



Presentation to the  
Indian Affairs Committee  
Sidonie Squier, Secretary HSD  
June 13, 2011

# Today's Discussion – Program Updates & Priority Initiatives

- Income Support Division
  - Supplemental Nutrition Assistance Program (SNAP)
  - Temporary Assistance for Needy Families (TANF)
  - General Assistance (GA)
  - Native American Outreach Workers
- Child Support Enforcement Division
  - Native American CSED Partnerships
- Behavioral Health Services Division
  - Native American Suicide Prevention – SB 417 Update
  - Native American Local Collaboratives
- Medical Assistance Division (Medicaid)
  - Medicaid Enrollment
  - Medicaid Cost Containment – IHS and 638 programs
  - Native American Protection Plan Update
  - Medicaid Redesign and Modernization Plan

## **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*

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# Income Support Division (ISD) – Program Participation

- SNAP
  - May 2011 – 53,827 Native Americans Participating (12.9% of Total)
    - 8,285 more than May 2010
- State SNAP Supplement
  - May 2011 – 215 Native Americans Participating (5% of Total)
- TANF
  - May 2011 – 2,902 Native Americans participating (6.1% of Total)
    - 338 less than May 2010
- General Assistance
  - May 2011 – 200 Native Americans Participating (6.7% of Total)
    - 53 more than May 2010

Zuni Pueblo and Navajo Nation run their own TANF Programs

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# Native American Area Office and Out-Stationed Workers

- HSD has maintained its expanded services to Native Americans by opening up an Income Support office at Zuni Pueblo and placed out-stationed workers in Indian Health Services (IHS) Hospitals.

**Out-Stationed Income Support workers located in IHS hospitals at:**

- Shiprock
- Crownpoint
- Gallup
- Santa Fe
- Acoma-Cañoncito-Laguna
- Mescalero
- Albuquerque

**Zuni Income Support Office, 203 B-State Hwy 53 in Zuni Pueblo**

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# ISD Strategic Initiatives

1. Develop and implement a replacement eligibility system for ISD2 to administer the food, cash, energy and medicaid eligibility
  - a) Announcement of RFP award contract late June, 2011
  - b) Begin implementation in Fall 2013
2. Increase the number of TANF participants engaged in work activities
  - a) Achieve work participation rates of 50% for all families and above 60% for two-parent families
3. General Services Agreement (GSA) with Zuni Pueblo & Navajo Nation
  - a) Zuni Pueblo - FY 11, \$32,000 General Fund (GF) - FY 12, \$31,000 GF
  - b) Navajo Nation - FY 11, \$218,000 GF - FY 12 \$210,900 GF

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# TANF Program Changes

- ▶ TANF is a \$110 million Annual Federal Block Grant
  - Cash Balances and additional FF did not materialize as anticipated
  - Due to the declining revenue and the increased need for TANF cash assistance the Department implemented several changes to the TANF program earlier this year
  - TANF and Education Works Cash Assistance Benefit Reduction
    - Reduced monthly cash assistance benefit by 15% effective January 1, 2011 (regulations issued in Fall 2010)
      - Example: Family of three monthly benefit was reduced by \$80 from \$447 to \$367
  - Annual Clothing Allowance
    - The January 2011 Clothing Allowance was suspended
    - August 2011 clothing allowance not funded - Governor Martinez considering using ARRA funds to pay for a portion of 2011 allowance
  - Transition Bonus Program
    - Effective January 31, 2011, the Transition Bonus Program was suspended

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# Child Support Enforcement Division (CSED) – Navajo Nation Partnership

- **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 them with technical assistance**
  - 2002 CSED entered into a Joint Powers Agreement with the **Navajo Nation** to provide child support services. JPA has been amended twice.
  - Under JPA, NM CSED provides full computer support to the three Navajo Nation child support offices located in **Crownpoint, Shiprock, and Gallup**.
  - NM CSED provides full training to staff of these offices, computer equipment, and monthly, quarterly, and annual reporting.
  - Director of Navajo Nation child support program requested permission from federal OCSE to transition all Arizona Navajo Nation cases to NM system.

