

**Medicaid 1115 Demonstration Waiver Renewal
HSD Responses to Public Comments**

Proposal Area	Summary of Feedback Received	HSD Response
Benefit Proposal #1 (Centennial Home Visiting)	1) Recommends the waiver have a requirement for home visiting program providers/institutions be trained to provide trauma-informed and culturally-congruent care and to mitigate bias and discrimination; 2) Recommends that any mechanism for determining inclusion or targeting should be explicit regarding metrics and models used to avoid misuse or harmful use of these mechanisms.	Thank you for your comment. These comments will be considered as HSD plans for the continuation and expansion of the Centennial Home Visiting (CHV) program.
Benefit Proposal #1 (Centennial Home Visiting)	Requests the proposed waiver clarify CHVP coverage for Child First program participation will be authorized if parents/caretakers enroll prenatally, which is allowed by the model, and that coverage will be authorized for children through age 5 who participate in the program, to align with model fidelity (the proposal currently says age 6 months to 36 months).	Thank you for your comment. The Child First (CF) program model provides services prenatally to age five. HSD has corrected its application to replace the reference of children ages 6-26 months to 5 years.
Benefit Proposal #10 (Addition of a Closed-Loop Referral System)	Recommends adding requirement that various provider associations will participate in the design of the system.	Thank you for your comment. This comment will be considered as HSD plans for operation.
Benefit Proposal #10 (Addition of a Closed-Loop Referral System)	Recommends requiring explicit and informed consent by members for their information to be included in the system.	Thank you for your comment. This comment will be considered as HSD plans for operation.
Benefit Proposal #11 (Medical Respite for Members Experiencing Homelessness)	Concerned that the two-month cap is not appropriate for medical respite care.	Thank you for the comment. HSD is considering extending past 60 days with prior authorization indicating need for medical necessity. HSD has updated its application to specify: "HSD will allow a two-month cap on reimbursement for the medical respite site after hospital discharge, per member per year; however, HSD is considering approval for a longer length of stay based on medical necessity criteria to be defined."

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Benefit Proposal #11 (Medical Respite for Members Experiencing Homelessness)	Recommends including psychiatric hospitals in this benefit.	HSD will proceed in piloting this proposal with Albuquerque Healthcare for the Homeless and referrals from the University of New Mexico hospital, which may include psychiatric discharges. HSD will assess proposal during demonstration period for refinements, enhancements, and expansion of hospitals based on participation interest, measured outcomes, and effectiveness of the pilot.
Benefit Proposal #11 (Medical Respite for Members Experiencing Homelessness)	Recommends the State consider flexibilities to individuals in need of respite care given potential differences in acuity.	New Mexico has refined its application to specify that medical care onsite would include, "Medical services as indicated by hospital discharge instructions, including but not limited to: wound care; surgical site assessments; daily weights; and others per the medical conditions the member is recovering from."
Benefit Proposal #2 (Expanded Access to Supportive Housing)	Support, but recommends expanding the proposal beyond the Linkages program to serve more individuals (e.g., individuals with physical disability/medical vulnerability) and to expand the billing eligibility of Community Peer Support Workers to include services outside of Linkages to broaden the array of housing-insecure families.	Thank you for your comment and support. At this time, the proposal is limited to the providers of the Linkages program and Local Lead Agencies (LLAs) affiliated with the Special Needs/Set Aside Housing Program (SN/SAHP), which are permanent supportive housing programs. The SN/SAHP has a broad eligibility criteria to include physical disability. HSD is not pursuing additional provider types at this time and will evaluate in its ongoing assessment of program refinements and enhancements.

