that a portion of annual per capita payments be withheld for child support. The attorney is often called upon by tribal judges, court staff, and parties when questions arise regarding child support cases that involve tribal members and/or basic child support matters. One tribal court judge remarked that it is definitely an asset to the court to have the CSED attorney assist with the child support cases and that having CSED involved provides more assurances regarding the proper calculation of child support, makes cases move more efficiently, and provides some teeth in the enforcement of tribal court orders. CSED also has a dedicated Child Support Legal Assistant that handles a total of 394 active cases for Acoma, Isleta, Laguna, and Zuni Pueblos.

The largest barrier to providing child support services to tribal members remains jurisdiction. CSED does not have the authority to serve non-custodial parents on tribal lands to obtain the legal actions necessary to establish paternity, child and medical support, or to enforce a court order. A second barrier is that tribal programs must rely on state systems and/or manual case management methods. Thirdly, tribal court fees to file legal actions can prove unaffordable to custodial parents – but would be free in non-tribal (state) courts. Despite these barriers, CSED looks forward to continuing its progress with tribes and pueblos, as it delivers child support services to all constituents across New Mexico.



CSED State Fiscal Year (SFY) 2013

CROWNPOINT				Total Collections SFY 2013
MONTH	CASES	OBLG %	# DPs	
June-13	1,190	44.0%	2,029	\$712,132

GALLUP				Total Collections SFY 2013
MONTH	CASES	OBLG %	# DPs	
June-13	3,684	21.9%	6,360	\$914,202

SHIPROCK				Total Collections SFY 2013
MONTH	CASES	OBLG %	# DPs	
June-13	1,959	50.2%	3,285	\$1,374,517

ACOMA				Total Collections SFY 2013
MONTH	CASES	OBLG %	# DPs	
June-13	110	65.5%	180	\$174,153

ISLETA				Total Collections SFY 2013
MONTH	CASES	OBLG %	# DPs	
June-13	74	64.9%	125	\$77,040

LAGUNA				Total Collections SFY 2013
MONTH	CASES	OBLG %	# DPs	
June-13	144	68.1%	237	\$222,251

ZUNI				Total Collections SFY 2013
MONTH	CASES	OBLG %	# DPs	
June-13	81	72.8%	146	\$102,248



MEDICAL ASSISTANCE DIVISION (MAD)

MAD manages the New Mexico Medicaid program. Medicaid is a joint federal and state program that pays for health care to New Mexicans who are eligible for Medicaid benefits. The New Mexico Human Services Department (HSD) has established a strong foundation for promoting and monitoring access to quality health care by promoting early intervention, preventive care, and attainment of improved clinical outcomes (HSD FY14 Strategic Plan). MAD recognizes that the Native American population has unique health care needs and that a large portion of health care is provided by the federally-funded I/T/Us (Indian Health Service, IHS, Tribal 638 and Urban Indian programs). In response, MAD maintains an on-going dialogue with tribal leaders, Native American Medicaid recipients, and their health care delivery system.

MAD provides on-going assistance to Native American Medicaid recipients and tribal providers through multiple methods, including but not limited to: technical assistance and clarification to I/T/Us on Medicaid provider policy, application process, provider reimbursement, and provider participation agreements, consumer advocacy, and collaboration with other programs such as federal, tribal and state programs. In addition, MAD continues to promote Presumptive Eligibility/Medicaid On-Site Application Assistance (PE/MOSSA) activities.

This past year HSD introduced a new and comprehensive service delivery system for its Medicaid program, known as Centennial Care, scheduled to roll out January 1, 2014. Centennial Care creates an integrated delivery system that offers physical health, behavioral health and long term care benefits through four managed care health plans. Under Centennial Care we will be streamlining services from seven MCOs to four MCOs. Each MCO (BC/BS, Molina, Presbyterian, and United Healthcare) will be responsible to integrate physical, behavioral, and long term services and supports into their scope of services. Native Americans can choose to remain in fee-for-service or sign up with an MCO to participate in Centennial Care. The only exception to this is the current CoLTS "C" Waiver population. They will remain in a managed care program like they are today. A big part of Centennial Care is care coordination. MCOs will be responsible for assuring that members receive the right amount of care in the right setting at the right time. Care coordination will help members who have chronic and complex health needs to access the care they need. For example, the care coordinator within the MCO will assist the member with making appointments, getting referrals, and transportation arrangements to appointments as needed. The care coordinator will work with hospital discharge planners to make sure the member is ready to safely go home. Services will be required to be culturally sensitive and appropriate. Most importantly, care coordination for Native Americans will not replace services at the I/T/Us, and the Native American member is free to use I/T/Us for their medical care. One of HSDs FY14 Strategic Plans is to establish Medicaid funded pilot programs for health homes for chronic conditions which integrate community behavioral health and primary care services and emphasizes health promotion.

The MAD has reached out to I/T/Us and Native American communities to share information regarding Centennial Care. The following is a list of communities where presentations were given on Centennial Care this past year:



- Tribal Consultation on Centennial Care in Laguna July, 2012
- San Ildefonso Tribal Council August, 2012
- National Indian Council on Aging September, 2012
- Kewa Pueblo Health Corporation October, 2012
- Primary Care Association Conference October, 2012
- Mescalero IHS Service Unit December, 2012
- NA care coordinators at UNM February, 2013
- Annual MCO Tribal Conference in Farmington May, 2013
- Community Health Representative Association June, 2013

Looking ahead, MAD is committed to continue to work with Native American Medicaid recipients, I/T/Us and other stakeholders to meet the growing demands of providing quality health care to Medicaid eligible Native Americans in New Mexico, especially with the roll out of Centennial Care.

The New Mexico Medicaid Director, Ms. Julie Weinberg, developed a subcommittee to the Medicaid Advisory Committee (MAC) made up of Native American stakeholders. This subcommittee is called the Native American Technical Advisory Committee (NATAC). The first meeting was held in October, 2012. After the 2013 New Mexico Legislative session, a letter was sent by Ms. Weinberg to all the current 22 Tribal leaders requesting they appoint a representative to this committee. To date we have 15 representatives from tribes and I/T/Us. The primary goal of the NATAC is to advise the Medicaid Director on Medicaid issues in Indian country. The director requested committee members to assist her with two goals:

- How to effectively communicate to Native Americans and I/T/Us about Centennial Care, whether they are currently in an MCO or not
- How to improve payments to I/T/Us from MCO providers in a timely and accurate manner

Outreach To Tribal Communities

The MAD Tribal Liaison has increased efforts to attend more tribal and IHS health fairs throughout New Mexico in the past year such as:

- Mescalero Health Fair October, 2012
- Thoreau Health Fair October, 2012
- Veteran's Summit - Santa Ana October, 2012
- Veteran's Day Summit – Isleta November, 2012
- Shiprock Health Fair November, 2012
- Indian Day at the Legislature February, 2013
- Alamo Health Fair April, 2013
- Sandia Health Fair April, 2013
- Laguna Health Fair April, 2013



Tribal Consultation Training To Medical Assistance Division Staff

One of the goals of the HSD FY14 Strategic Plan is to encourage HSD managerial employees to participate in Tribal Collaboration Training, provided by the State Personnel and Indian Affairs Department to improve success in working with their Tribal counterparts. MAD employees have been recently trained on SB 196, the State Tribal Collaboration Act (STCA) and the policy that HSD adopted. They were informed when I/T/U input is required for waiver amendments, proposals, extensions, renewals, and demonstration projects that have a direct impact on Native Americans, tribes and I/T/Us in New Mexico, along with the time line for proper notification. As part of the federal tribal consultation process, the following is a list of waiver amendments, proposed changes, and a demonstration waiver that MAD sent letters out to all Tribes, Pueblos, and Nations in New Mexico along with I/T/Us for comment:

- Request for comment on 1115 Waiver/Centennial Care (FY12) June 7, 2012
- Request for Comment on Medicaid Demonstration Model for Medicare/Medicaid enrollees (FY12) June 12, 2012
- Mi Via Proposed Changes letter requesting comment 2012 November 7,
- Developmental Disabilities Waiver Amendment sent out for comment May 1, 2013
- SCI Waiver Amendment sent out for comment May 3, 2013

Involvement In Native American Committees

- Participation in monthly MCO Tribal Liaison meetings with the current 7 MCOs
- Monthly attendance at the Albuquerque Area IHS Revenue Allocation Meetings (RAM)
- Quarterly attendance a the Navajo Area Business Office Management meetings (BOM)
- Monthly attendance at the Native American Subcommittee on Behavioral Health (NASC)
- Quarterly Tribal Liaison meetings under the Indian Affairs Department
- Monthly Native American Technical Advisory Committee (NATAC)
- Weekly Member Education Workgroup meetings in preparation for the roll out of Centennial Care in Native American communities

The MAD Native American Liaison goal in 2014 is to continue building a strong relationship between MAD, Tribes, and I/T/Us increase their knowledge and understanding of Centennial Care. Plans are to attend more health fairs, Chapter Houses, I/T/U clinics and tribal communities.



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Enrollment in MCO's and Fee for Service Medicaid

Looking ahead, MAD is committed to continue to work with Native American Medicaid recipients, IHS, Tribal 638 programs and other stakeholders to meet the growing demands of providing quality health care to the Medicaid eligible Native Americans in New Mexico.

Total number of Native Americans in Medicaid: 93,649

PROGRAM	DESCRIPTION	TOTAL ENROLLMENT	NA ENROLLMENT
Salud! Managed Care - Physical Health (Blue Cross/Blue Shield, Lovelace, Molina, and Presbyterian Salud)	AI/AN recipients voluntarily enroll with a Salud! MCO in order to receive their physical health services. The Salud! MCOs work closely with Native American communities and health organizations to promote preventive health care.	333,841	10,750 (or 3%)
Medicaid Fee-for-Service (FFS) Program	The Medicaid FFS Program is the portion of Medicaid that pays for services directly to providers rather than through a risk-based managed care plan such as the Salud! MCOs. The Medicaid FFS Program includes Native Americans who have opted not to participate in the Salud! Managed Care Program.	74,321	60,708 (or 82%)
State Coverage Insurance (SCI)	SCI is designed for working New Mexico residents, 19-64 years of age, with household incomes of up to 200% of the Federal Poverty Guidelines. This program targets individuals working for small employers and non-profit organizations with 50 or fewer employees, as well as self-employed individuals.	42,894	2,612 (or 6%)
Medicaid Behavioral Health Services	All Medicaid behavioral health services are coordinated by the single statewide entity (SE), OptumHealth. Native American Medicaid recipients have the option of receiving behavioral health services through the SE or through the SE fee-for-service (FFS) program. The collaboration and coordination of patient care for behavioral health is a continuous process. In the FFS behavioral health program, the Medicaid recipient accesses services from a Medicaid-participating provider and the SE pays the provider for the services. MAD provides technical assistance to the Indian Health Service (IHS), Tribal 638 programs and the statewide entity on the Medicaid provider application process, IHS provider reimbursement rates and policies, and the Medicaid behavioral health benefits.	374,097	17,835 (or 5%)
Medicaid Home and Community-Based Services (HCBS) Waivers			
Developmental Disabilities (DD) Waivers	The HCBS programs are called Waivers because the Federal government has "waived" certain statutory requirements of the Social Security Act to allow states to provide an array of home and community-based service options to eligible individuals as an alternative to providing long-term services in an institutional setting. Native Americans who are eligible through the DD, MF, AIDS or CoLTS "C" Waivers are assisted by case managers or service coordinators to access necessary HCBS services. Instead of receiving services through the traditional DD, MF, AIDS or CoLTS "C" Waiver programs, individuals eligible for any of those waivers can choose to receive their services through the Mi Via Waiver, which is a self-directed program through which participants direct their own services and supports.	3,675	475 (or 13%)
MF Waiver		135	14 (or 10%)
AIDS Waiver		14	0
CoLTS "c" Waiver		40,241	7,076 (or 17.5%)
Mi Via Waiver		1,227	129 (or 12%)



BEHAVIORAL HEALTH SERVICES DIVISION

New Mexico Behavioral Health Purchasing Collaborative

HSD is a member and the statutory co-chair of the 17 member public policy making board which comprises the New Mexico Behavioral Health Purchasing Collaborative (Collaborative). The vision of the Collaborative has been to create a single behavioral health service delivery system in New Mexico in which:

- The support of recovery and development of resilience are expected.
- Mental health is promoted.
- The adverse effects of substance abuse and mental illness are prevented or reduced.
- The behavioral health customers are assisted in participating fully in the life of their communities.
- Available funds are managed effectively and efficiently.

To this end, the Collaborative, including HSD, contractually manages the public behavioral health services through a Statewide Entity (SE), OptumHealth. Among the key functions of the SE are:

- Credential behavioral health providers throughout the system to ensure access and capacity to quality and culturally/linguistically competent services based on consumer and family need.
- Maintain accurate and current fiscal and client service data which can be utilized to effectively manage the service system and plan for emergent needs.
- Monitor the service system, including monitoring for both quality improvement and assurance and for program integrity.
- Provide managed care under Medicaid for behavioral health services.

State Entity: OptumHealth New Mexico

OptumHealth New Mexico (OHNM) is committed to helping consumers and their families on the path to recovery and resiliency, to achieving the Collaborative's vision of system transformation and to establishing a strong partnership with its network of providers.