Through legislative appropriation and a GSA, New Mexico HSD/CSED transfers \$40,000 in general revenue funds to the Navajo Nation IV-D program. The Navajo Nation is then able to use this general fund to “pull down” a federal match of 80% (\$160,000) for the operation of the Navajo IV-D Program.

Navajo Nation	# of Cases May, 2011	# Children May, 2011	Collections through May, 2011
Crownpoint	1,372	2,306	\$608,864
Gallup	4,618	7,904	\$887,679
Shiprock	2,579	4,412	\$1,148,923
All NN	2,215	14,776	\$2,645,466

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# Child Support Enforcement Division (CSED) – Native American Initiative

- The Alamogordo CSED office communicates with the **Mescalero Apache Tribe IV-D** program on a regular basis regarding mutual customers, jurisdictional issues, etc.
- CSED has obtained preliminary approval from the IRS and OCSE to begin planning of providing computer access (CSES) to the **Mescalero Apache Tribe and Zuni Pueblo IV-D** Programs
- CSED Native American Initiative (**Acoma, Isleta, Laguna, and Zuni Pueblos**) – CSED works child support cases in the tribal courts of these pueblos.

CSED administers the Child Support Enforcement program for NM to establish and enforce the support obligations owed by parents to their children

Pueblo	# of Cases May, 2011	# Children May, 2011	Collections through May, 2011
Acoma	96	144	\$108,910
Isleta	73	123	\$61,154
Laguna	167	291	\$182,432
Zuni	94	160	\$70,557

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# CSED Collections

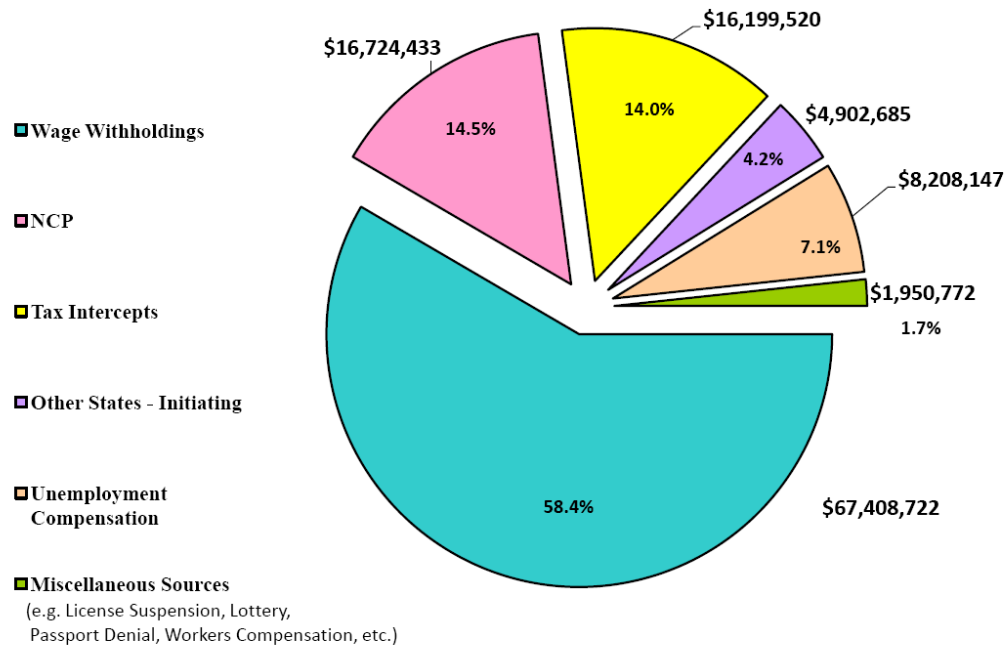
- ✓ \$115.4 million in Child Support Collections for SFY 2010 – Record Amount Collections
- ✓ SFY 2011 Collections through May 31, 2011 - \$112.3 million (Surpassed target of \$110.1 million)