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<p>Benefit Proposal #2 (Expanded Access to Supportive Housing)</p>	<p>Supports the increase of members who may benefit, but concerned regarding the limitation that the benefit be applied only to Linkages clients.</p>	<p>Thank you for your comment and support. The Supportive Housing Expansion proposal does expand from Linkages to Local Lead Agencies associated with the SN/Set Aside Housing Program (SAHP). HSD is not pursuing additional provider types at this time and will evaluate in its ongoing assessment of program refinements and enhancements.</p>
<p>Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)</p>	<p>1) Supports the effort; 2) Recommended that when the State operationalizes the program, that it should keep in mind the warm transfer between providers who care for the member pre- and post-release, including putting a system in place (including consent) that allows information exchange between providers, MCOs, and community organizations.</p>	<p>Thank you for your comment and support. HSD will consider comment as proposal is operationalized.</p>
<p>Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)</p>	<p>Recommends examining the benefit to additional populations and a longer time frame (60 days).</p>	<p>Thank you for your comment. At this time, HSD is not extending the timeframe of 30 days prior to exiting incarceration. The proposal is not limited to the diagnoses indicated in the application as the proposal indicates, "The State will target high need members returning to the community, including but not limited to members with: SMI, SED, SUD, and/or Intellectual/Developmental Disability." HSD will evaluate this feedback in its ongoing assessment of program refinements and enhancements.</p>
<p>Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)</p>	<p>1) Recommends extending the benefit from 30 to 90-days; 2) Recommends an accountability mechanism for contractors if they don't comply with referral/coordination requirements.</p>	<p>Thank you for your comment. At this time, HSD is not extending the timeframe of 30 days prior to exiting incarceration. HSD will evaluate the timeframe in its ongoing assessment of program refinements and enhancements. Additionally, HSD will consider comment as proposal is operationalized.</p>

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Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Concerned the proposal will limit pre-release coverage to only the diagnoses indicated.	Thank you for your comment. The proposal is not limited to the diagnoses indicated in the application as the proposal indicates, "The State will target high need members returning to the community, including but not limited to members with: SMI, SED, SUD, and/or Intellectual/Developmental Disability."
Benefit Proposal #9 (Home-Delivered Meals)	Recommends the State consider other vulnerable populations that could benefit from this proposal, including the I/DD population.	Thank you for your comment. At this time, these are the selected pilot populations and HSD will evaluate this feedback in its ongoing assessment of program refinements and enhancements.
Eligibility Proposal #1 (Provide Continuous Enrollment for Children up to Age Six)	Support, but recommends requiring the MCOs to conduct outreach and inform members of eligibility changes to increase efficacy of this provision.	Thank you for your comment and support. HSD will consider your comment as this proposal is operationalized.
Eligibility Proposal #1 (Provide Continuous Enrollment for Children up to Age Six)	Support, but urges the State to expand the policy to other eligibility groups.	Thank you for your comment and support. At this time, HSD will not expand this proposal to other eligibility groups, but will consider your feedback in its ongoing assessment of program refinements and enhancements.
Other: Behavioral Health	Asked two questions: 1) Can recreational therapy be added to supplement behavioral health/IDD diagnoses to bill separately from facilities?; 2) How will MCOs be required to reimburse or be part of the CCBHC initiative?	Thank you for your comment. At this time, HSD is not pursuing the addition of recreational therapy to supplement behavioral health/IDD diagnoses in its 1115 waiver renewal application. HSD will consider your feedback on CCBHC implementation.

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Other: Behavioral Health	Recommends increasing the emphasis on behavioral health through increases in behavioral health data, descriptions, and adding a demonstration initiative to increase workforce: "developing a recruitment and retention model that includes regular salary increases, expanded benefits (providers on state employee plans) regular retention bonuses, supervision support to employing organizations, stipend support to students in advanced university studies, and supervision support for organizations training students. The plan would include training support of Peer support professionals to enable practice at the highest level of licensure. The Demonstration Project will also work to eliminate all licensing barriers in the transition from graduate level education to full employment. No gaps in ability of student turned employee to be able to bill for services. Currently students can bill and provisionally licensed providers can bill under the supervisor's credential, but there is a break when the student completes their internship. This coverage should continue through the student receiving a provisional license. The time for achieving the provisional license postgraduate should be extended to assure maximum completion rates."	Thank you for your comment. HSD will consider your comment for future Medicaid 1115 Waiver Amendments.
Other: Case Management Services	Recommends allowing clinical providers to bill for case management services.	Thank you for your comment. HSD will consider your feedback in its ongoing assessment of program refinements and enhancements.