In April and May 2009, prior to the start of its contract, OHNM conducted Native American Regional Provider Forums in Albuquerque and Farmington. OHNM created a senior management position entitled Director of Native American Affairs for Behavioral Health Solution to provide leadership within the organization to be able to manage services in a culturally sensitive fashion for all 22 tribes and pueblos within the State of New Mexico. Concurrently, OHNM hired local Native American staff to work with Region 6 Native American Providers – all of whom are from tribes in New Mexico. OHNM staff provide adult and youth behavioral health care coordination, peer and family support, and support groups for consumers. OHNM Region 6 staff also provide Complex Case Clinical Team participation, clinical reviews, clinical consultation, clinical program consultation and development,



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third-party reimbursement consultation and technical assistance and training, run groups and trainings at tribal offices, as well as provide technical assistance to Native American and tribal providers across the state.

OHNM Region 6 personnel have been actively engaged in OHNM's systems development with tribes, along with supporting tribal infrastructures to expand tribal billing opportunities. As a result, many tribes are now able to bill Medicaid including Mescalero Apache, and Santo Domingo Pueblo. OHNM Region 6 has created opportunities for some tribal providers to provide information in how to apply for Medicaid and sustain program services for tribal communities. Other key accomplishments of Region 6 OptumHealth include:

- Creating an OHNM Tribal Advisory Committee, which holds public quarterly meetings, to share information and best practices – especially around Systems of Care;
- Assisting IHS with ongoing clinical and administrative resources to Mescalero Apache and Navajo Nation through OHNM provider network to respond to suicide crisis in Mescalero and Thoreau, NM;
- Developing telehealth resources with tribal providers and Indian Health Services, to promote accessibility of behavioral health services in rural and frontier areas;
- Developing technical training and consultation for tribal providers to bill Comprehensive Community Support Services for services and providing this training at the tribe's request – including Jemez Pueblo, Eight Northern Indian Pueblos Incorporated, and others to come to expand services.
- OHNM provided training for several I/T/U providers in the CORE Curriculum which is used as a tool for providing Comprehensive Community Support Services.
- Developing a working definition and reimbursable service code for Traditional Healing Services with endorsement by Behavioral Health Services Division (BHSD) and Children, Youth, Families Divisions (CYFD). The Traditional Healing Services with a working definition and service code are: Diagnostic Ceremony; Sweat Lodge Ceremony; Smoke Ceremony; Traditional Follow-up; Talking Circle; Traditional Peacemaking Ceremony; Group Cultural/Traditional Activities; Traditional Individual Counseling; Traditional Group Counseling; Traditional Family Counseling and 'Cultural Mentorship/Spiritual Preparation' within existing CPT code 99199 for 'Traditional Healing' that is endorsed by CYFD and BHSD/HSD.
- OHNM committed 2 million to substance abuse and suicide prevention in Native American and rural communities for three years. They are Coalition for Healthy & Resilient Youth, Inc.; Shiprock Healing Circle Drop-In Center; Institute of American Indian Arts; Isleta Behavioral Health Services; Jicarilla Apache Nation; Mescalero Prevention Program; National Indian Youth Leadership Project; Native American Community Academy; Pueblo of Laguna; Pueblo of Pojoaque; New Mexico Suicide Prevention Coalition; Pojoaque Valley School District-NAPC; and Region IX Education Cooperative.



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- OHNM helped established the first Native American Peer Support Run Operation in Shiprock New Mexico referred to as the Shiprock Healing Center Drop-in Center.
- OHNM works with State Tribal Liaisons from other State Department Offices to ensure collaboration and partnerships to address the needs of Native American consumers, Indian Health Services, Tribal 638 and Urban Providers.
- OHNM worked with Human Service Division (HSD) along with all the State of New Mexico Managed Care Companies; BlueCross Blue Shield, Molina Healthcare, Amerigroup, United HealthCare, Lovelace and Presbyterian to ensure partnership and collaboration on behalf of consumers and I/T/U providers issues and resolution. A yearly meeting was sponsored by the Managed Care Native American Liaisons for consumers and I/T/U Providers to provide updates, company information, value-added services, peer support services, care coordination, physical and behavioral health information and to stress the importance of collaboration and partnerships as we move forward with Centennial Care and the new MCO that were selected.
- OHNM participates in monthly meetings with HSD Tribal Liaisons and all MCO's Tribal Liaisons for information, updates and I/T/U provider concerns.
- OHNM participates in a majority of the Native American Local Collaborative Meetings and supports the LCs with yearly funding.
- OHNM's grant writing assistance program has secured funds to help Native American behavioral health providers, peer run organization and community run programs.
- OHNM has reinvested funds back into Native American communities through community reinvestment grants and sponsorships.
- OHNM trained and assisted one-hundred present of I/T/U providers for set up and trained to bill OHNM – a first for a statewide entity.
- OHNM assisted to launch a statewide Crisis and Access line that will provide all New Mexicans including Native Americans to access to crisis help 24/7.
- OHNM worked with Children, Youth, and Families (CYFD) to fund two CSA Equivalent Tribal Service Providers (Navajo Nation and Mescalero). This is the first time CYFD has funded two tribal programs.
- OHNM worked with the System of Care Tribal Grantees with behavioral health system development and sustainability of culturally appropriate services and Medicaid system infrastructure to sustain funding and services for tribal communities.

New Mexico Behavioral Health Planning Council

The Behavioral Health Planning Council (BHPC) is the advisory body to the Governor and to the Collaborative. The Council has been in existence for the past 20 years in accordance with Public Law 102-321 of the federal Public Health Service Act. The Council's membership represents communities from across New Mexico primarily through the Local Collaborative structure, which brings a



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geographic and cultural diversity to the table. Ten state agency representatives sit on the Council, which includes the Department of Indian Affairs. As such, the Council is a conduit and a catalyst for information flowing up from communities to the Collaborative and correspondingly down from the Collaborative to communities.

Five seats on the Council are reserved for the five recognized Native American local collaborative, which represent 18 tribes and off-reservation Natives. The Executive Committee includes five private citizens who each represent behavioral health stakeholders for consumers, or providers, or family members, or advocates or Native Americans.

The Native American Subcommittee has statewide tribal representation, including urban, rural and frontier. Members include providers, consumers, advocates, family members and state and local tribal governments. The subcommittee's strategic priorities have primarily centered on transportation, supportive housing, crisis support, and suicide prevention.