## Child Support Collections for SFY 2010



**\$ 115,394,280**



Navajo Nation Collections = \$2,957,238, or 2.6% of total Collections for SFY 2010  
 Native American Initiative (NAI) Pueblos (Acoma, Isleta, Laguna and Zuni) = \$472,692, or .4% of total Collections for SFY 2010  
 Tribal Collections were 3% of all SFY 2010 Collections.



# Behavioral Health Services Division (BHSD)

FY 2011 BHSD Funding for Native American specific Behavioral Health Prevention and Coordination Services = \$274,576

Laguna Pueblo = \$75,000

Five Sandoval Indian Pueblo (FSIP) = \$83,500

Dine' Council of Elders for Peace = \$28,090

IBHC for Specialized Funding = \$10,314

Isleta Parent Pride Program = \$44,923

Zuni = \$32,576

FY 2011 BHSD Funding for Native American specific Behavioral Health Treatment Services = \$2.273 million

Five Sandoval Indian Pueblo = \$230,079

Eight Northern Indian Pueblos Council inc. (Eight Northern = \$586,431

Na Nizhoozhi Center Inc. (NCI) = \$426,500

First Nations Community Healthsource (FNCH) = \$243,419

Navajo Nation Department of Behavioral Health Services (DBHS) = \$404,561

Total = \$382,620

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# BHSD Strategic Initiatives

1. **Consumer Wellness Centers** – The Office of Consumer Affairs (OCA) within BHSD is creating two Wellness Centers that will be community organizations operated and managed by peer mentors.
  - a) 1 of 2 Awardees is in Shiprock for Navajo Nation (Mental Health American of the 4 Corners Area Inc. – Hozho-Nahasliid Beke Iona and the Healing Circle Drop In Center)
2. **NM Telebehavioral Health with Tribal Partners**
  - a) Three-year-old Telebehavioral Health Pilot Project between NM Center for Rural and Community Health and the Indian Health Service continues to expand
3. **Total: Navajo Pilot Project to Break the Cycle of Homelessness**
  - a) Federally funded grant that assists Navajo tribal members with serious mental illness and substance abuse who are homeless obtain and maintain housing
4. **Access to Recovery**
  - a) New Access to Recovery service office in Gallup designed to serve Navajo members in the Gallup area.
5. **Traditional Healing Code Development**
  - a) BHSD working with Totalh, Navajo Nation and Five Sandoval Indian Pueblo to develop service codes for traditional services

▶ BHSD manages the adult public behavioral health service system through its incorporation in the NM Behavioral Health Collaborative

**Tribal Telebehavioral Health**

- Each NM Tribe has telehealth equipment
- IHS Mescalero Apache (1<sup>st</sup> child psychiatry)
  - Gallup High School
  - Albuquerque Area IHS
  - To'Hajiilee
- Five Sandoval Behavioral Health

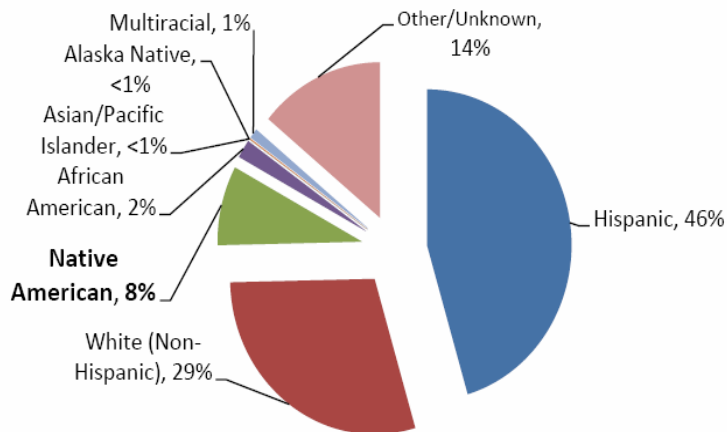


# Behavioral Health Collaborative Funding for Native American Initiatives

The BH Collaborative was created during the 2004 Legislature to allow most state agencies involved in behavioral health prevention and treatment to work as one in an effort to support the recovery and resiliency of New Mexicans with mental illness and substance use disorders and children with severe emotional disturbance.