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Other: Chart on Page 31	Asks how expanded home visiting coverage to behavioral health providers will be provided and requests a description for behavioral health services (e.g., who does it, frequency, etc.).	Thank you for your comment. The chart on page 31 depicts how the initiatives in Turquoise Care will benefit specific underserved populations in New Mexico. One of these initiatives is the expansion of Home Visiting programs, which will support, among other populations, members with behavioral health conditions. Each Home Visiting model will adhere to model fidelity, including provider composition. Therefore, if a given model utilizes a behavioral health provider, that provider will be able to provide that particular Home Visiting service.
Other: Home Health/Home Care Workers	Provided comments regarding the need for transparency for reimbursement and wage data for home care workers, including: 1) suggesting that the collection of home care worker wage data from MCOs and HSD should be required; 2) suggesting that transparency in what home care workers are paid is essential; and 3) expressing support for a wage floor for home care workers particularly in light of the workforce crisis.	Thank you for your comment. HSD will consider this feedback for future policy refinements and enhancements.

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Other: Omission of Medical Cannabis	Provided several comments reflecting the overarching concern that medical cannabis should be included as a Medicaid covered benefit. Specific comments included: 1) About 126,000 New Mexicans are enrolled in the medical cannabis program and roughly 75% are Medicaid beneficiaries and/or unemployed or underemployed with conditions prioritized in the draft 1115 waiver application (e.g., behavioral health, chronic pain, cancer); and 2) New Mexico removed cannabis as a Schedule I drug and it is provided as a benefit through worker's compensation.	Thank you for your comment. HSD is not pursuing medical cannabis coverage at this time, but will evaluate in our ongoing assessment of program refinements and enhancements.
Other: Recreational Therapy	Recommends adding recreational therapy as a covered benefit, particularly in regards to LTSS and behavioral health services.	Thank you for your comment. At this time, HSD is not pursuing the addition of recreational therapy under LTSS and 1115 waiver renewal application, but will consider this feedback for future program refinements and enhancements.
Other: Recreational Therapy	Recommends adding recreational therapy as a reimbursable service.	Thank you for your comment. At this time, HSD is not pursuing the addition of recreational therapy under the 1115 waiver renewal application, but will consider this feedback for future program refinements and enhancements.
Other: Recreational Therapy	Recommends adding recreational therapy as a reimbursable service.	Thank you for your comment. At this time, HSD is not pursuing the addition of recreational therapy under the 1115 waiver renewal application, but will consider this feedback for future program refinements and enhancements.

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Other: Recreational Therapy	Recommends adding recreational therapy as a reimbursable service.	Thank you for your comment. At this time, HSD is not pursuing the addition of recreational therapy under the 1115 waiver renewal application, but will consider this feedback for future program refinements and enhancements.
Other: Recreational Therapy	Recommends adding recreational therapy as a reimbursable service.	Thank you for your comment. At this time, HSD is not pursuing the addition of recreational therapy under the 1115 waiver renewal application, but will consider this feedback for future program refinements and enhancements.
Other: Successes from CC 2.0	Recommends adding Treat First data.	Thank you for your comment and support. HSD has refined its application to include data that quantifies Treat First successes.
Other: SUD	Concerned that the Medicaid FFS model does not support services to address evidence-based/harm reduction approach to SUD.	Under HSD's current demonstration waiver, the SUD program supports FFS and Managed Care members. Evidence-based harm reduction screening does occur under the current program structure. HSD will continue to assess the program for future refinements and enhancements.
Other: Telehealth	Commends mention of Telehealth, but wants the Waiver to be more explicit in how it will increase support and access to Telehealth services.	Thank you for your comment and support. HSD expands on its intent to increase support and access to telehealth services under Delivery System Proposal #2. Additionally, HSD is pursuing other activities outside of the waiver renewal that will address the increased support and access of telehealth services.

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Other: VBP	Makes several recommendations to the operationalization of VBP models.	Thank you for your comment. You can review future efforts on VBP on HSD's website at https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/
Benefit Proposal #1 (Centennial Home Visiting)	<p>1) Only pregnant women are eligible to enroll in CHV. Can benefit include relative caregivers as there are many grandparents or relatives raising newborns and/or young children, and their role as caregivers is a vital protective factor?</p> <p>2) Can Doula services be added to CHV?</p>	<p>Home Visiting provides services to the entire family that is involved with the child. In many cases, grandparents are involved in the visit and are apart of the child's community of care. The program works with foster parents, adoptive parents, legal guardians, and single parents where mom or dad are the only ones involved. The program is inclusive to support the family makeup and the models have the flexibility to adapt with the dynamics. CHV was developed to serve members in pregnancy to improve maternal, child outcomes. Under the waiver renewal and with the addition of evidenced-based models, we will have the opportunity to serve women postpartum and extend the program to them, if they did not enter prenatally.</p> <p>HSD is pursuing the coverage of doula services through a separate federal authority.</p>