Behavioral Health Local Collaborative Leads Alliance

The purpose of the Local Collaboratives has been to develop strong local voices to guide behavioral health planning and services, providing a community based conduit for communication and influence as communities of care develop around the State. Local Collaboratives were developed for each of New Mexico's 13 judicial districts, as well as five Local Collaboratives that represent the state's sovereign Tribes, Nations, Pueblos and off-reservation populations. An Alliance of leaders from each of the active local collaboratives has now been formed. This LC Alliance is a means for LCs to achieve independent sustainability, create a network to support one another, to share successes and learn from each other and to continue as local community voices under an umbrella of the Alliance.

Behavioral Health Services

BHSD helps ensure access to mental health and substance abuse services by reducing the uninsured gap in New Mexico and augmenting Medicaid funding for behavioral health services. BHSD is the federally designated adult mental health authority and substance abuse single state agency. In coordination with the Collaborative and OHNM, BHSD manages community-based and some residential treatment services for persons over 18 with substance use disorders, mental health diagnoses and co-occurring disorders.

BHSD staff worked with Native American and tribal providers on the following federal grants and state programs:

1. **Access-To-Recovery (ATR):** ATR, a SAMSHA Grant initiative, is a client choice driven three month voucher program utilizing a central intake model. Utilizing the central intake model, clinical and recovery support services are provided by a credentialed ATR network of providers using a state of the art voucher management system (VMS). New



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Mexico successfully competed for the ATR III grant, which has allowed BHSD to expand the ATR program into McKinley County.

2. **Substance Abuse Prevention and Treatment (SAPT) Block Grant:** SAPT is a SAMHSA block grant that funds planning, implementing and evaluating activities/services to prevent and treat substance abuse. The SAPT block grant is BHSD's largest services funding stream, funding an estimated \$5 to \$6 million annually, approximately 16% of which assists Native American and tribal providers. Community-based providers receive these funds through OptumHealth New Mexico to help support their substance abuse treatment services and primary prevention activities. OHNM is working with BHSD to have SAMHSA support and approve reimbursements for Traditional Healing Services using (SAPT) Block Grant Funds.
3. **Veterans First/Jail Diversion (VFJD) Grant:** VFJD is a SAMHSA grant, in its third year of a 4-year term. This grant serves adults with a history of trauma and prioritizes veterans, in partnership with the Veterans and Family Support Services (VFSS), Presbyterian Medical Services (PMS). BHSD chairs a monthly Statewide Advisory Committee (SAC) to direct the activities of VFJD partners – including a wide range of state agencies and providers in the state.

A key focus of this grant is providing services to Native American and tribal communities in Sandoval, San Juan and McKinley Counties. BHSD continues to strategize with its Native American and tribal partners in these counties on how to deliver veteran-specific services, including:

- Funding Jemez Pueblo to support its new office for its Veterans Association. OHNM provides technical assistance in the development of new culturally appropriate jail diversion and behavioral health services to ensure access to services and billing for services via invoice billing.

4. **Total Community Approach (TCA):** TCA is a partnership between the Collaborative and local communities most affected by substance abuse to address their behavioral health challenges. BHSD teams up with local municipalities to target resources – from prevention to treatment, and direct them to the areas where they are most needed to deal with substance abuse and other behavioral health challenges.

LC 15 and Navajo Nation providers participate as a TCA project site, receiving almost \$600,000 to implement a case management model based on the Navajo Regional Behavioral Health Authority. They continue to target drug issues with youth and adults (ages 13 and up) and their families in Crownpoint and surrounding communities. OHNM supports the provider via technical assistance with development of new services and



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invoice billing for services provided within Eastern Navajo. Navajo Nation for the first time was able to draw down their entire allocation.

- 5. Comprehensive Community Support Services (CCSS):** CCSS is a consumer-driven framework to providing behavioral health services, grounded in the principles of recovery and resiliency. Over the last few years, the Collaborative, BHSD and other partners have begun implementing CCSS into the statewide system of care.

Tribal 638 agencies and Indian Health Service Facilities are also included in the CCSS Medicaid regulation as provider types. Thus, they may bill OMB reimbursement rates for CCSS services. BHSD and OHNM have continued to provide technical assistance to these agencies and facilities, at their request, to determine their target populations and explore any new billing opportunities.

- 6. Certified Peer Support Workers (CPSWs):** BHSD oversees certification of peer support specialists through its Office of Consumer Affairs (OCA). HSD periodically conducts Peer Support Specialist Trainings across the state; Native American and tribal peers from across the state have completed these trainings.

- 7. Set –Aside Funds:** BHSD sets aside some of its State General Funds to fund six Native American and tribal providers who offer a range of behavioral health prevention and treatment services. During FY12, BHSD and OHNM established traditional services definitions for excel-based ‘workbooks’ with each of the providers to assist in their recording of services and generating monthly invoices. Providers continue to improve upon the scope of their services as a result.

- 8. State Epidemiological Outcomes Workgroup (SEOW):** The OSAP oversees the SEOW, a multi-agency committee whose purpose is identify, collect, analyze and disseminate data describing the prevalence, severity, consumption, and consequence of alcohol, tobacco, and other drug use in New Mexico. It includes Native American and tribal representation.



OFFICE OF HEALTH CARE REFORM

The New Mexico Office of Health Care Reform (OHCR) in the Human Services Department (HSD) develops practical solutions for New Mexico's health system to improve health outcomes and delivery systems as the state launched its implementation strategy for health care reform.

HSD/OHCR established the New Mexico Health Insurance Exchange Advisory Task Force (ATF). The ATF was comprised of 15 members representing hospitals, providers, carriers, large and small employers, agents and brokers, underserved populations, state agencies, and Native Americans. The ATF then commissioned 6 subject matter work groups, which included a Native Americans Work Group (NAWG), to assist in addressing the multitude of issues in the development of a state based exchange in New Mexico.

Following its six meetings, the Native American Work Group provided the ATF with proposals and guidance on various Exchange provisions and functions that may be unique to the Native American communities and members. Recommendations also addressed Exchange integration, support for the Native American Service Center, and the federal requirement to conduct tribal consultations.

The New Mexico Legislature passed SB 221, the "New Mexico Health Insurance Exchange Act," (the "Act") during the 2013 Regular Session, and Governor Martinez signed the Act on March 28, 2013. The New Mexico Health Insurance Exchange (NMHIX) is to be operated as a quasi-governmental nonprofit entity and governed by a 13-member board of directors that were appointed in April 2013. The Act requires designation of a Native American liaison to assist the Board in the development and implementation of effective communication and collaboration between the NMHIX and the New Mexico Indian nations, tribes, and pueblos. The Native American liaison will also ensure that proper training is provided to NMHIX staff on cultural competency; understanding of Indian health laws, and other Native American issues. The NMHIX is in the process of appointing the Native American Liaison.