- During FY10 Behavioral Health Collaborative funded an estimated \$37.6 million in behavioral health services for 7,360 Native Americans or 8.3% of total consumers through its contract with the Statewide Entity
- During the first *three quarters* of FY11 *preliminary* reports show 5,454 Native American consumers served
  - 2,604 females
  - 2,850 males
- Statewide Entity allocated \$2 million for 3 years for 13 Native American Substance Abuse and Suicide Prevention programs across the State

**FY10 Consumers by Ethnic Group**



# BH Collaborative Strategic Initiatives

1. **Strengthen the development of community-based behavioral health services for adults and children**
  - a) SB 417- Developing a New Mexico Clearinghouse for Native American Suicide prevention to provide culturally appropriate suicide prevention, intervention and post-event assistance
  - b) Establish a crisis system to prevent clients with mental health and substance abuse problems from being inappropriately detained in jails or by law enforcement
  - c) Building services in local communities to keep children and youth in homes (or homelike services), in schools and in communities
2. **Expand and improve the capacity of the behavioral health workforce in New Mexico**
  - a) Increase the employment of paraprofessionals to deliver recovery support services
  - b) Establish the use of telehealth services to increase access to psychiatric services.

**SB 417 - Native American Suicide Prevention Clearinghouse Involvement**

- Zuni Pueblo,
- Acoma Pueblo,
- Kewa Pueblo,
- San Felipe Pueblo,
- Five Sandoval Pueblo,
- Mescalero Apache Tribe,
- Navajo Nation, and
- Albuquerque Urban Indian Community



# Behavioral Health Collaborative



New Mexico Behavioral Health  
Native American Collaboratives



- Of the 18 Local Collaboratives Across the State Five are Native American Specific
  - LC 14 - Mescalero, Jicarilla Apache Tribes, Isleta, Acoma, Laguna and Zuni Pueblos
  - LC 15 - Navajo Nation
  - LC16 - Sandoval County Consortium (Santa Ana, Kewa (formerly Santo Domingo), Zia, Cochiti, Jemez, Sandia, and San Felipe Pueblos as well as the urban tribal populations in Sandoval County)
  - LC 17 - Rain Cloud, an off reservation group
  - LC 18 - Eight Northern Pueblos (Nambe, Picuris, Pojoaque, San Ildefonso, Ohkay Owingeh, Santa Clara, Taos and Tesuque Pueblos)



★ - LC 17 Off Reservation Native Americans

\* Source New Mexico Behavioral Health Collaborative  
\* Created by New Mexico Health Policy Commission

Alamo, Ramah, & Tohajiilee areas are Navajo Chapters however are members of Local Collaborative 14



