

Mondragon, Tabitha, HCA

From: Nancy Rodriguez <Nancy@nmasbhc.org>
Sent: Wednesday, July 24, 2024 4:37 PM
To: HCA-madrules
Subject: [EXTERNAL] Public Comment Submission
Attachments: NMASBHC Public Comment 7_24_24 on HSD SBIRT NMAC.pdf

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Human Services Department

Office of the Secretary

ATTN: Medical Assistance Division Public Comments

P.O. Box 2348

Santa Fe, New Mexico 87504-2348

Dear Secretary Armijo:

Thank you for the opportunity to make public comment on the New Mexico Administrative Code (NMAC) rule 8.321.2 NMAC, Specialized Behavioral Health Provider Enrollment and Reimbursement. On behalf of the New Mexico Alliance for School-Based Health Care (NMASBHC), I am pleased to share feedback, both in the form of specific revision suggestions and more general comments about additions. Firstly, we wish to thank the Department for adding coverage for SBIRT (Screening Brief Intervention & Referral to Treatment) for the pediatric population, a policy change that we have been requesting for some years. We believe this addition will help school-based health centers (SBHCs) and other practices serving youth and children who need support to avoid negative health impacts associated with substance use and misuse. To best achieve that shared goal, we recommend the revisions included in the attached letter that bring the language into compliance with state law regarding consent and confidentiality, as well as best practice for adolescent medicine. We would be happy to meet with you to answer any questions or discuss further.

With thanks for your time and attention,

Nancy Rodriguez

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SUGGESTED REVISIONS:

Title 8, Chapter 321, Part 2
Section 35, Item C

HSD/MAD proposed language:

"Identified population:

- (1) MAD recipient adolescents 11-13 years of age with parental consent;
- (2) MAD recipient adolescents 14-18 years of age;
- (3) MAD recipient adults 19 years and older."

NMASBHC proposed change: NMASBHC would urge that the language simply reference state law for the provision of care to minors. The current proposed language requiring parental consent for 11-13 year olds does not follow state law. NMASBHC would suggest that numbers 1 and 2 be replaced with one item with the language: "MAD recipient adolescents 11-17 years of age, in accordance with state laws related to adolescent consent and confidentiality" with number 3 becoming number 2 with the language changed to "MAD recipient adults 18 years and older." This better reflects minors as one separate category and would not require revision should state law change.

Section 35, Item D

1) HSD/MAD proposed language:

"Covered services:

- (1) SBIRT screening with negative results eligible for only screening component;

(2) SBIRT screening with positive results for alcohol, or other drugs, and co-occurring with depression, or anxiety, or trauma are eligible for:

(a) screening; and

(b) brief intervention and referral to behavioral health treatment, if needed

NMASBHC proposed change: NMASBHC would urge that HSD/MAD revise to remove any obstacles to screening and treatment by requiring co-occurrence of disorders. New suggested language would be: (1) SBIRT screening, whether screening results are positive or negative; (2) Brief intervention and referral to behavioral health treatment when SBIRT screens are positive for alcohol or other drugs with or without positive screens for depression, anxiety or trauma.” Otherwise, there is an unnecessary limitation that reduces access to care and intervention.

The New Mexico Alliance for School-Based Health Care has as its mission to represent school-based health centers in New Mexico and collaborate with other partners to promote, facilitate, and advocate for comprehensive, culturally competent health care, including health education, in schools. Our organization has partnered with HSD/MAD since SBHCs inception in this state to ensure access to quality care for children served by Medicaid. School-based health centers have grown over their history in our state, becoming a health care delivery system more embedded in existing healthcare entities such as federally qualified health centers, hospitals, I.H.S., rural health clinics, and other medical systems rather than being operated by the schools themselves; this historical change must be matched by a modernization of regulations and systems in which they operate. In order to match policy and regulation to the healthcare needs of pediatric Medicaid members, we must continue to collaborate. We urge you to make the suggested revisions, and are excited to begin providing training and support to the field to ensure the growth and success of SBIRT in New Mexico.

We thank you for your time and attention and look forward to our continued partnership to improve the health of our pediatric population and support our SBHCs in New Mexico.

Sincerely,



Nancy Rodriguez
Executive Director