Other stipulations of the Act include coordination by HSD and the NMHIX for federal funding of the Exchange and sharing of information to facilitate transitions in enrollment between the Exchange and Medicaid. HSD received a Level 1 grant in 2011 in the amount of \$34 million and has subsequently submitted an Administrative Supplement request of approximately \$8.5 million and an additional Level 1 grant for \$20 million.

While efforts to establish the NMHIX were initially administered by HSD/OHCR, all Exchange related activities and grant funding are being transitioned to the NMHIX post-enactment of the NM Insurance Act.



SECTION V. Training and Certification

The HSD has encouraged their employees to take the Cultural Competency Training. In FY13, 91 employees participated in the trainings. The HSD Tribal Liaison has been working with the State Personnel Office (SPO) and the Indian Affairs Department (IAD) to offer additional trainings to staff in two HSD office locations. In FY14 HSD intends to continue collaboration with SPO and IAD for regional office on-site trainings.

SECTION VI. KEY NAMES & CONTACT INFORMATION

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STCA Report Closing Statement

The Human Services Department hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2013.

Sidonie Squier

Sidonie Squier, Cabinet Secretary
Human Services Department

7/30/13
Date

SECTION VII. APPENDICES

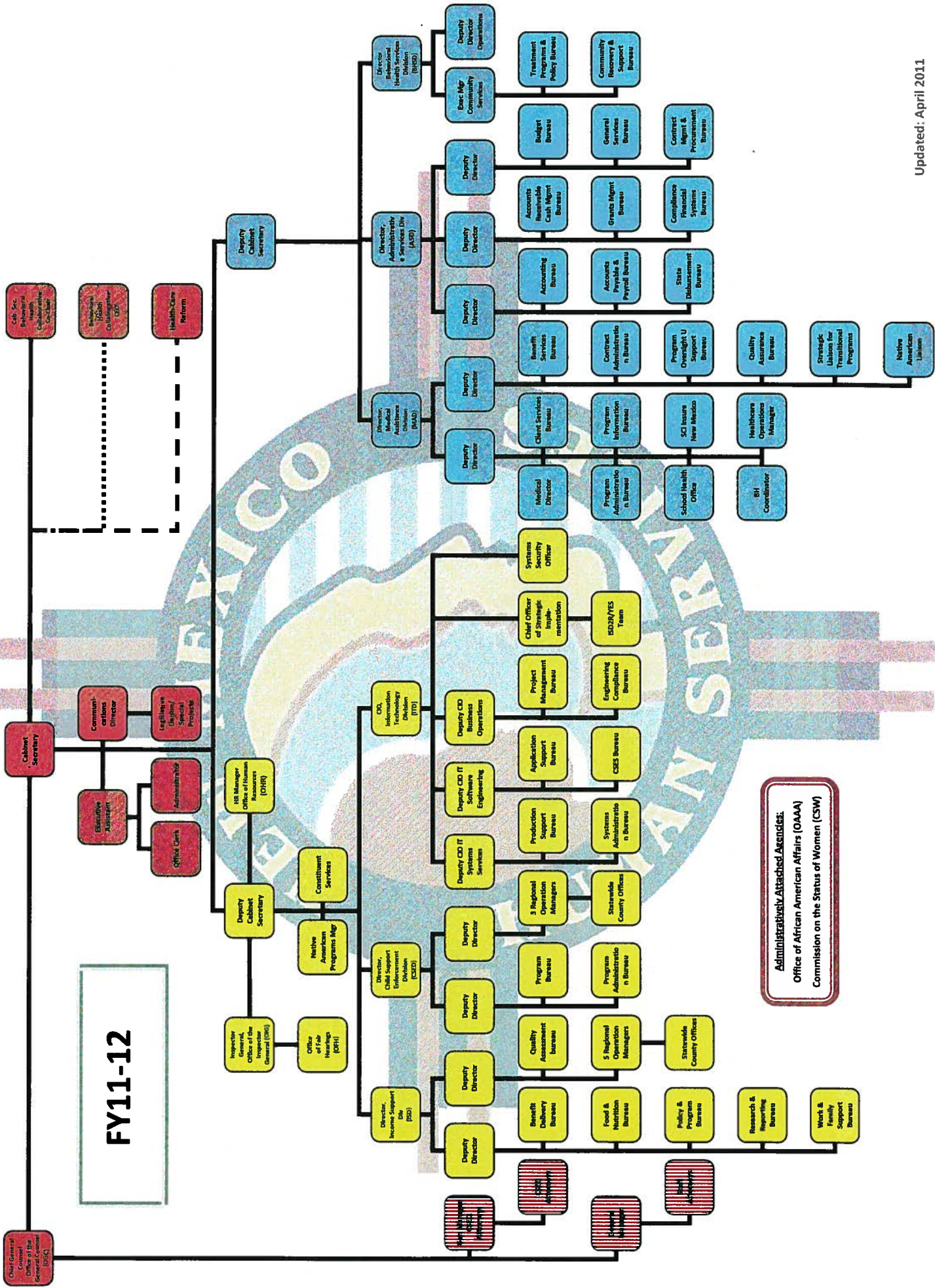
Appendix A

HSD Organizational Chart

Appendix B

New Mexico Human Services Department State-Tribal Consultation, Collaboration and Communication Policy

Human Services Department Organizational Chart





State-Tribal Consultation, Collaboration and Communication Policy

Section I. Background

- A. In 2003, the Governor of the State of New Mexico and 21 out of 22 Indian Tribes of New Mexico adopted the *2003 Statement of Policy and Process* (Statement), to “establish and promote a relationship of cooperation, coordination, open communication and good will, and [to] work in good faith to amicably and fairly resolve issues and differences.” The Statement directs State agencies to interact with the Tribal governments and provides that such interaction “shall be based on a government-to-government relationship” aimed at furthering the purposes of meaningful government-to-government consultation.
- B. In 2005, Governor Richardson issued Executive Order 2005-004 mandating that the Executive State agencies adopt pilot tribal consultation plans with the input of the 22 New Mexico Tribes.
- C. The New Mexico Health and Human Services Tribal Consultation meeting was held on November 17-18, 2005 to carry out Governor Richardson’s Executive Order 2005-004 calling for a statewide adoption of pilot tribal consultation plans to be implemented with the 22 Tribes within the State of New Mexico. This meeting was a joint endeavor of the five executive state agencies comprised of the Aging and Long-Term Services Department, the Children, Youth and Families Department, the Department of Health, the Human Services Department and the Indian Affairs Department. A State-Tribal Work Plan was developed and sent out to the Tribes on June 7, 2006 for review pursuant to the Tribal Consultation meeting.
- D. On March 19, 2009, Governor Bill Richardson signed SB196, the State Tribal Collaboration Act (hereinafter “STCA”) into law. The STCA reflects a statutory commitment of the state to work with Tribes on a government-to-government basis. The STCA establishes in state statute the intergovernmental relationship through several interdependent components and provides a consistent approach through which the State and Tribes can work to better collaborate and communicate on issues of mutual concern.
- E. In Fall 2009, the Healthy New Mexico Group, comprised of the Aging and Long Term Services Department, the Children, Youth and Families Department, the Department of Health, the Department of Veterans’ Services, the Human Services Department, the Indian Affairs Department, and the Office of African American Affairs, met with representatives from the Tribes to develop and overarching Policy that, pursuant to the STCA:
1. Promotes effective collaboration and communication between the Agency and Tribes;
 2. Promotes positive government-to-government relations between the State and Tribes;
 3. Promotes cultural competence in providing effective services to American Indians/Alaska Natives; and
 4. Establishes a method for notifying employees of the Agency of the provisions of the STCA and the Policy that the Agency adopts.
- F. The Policy meets the intent of the STCA and defines the Agency’s commitment to collaborate and communicate with Tribes.