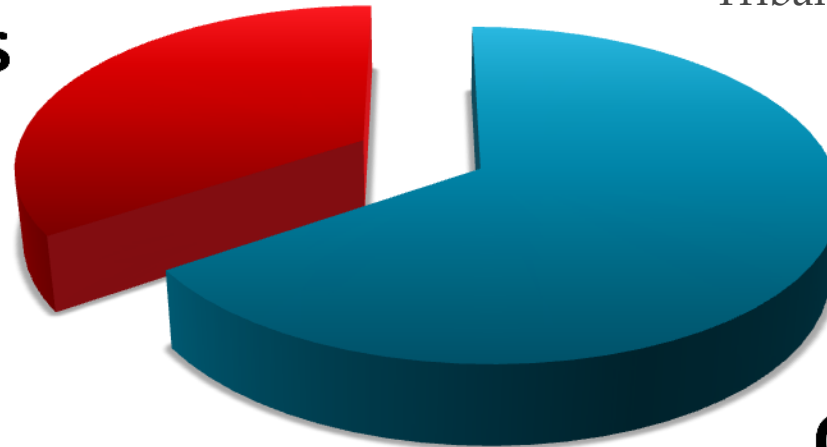
# Medical Assistance Division

- **Medicaid – Native American Participation**

- Jan. 2011 – 87,202 (17.5% of Total)
  - 2,045 more than Jan. 2010
  - 42% are women and children

- **NM Native Americans are:**
  - Voluntarily enrolled in SALUD! Managed Care
  - Exempted from cost-sharing/co-pays under Medicaid
  - Have open access to IHS and Tribal facilities

**Adults**  
30,301



**Children**  
56,901

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# Medical Assistance Division – Native American Outreach and Enrollment by County (Jan. 2011)

County	Native American Enrollment	County	Native American Enrollment
Bernalillo	14,040	McKinley	25,861
Catron	28	Mora	39
Chavez	379	Otero	2,032
Cibola	4,925	Quay	95
Colfax	68	Rio Arriba	2,410
Curry	264	Roosevelt	125
DeBaca	14	Sandoval	7,069
Dona Ana	1,390	San Juan	19,619
Eddy	280	San Miguel	1,816
Grant	154	Santa Fe	2,143
Guadalupe	31	Sierra	90
Harding	3	Socorro	1,434
Hidalgo	14	Taos	871
Lea	225	Torrance	234
Lincoln	341	Union	15
Los Alamos	21	Valencia	902
Luna	157	Unknown	113

## Children's Health Insurance Program (CHIP) Outreach Grant

- \$1 million CHIP Grant Award period - Sept. 2009 to Sept. 30, 2011
- Focus - To make the application process more accessible to people in different areas of the state through the use of online application Kiosks.
- 12 Total Kiosk Locations
  - 7 Native American
    - Acoma
    - Crownpoint
    - Dulce
    - Pine Hill
    - Sheep Springs
    - Shiprock
    - Zuni
  - 3 Border
  - 2 Rural

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# Medical Assistance Division

- **Goals of Coordination of Long Term Services (CoLTS)**
  - Promote home and community-based services
  - Reduce unnecessary institutional placements
  - Coordinate and integrate medical and long-term services
  - Coordinate Medicare and Medicaid Funding
  - Improve health status and outcomes
  - Increase quality management and data sharing
  - Manage public resources effectively
  - Increase participant involvement in long-term services planning

**CoLTS Enrollment**  
April 2011 – 38,734  
Total Enrollees

- 6,797 Native American Enrollees

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# Medicaid Cost Containment Impact on Indian Health Service & Tribal 638 Programs (I/Ts)

- ▶ **HSD has taken many actions to contain costs. They include things such as:**
  - Provider reimbursement reductions – IHS excluded
  - A change in the methodology to reimburse Hospitals – IHS excluded
  - Reduction in pharmacy dispensing fees – IHS excluded
  - HSD has taken care to protect IHS and 638 programs in its cost containment measures.
  - No cost containment actions have been taken, or are contemplated at this time, that would affect services received by Native Americans in IHS or Tribal 638 programs

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# Medicaid Native American Protection Plan - Update

- ▶ The Native American Protection Plan is designed to protect health care services that are provided to Native American Medicaid recipients through IHS Facilities and Tribal 638 programs (I/Ts).
- ▶ Protection Plan needs approval from the Federal Centers for Medicare and Medicaid (CMS)
  - Submission for approval to CMS is on hold due to no identified core services that will be cut or limited that would affect I/Ts

- ▶ In 2010 the State Tribal Group designed a “waiver” proposal to Protect American Indian Medicaid benefits from cost-containment efforts by the state