Section II. Purposes

Through this Policy, the Agency will seek to improve and/or maintain partnerships with Tribes. The purpose of the Policy is to use or build-upon previously agreed-upon processes when the Agency initiates programmatic actions that have tribal implications.

Section III. Principles

- A. **Recognize and Respect Sovereignty** - The State and Tribes are sovereign governments. The recognition and respect of sovereignty is the basis for government-to-government relations and this Policy. Sovereignty must be respected and recognized in government-to-government consultation, communication and collaboration between the Agency and Tribes. The Agency recognizes and acknowledges the trust responsibility of the Federal Government to federally recognized Tribes.
- B. **Government-to-Government Relations.** - The Agency recognizes the importance of collaboration, communication and cooperation with Tribes. The Agency further recognizes that Agency programmatic actions may have tribal implications or otherwise affect American Indians/Alaska Natives. Accordingly, the Agency recognizes the value of dialogue between Tribes and the Agency with specific regard to those programmatic actions.
- C. **Efficiently Addressing Tribal Issues and Concerns** - The Agency recognizes the value of Tribes' input regarding Agency programmatic actions. Thus, it is important that Tribes' interests are reviewed and considered by the Agency in its programmatic action development process.
- D. **Collaboration and Mutual Resolution** - The Agency recognizes that good faith, mutual respect, and trust are fundamental to meaningful collaboration and communication policies. As they arise, the Agency shall strive to address and mutually resolve concerns with impacted Tribes.
- E. **Communication and Positive Relations** - The Agency shall strive to promote positive government-to-government relations with Tribes by: (1) interacting with Tribes in a spirit of mutual respect; (2) seeking to understand the varying Tribes' perspectives; (3) engaging in communication, understanding and appropriate dispute resolution with Tribes; and (4) working through the government-to-government process to attempt to achieve a mutually-satisfactory outcome.
- F. **Informal Communication** - The Agency recognizes that formal consultation may not be required in all situations or interactions. The Agency may seek to communicate with and/or respond to Tribes outside the consultation process. These communications do not negate the authority of the Agency and Tribes to pursue formal consultation.
- G. **Health Care Delivery and Access** - Providing access to health care is an essential public health responsibility and is crucial for improving the health status of all New Mexicans, including American Indians/Alaska Natives in rural and urban areas. American Indians/Alaska Natives often lack access to programs dedicated to their specific health needs. This is due to several factors prevalent among American Indians/Alaska Natives, including but not limited to, lack of resources, geographic isolation, and health disparities. The Agency's objective is to work collaboratively with Tribes to insure adequate and quality health service delivery in all tribal communities, as well as with individual American Indians/Alaska Natives in urban areas or otherwise outside tribal communities.
- H. **Distinctive Needs of American Indians/Alaska Natives** - Compared with other Americans, American Indians/Alaska Natives experience on overall lower health status and rank at, or near, the bottom of other social, educational and economic indicators. American Indians/Alaska Natives have a life expectancy that is four years less than the overall U.S. population and they have higher mortality rates involving diabetes, alcoholism, cervical cancer, suicide, heart disease, and tuberculosis. They also experience higher rates of behavioral health issues, including substance abuse. The Agency will strive to ensure with Tribes the

accountability of resources, including a fair and equitable allocation of resources to address these health disparities. The Agency recognizes that a community-based and culturally appropriate approach to health and human services is essential to maintain and preserve American Indian/Alaska Native cultures.

- I. **Establishing Partnerships** – In order to maximize the use of limited resources, and in areas of mutual interests and/or concerns, the Agency seeks partnerships with Tribes and other interested entities, including academic institutions and Indian organizations. The Agency encourages Tribes to aid in advocating for state and federal funding for tribal programs and services to benefit all of the State’s American Indians/Alaska Natives.
- J. **Intergovernmental Coordination and Collaboration**
 1. **Interacting with federal agencies.** The Agency recognizes that the State and Tribes may have issues of mutual concern where it would be beneficial to coordinate with and involve federal agencies that provide services and funding to the Agency and Tribes.
 2. **Administration of similar programs.** The Agency recognizes that under Federal tribal self-governance and self-determination laws, Tribes are authorized to administer their own programs and services which were previously administered by the Agency. Although the Agency’s or Tribe’s program may have its own federally approved plan and mandates, the Agency shall strive to work in cooperation and have open communication with Tribes through a two-way dialogue concerning these program areas.
- K. **Cultural and Linguistic Competency** – The Agency shall strive for its programmatic actions to be culturally relevant and developed and implemented with cultural and linguistic competence.

Section IV. Definitions

A. The following definitions shall apply to this Policy:

1. **American Indian/Alaska Native** – Pursuant the STCA, this means:
 - a) Individuals who are members of any federally recognized Indian tribe, nation or pueblo;
 - b) Individuals who would meet the definition of “Indian” pursuant to 18 USC 1153; or
 - c) Individuals who have been deemed eligible for services and programs provided to American Indians and Alaska Natives by the United States public health service, the Bureau of Indian Affairs or other federal programs.
2. **Collaboration** – Collaboration is a recursive process in which two or more parties work together to achieve a common set of goals. Collaboration may occur between the Agency and Tribes, their respective agencies or departments, and may involve Indian organizations, if needed. Collaboration is the timely communication and joint effort that lays the groundwork for mutually beneficial relations, including identifying issues and problems, generating improvements and solutions, and providing follow-up as needed.
3. **Communication** – Verbal, electronic or written exchange of information between the Agency and Tribes.
4. **Consensus** – Consensus is reached when a decision or outcome is mutually-satisfactory to the Agency and the Tribes affected and adequately addresses the concerns of those affected. Within this process it is understood that consensus, while a goal, may not always be achieved.

5. **Consultation** – Consultation operates as an enhanced form of communication that emphasizes trust and respect. It is a decision making method for reaching agreement through a participatory process that: (a) involves the Agency and Tribes through their official representatives, (b) actively solicits input and participation by the Agency and Tribes; and (c) encourages cooperation in reaching agreement on the best possible decision for those affected. It is a shared responsibility that allows an open, timely and free exchange of information and opinion among parties that, in turn, may lead to mutual understanding and comprehension. Consultation with Tribes is uniquely a government-to-government process with two main goals: (a) to reach consensus in decision-making; and (b) whether or not consensus is reached, to have considered each other's perspectives and honored each other's sovereignty.
6. **Cultural Competence** – Refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) awareness of one's own cultural worldview, (b) appreciation of cultural differences, (c) knowledge of different cultural practices and worldviews, and (d) honing cross-cultural skills. Developing cultural competence improves one's ability to understand, communicate with, provide services and resources to, and effectively interact with people across cultures.
7. **Culturally Relevant** – Describes a condition where programs or services are provided according to the clients' cultural backgrounds.
8. **Government – Government** – Describes the intergovernmental relationship between the State, Tribes and the Federal government as sovereigns.
9. **Indian Organizations** – Organizations, predominantly operated by American Indians/Alaska Natives, that represent or provide services to American Indians and/or Alaska Natives living on and/or off tribal lands and/or in urban areas.
10. **Internal Agency Operation Exemption** – Refers to certain internal agency operations and processes not subject to this Policy. The Agency has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
11. **Internal Tribal Government Operations Exemption** – Refers to certain internal tribal government operations not subject to this Policy. Each Tribe has the authority and discretion to determine what internal operations and processes are exempt from this Policy.
12. **Linguistic Competence** – Refers to one's capacity to communicate effectively and convey information in a manner that is understood by culturally diverse audiences.
13. **Participation** – Describes an ongoing activity that allows interested parties to engage one another through negotiation, compromise and problem solving to reach a desired outcome.
14. **Programmatic Action** – Actions related to the development, implementation, maintenance or modification of policies, rules, programs, services, legislation or regulations by the Agency, other than exempt internal agency operations, that are within the scope of this Policy.
15. **Tribal Advisory Body** – A duly appointed group of individuals established and organized to provide advice and recommendations on matters relative to Agency programmatic action.
16. **Tribal Implications** – Refers to when a programmatic action by the Agency will have substantial direct effect(s) on American Indians/Alaska Natives, one or more Tribes, or on the relationship between the State and Tribes.

17. Tribal Liaison – Refers to an individual designated by the Agency, who reports directly to the Office of the Agency Head, to:
 - a) Assist with developing and ensuring the implementation of this Policy;
 - b) Serve as a contact person responsible for maintaining ongoing communication between the Agency and affected Tribes; and
 - c) Ensure that training is provided to staff of the Agency as set forth in Subsection B of Section 4 of the STCA.
18. Tribal Officials – Elected or duly appointed officials of Tribes or authorized intertribal organizations.
19. Tribes – Means any federally recognized Indian nation, tribe or pueblo located wholly or partially within the boundaries of the State of New Mexico. It is understood that “Tribes” in

the plural form means that or those tribe(s) upon which programmatic actions have tribal implications.

20. Work Groups – Formal bodies and task forces established for a specific purpose through joint effort by the Agency and Tribes. Work Groups can be established to address or develop more technical aspects of programmatic action separate or in conjunction with the formal consultation process. Work groups shall, to the extent possible, consist of members from the Agency and participating Tribes.

Section V. General Provisions

A. Collaboration and Communication

To promote effective collaboration and communication between the Agency and Tribes relating to this Policy, and to promote cultural competence, the Agency shall utilize, as appropriate: Tribal Liaisons, Tribal Advisory Bodies, Work Groups and Informal Communication.

1. The Role of Tribal Liaisons. To promote State-Tribe interactions, enhance communication and resolve potential issues concerning the delivery of Agency services to American Indians/Alaska Natives, Tribal Liaisons shall work with Tribal Officials and Agency staff and their programs to develop policies or implement program changes. Tribal Liaisons communicate with Tribal Officials through both formal and informal methods of communication to assess:
 - a) issues or areas of tribal interest relating to the Agency’s programmatic actions;
 - b) Tribal interest in pursuing collaborative or cooperative opportunities with the Agency; and
 - c) the Agency’s promotion of cultural competence in its programmatic actions
2. The Role of Tribal Advisory Bodies. The Agency may solicit advice and recommendations from Tribal Advisory Bodies to collaborate with Tribes in matters of policy development prior to engaging in consultation, as contained in this Policy. The Agency may convene Tribal Advisory Bodies to provide advice and recommendations on departmental programmatic actions that have tribal implications. Input derived from such activities is not defined as this Policy’s consultation process.

3. **The Role of Work Groups.** The Agency Head may collaborate with Tribal Officials to appoint an agency-tribal work group to develop recommendations and provide input on Agency programmatic actions as they might impact Tribes or American Indians/Alaska Natives. The Agency or the Work Group may develop procedures for the organization and implementation of work group functions. (See, e.g., the sample procedures at Attachment A.)

4. **Informal Communication.**
 - a) **Informal Communication with Tribes.** The Agency recognizes that consultation meetings may not be required in all situations or interactions involving State-Tribal relations. The Agency recognizes that Tribal Officials may communicate with appropriate Agency employees outside the consultation process, including with Tribal Liaisons and Program Managers, in order to ensure programs and services are delivered to their constituents. While less formal mechanisms of communication may be more effective at times, this does not negate the Agency's or the Tribe's ability to pursue formal consultation on a particular issue or policy.

 - b) **Informal Communication with Indian Organizations.** The State-Tribal relationship is based on a government-to-government relationship. However, in certain instances, communicating with Indian Organizations can benefit and assist the Agency, as well. Through this Policy, the Agency recognizes that it may solicit recommendations, or otherwise collaborate and communicate with these organizations.

B. Consultation

Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives who possess authority to negotiate on their behalf.

1. **Applicability –** Tribal consultation is most effective and meaningful when conducted before taking action that impacts Tribes and American Indians/Alaska Natives. The Agency acknowledges that a best case scenario may not always exist, and that the Agency and Tribes may not have sufficient time or resources to fully consult on a relevant issue. If a process appropriate for consultation has not already begun, through this Policy, the Agency seeks to initiate consultation as soon as possible thereafter.

2. **Focus –** The principle focus for government –to-government consultation is with Tribes through their Tribal Officials. Nothing herein shall restrict or prohibit the ability or willingness of Tribal Officials and the Agency Head to meet directly on matters that require direct consultation. The Agency recognizes that the principle of intergovernmental collaboration, communication and cooperation is a first step in government-to-government consultation, and is in accordance with the STCA.