# Medicaid Strategic Initiatives

**Medicaid Modernization Plan** – HSD will partner with Alicia Smith & Associates to redesign and modernize the Medicaid program to ensure the long term sustainability of the program

## Four Principles of Medicaid Modernization Plan:

1. Incorporate all services into a “second generation” of managed care that offers a full spectrum of benefits from newborns to nursing care,
2. Increase personal responsibility by implementing co-pays for some high-cost services, and pursuing financial incentives to reward healthy behavior,
3. Pay for Performance. That means we are going to pay for health care outcomes rather than the quantity of services provided, and
4. Increase administrative efficiencies by combining all our waivers into a single waiver so we can manage the program rather than the waivers.

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# Medicaid Strategic Initiatives

## Medicaid Modernization Timeline:

1. Road map - August, 2011
2. Waiver - Submitted and approved in 12 – 18 months
3. Full transformation - Implemented in 24 months
4. Stakeholder Input – Summer 2011
  - a) LHHS Presentation - Tuesday, June 14, 2011
  - b) Public Input Sessions – Summer 2011
  - c) Tribal Consultation – August 3, 2011
  - d) [Medicaid.comments@state.nm.us](mailto:Medicaid.comments@state.nm.us)



# Acronyms

- ▶ **ATR** - Access to Recovery
- ▶ **ARRA** - American Recovery and Reinvestment Act
- ▶ **ASD** - Administrative Services Division
- ▶ **BHSD** - Behavioral Health Services Division
- ▶ **CHIP** - Children's Health Insurance Program
- ▶ **CSED** - Child Support Enforcement Division
- ▶ **CSES** - Child Support Enforcement System
- ▶ **CMS** - Centers for Medicare and Medicaid Services
- ▶ **CoLTS** - Coordination of Long-Term Services
- ▶ **Co-SIG** - Co-Occurring State Incentive Grant
- ▶ **DD** - Developmental Disabilities
- ▶ **D & E** - Developmental and Elderly
- ▶ **DIG** - Data Infrastructure Grant
- ▶ **EBP** - Evidence Based Practices
- ▶ **ER** - Emergency Room
- ▶ **FAA** - Family Assistance Analyst
- ▶ **FMAP** - Federal Medical Assistance Percentage
- ▶ **FQHCs** - Federally Qualified Health Centers
- ▶ **GA** - General Assistance
- ▶ **HSD** - Human Services Department
- ▶ **ICFMRs** - Intermediate Care Facilities/Mentally Retarded
- ▶ **IHS** - Indian Health Service
- ▶ **I/Ts** - IHS and Tribal 638 Programs
- ▶ **ISD** - Income Support Division
- ▶ **ISD** - Integrated Services Delivery System
- ▶ **ITD** - Information Technology Division
- ▶ **LC** - Local Collaboratives
- ▶ **LIHEAP** - Low-Income Home Energy Assistance Program
- ▶ **MAD** - Medical Assistance Division
- ▶ **MCO** - Managed Care Organization
- ▶ **NCP** - Non Custodial Parent
- ▶ **OIG** - Office of Inspector General
- ▶ **OT** - Occupational Therapy
- ▶ **OSAP** - Office of Substance Abuse Prevention
- ▶ **PARIS** - Public Assistance Reporting Information System
- ▶ **PASRR** - Pre-Admissions Screening & Resident Review
- ▶ **PCO** - Personal Care Option
- ▶ **PT** - Physical Therapy
- ▶ **SCI** - State Coverage Insurance
- ▶ **SLP** - Speech Language Pathologist
- ▶ **SNAP** - Supplemental Nutrition Assistance Program
- ▶ **TANF** - Temporary Assistance for Needy Families
- ▶ **TEFAP** - The Emergency Food Assistance Program
- ▶ **TPL** - Third-Party Liability
- ▶ **T-SIG** - Transformation Systems Information Grant
- ▶ **WDI** - Working Disabled Individuals

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