3. **Areas of Consultation –** The Agency, through reviewing proposed programmatic actions, shall strive to assess whether such actions may have Tribal Implications, as well as whether consultation should be implemented prior to making its decision or implementing its action. In such instances where Tribal Implications are identified, the Agency shall strive to pursue government-to-government consultation with relevant Tribal Officials. Tribal Officials also have the discretion to decide whether to pursue and/or engage in the consultation process regarding any proposed programmatic action not subject to the Internal Agency Operation Exemption.

4. **Initiation –** Written notification requesting consultation by and Agency or Tribe shall serve to initiate the consultation process. Written notification, at the very least, should:

- a) Identify the proposed programmatic action to be consulted upon.
 - b) Identify personnel who are authorized to consult on behalf of the Agency or Tribe.
5. Process – The Agency, in order to engage in consultation, may utilize duly-appointed work groups, as set forth in the previous section, or otherwise the Agency Head or a duly-appointed representative may meet directly with Tribal Officials, or set forth other means of consulting with impacted Tribes as the situation warrants.
- a) Consultation shall be between the Agency Head and Tribal Officials or their delegated representatives with authority to negotiate on their behalf.
 - b) The Agency will make a good faith effort to invite for consultation all perceive impacted Tribes.
6. Limitations on Consultation –
- a) This Policy shall not diminish any administrative or legal remedies otherwise available by law to the Agency or Tribe.
 - b) The Policy does not prevent the Agency and Tribes from entering into Memoranda of Understanding, Intergovernmental Agreements, Joint Powers Agreement, professional service contracts, or other established administrative procedures and practices allowed or mandated by Federal, State or Tribal laws or regulations.
 - c) Final Decision Making Authority: The Agency retains the final decision-making authority with respect to actions undertaken by the Agency and within Agency jurisdiction. In no way should this Policy impede the Agency's ability to manage its operations.

Section VI. Dissemination of Policy

Upon adoption of this Policy, the Agency will determine and utilize an appropriate method to distribute the Policy to all its employees.

Section VII. Amendments and Review of Policy

The Agency shall strive to meet periodically with Tribes to evaluate the effectiveness of this policy, including the Agency's promotion of cultural competency. This Policy is a working document and may be revised as needed.

Section VIII. Effective Date

This Policy became effective on December 18, 2009 and has been updated by the Agency Head.

Section IX. Sovereign Immunity

The Policy shall not be construed to waive the sovereign immunity of the State of New Mexico or any Tribe, or to create a right of action by or against the State of New Mexico or a Tribe, or any State or Tribal Official, for failing to comply with this Policy. The Agency shall have the authority and discretion to designate internal operations and processes that are excluded from the Policy, and recognizes that Tribes are afforded the same right.

Section XI. Closing Statement/Signatures

The New Mexico Human Services Department hereby adopts the State-Tribal Consultation, Collaboration and Communication Policy.

Sidonie Squier

**Sidonie Squier, Cabinet Secretary
Human Services Department**

7/29/11

Date

ATTACHMENT A

Sample Procedures for State-Tribal Work Groups

DISCLAIMER: The following illustration serves only as sample procedures for State-Tribal Work Groups. The inclusion of this Attachment does not mandate the adoption of these procedures by a work group. Whether these, or alternative procedures, are adopted remains the sole discretion of the Agency Head and/or as duly-delegated to the Work Group.

- A. Membership –** The Work Group should be composed of members duly appointed by the Agency and as appropriate, participating Tribes, for specified purpose(s) set forth upon the Work Group’s conception. Continued membership and replacements to Work Group participants may be subject to protocol developed by the Work Group, or otherwise by the designating authority or authorities.
- B. Operating Responsibility –** The Work Group should determine lines of authority, responsibilities, definition of issues, delineation of negotiable and non-negotiable points, and the scope of recommendations it is to disseminate to the Agency and Tribes to review, if such matters have not been established by the delegating authority or authorities.
- C. Meeting Notices –** Written notices announcing meetings should identify the purpose or agenda, the Work Group, operating responsibility, time frame and other relevant tasks. All meetings should be open and publicized by the respective Agency and Tribal offices.
- D. Work Group Procedures –** The Work Group may establish procedures to govern meetings. Such procedures can include, but are not limited to:
 - 1. Selecting Tribal and Agency co-chairs** to serve as representatives and lead coordinators, and to monitor whether the State-Tribal Consultation, Collaboration and Communication Policy is followed;
 - 2. Defining roles and responsibilities** of individual Work Group members;
 - 3. Defining the process for decision-making;**
 - 4. Drafting and dissemination** of final Work Group products;
 - 5. Defining appropriate timelines;** and
 - 6. Attending and calling to order** Work Group meetings.
- E. Work Group Products –** Once the Work Group has created its final draft recommendations, the Work Group should establish a process that serves to facilitate implementation or justify additional consultation. Included in its process, the Work Group should recognize the following:
 - 1. Distribution –** The draft recommendation is subjected for review and comment by the Agency, through its Agency Head, Tribal Liaison, and/or other delegated representatives, and participating Tribes, through their Tribal Officials.
 - 2. Comment –** The Agency and participating Tribes are encouraged to return comments in a timely fashion to the Work Group, which will then meet to discuss the comments and determine the next course of action. For example:
 - a. If the Work Group considers the policy to be substantially complete as written,** the Work Group can forward the proposed policy to the Agency and participating Tribes for finalization.

- b. If based on the comments, the Work Group determines that the policy should be rewritten; it can reinitiate the consultation process to redraft the policy.
- c. If the Agency and participating Tribes accept the policy as is, the Work Group can accomplish the final processing of the policy.

F. Implementation – Once the collaboration or consultation process is complete and the Agency and Tribes have participated in, or have been provided the opportunity to participate in, the review of the Work Group’s draft recommendations, the Work Group may finalize its recommendations. The Work Group co-chairs should distribute the Work Group’s final recommendations to the Agency, through its delegated representatives, and to participating Tribal Officials. The Work Group should record with its final recommendation any contrary comments, disagreements and/or dissent, and whether its final recommendation be to facilitate implementation or pursue additional consultation.

G. Evaluation – At the conclusion of the Work Group collaboration or consultation process, the Work Group participants should evaluate the work group collaboration or consultation process. This evaluation should be intended to demonstrate and assess cultural competency of the Agency, the Work Group, and/or the process itself. The evaluation should aid in measuring outcomes and making recommendations for improving future work group collaboration or consultation processes. The results should be shared with the Agency, through its delegated representatives, and participating Tribal Officials.