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Benefit Proposal #1 (Centennial Home Visiting)	Supports the proposal, but tacitly asks if the intent is to increase the number of families served.	Although HSD's goal is to increase the number of families served annually, the primary purpose of this proposal is to add evidenced-based models that provide the opportunity to serve women postpartum and extend the program to them, if they did not enter the program prenatally. The 1115 Waiver Renewal Application has been updated to reflect this clarification.
Benefit Proposal #11 (Medical Respite for Members Experiencing Homelessness)	Asked if the housing benefits available for homeless individuals after a hospital stay would also be available after residential substance use or mental health services.	The proposal is intended for homeless members after a hospital stay where physical or behavioral health services may have been provided. If the pilot is approved by CMS and successful at achieving target outcomes, HSD will consider expanding to other hospitals, counties, and settings.
Benefit Proposal #2 (Expanded Access to Supportive Housing)	1) Asked if the supportive housing expansion is limited to current programs or if other types of supportive housing like sober living/recovery housing are included; 2) Asked if the eligibility criteria is the same as Linkages or broader.	The Supportive Housing Expansion proposal is limited to current programs, Linkages and Local Lead Agencies associated with the Special Needs/Set Aside Housing Program (SN/SAHP), which are permanent supportive housing programs, and does not include sober living/recovery housing. The eligibility criteria for the program included with the benefit expansion is broader than the program authorized in the current demonstration waiver. Refer to proposal details on page 41 of the application, which includes eligibility criteria.

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<p>Benefit Proposal #2 (Expanded Access to Supportive Housing)</p>	<p>1) Suggested additional populations be considered for benefit eligibility, including: a) children and youth with SED , particularly those in custody of CYFD; and b) current or former foster care persons aged 16-25 with or without SMI/SED in addition to adults with children temporarily in CYFD. 2) Suggested additional provider types be considered eligible providers to provide housing supports, including behavioral health agencies, FQHCs, CMHCs, and others that qualify among the coalition to end homelessness.</p>	<p>The current expansion from Linkages to Local Lead Agencies associated with the SN/Set Aside Housing Program (SAHP) does include additional populations for benefit eligibility. The SN/SAHP has a broader eligibility criteria to include: Age-related Disability (e.g., frail elderly, or, young adults with other special needs who have been in the foster care or juvenile services system). Refer to proposal details on page 41 of the application. HSD is not pursuing additional provider types at this time and will evaluate in its ongoing assessment of program refinements and enhancements.</p>
<p>Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)</p>	<p>1) Suggested additional populations be considered for benefit eligibility, including: a) adults transitioning to halfway housing or sober living; and b) youth on consent decrees, felony probation, and/or pre-probation stages. 2) Suggested including financial incentives for providers to take these patients through value based payment arrangements.</p>	<p>Adults transitioning to halfway housing or sober living, and who meet eligibility criteria outlined in the proposal may access these services. HSD is not pursuing broader justice involved situations at this time and will consider comment as proposal is operationalized.</p> <p>Additional Justice Involved populations on Medicaid will continue to have access to Transition of Care (TOC) benefits, Health Risk Assessment (HRA) and Care Coordination services. These services will ensure justice involved individuals a successful transition back into the community. The services do include housing, physical and behavioral health needs, peer support, financial needs Interpersonal skills and safety.</p>

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Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Asked what is included in enhanced care management and coordination for the justice-involved population.	Specific care management/coordination activities include transition planning, supports to assist in securing housing, linkages to other community supports that attend to the social determinants of health, conducting screening and referrals to community-based supports and services (including peer support services), providing culturally and linguistically sensitive health and social support education to beneficiaries and their families/caregivers, and developing a medication management plan with clinical providers.
Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Recommends broadening the eligibility to all individuals who qualify for Medicaid coverage 30 days prior to release regardless of one of the diagnoses listed in the application.	At this time, HSD is not broadening the eligibility criteria for this proposal, but will evaluate in its ongoing assessment of program refinements and enhancements.

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<p>Benefit Proposal #4 (Chiropractic Pilot)</p>	<p>1) Comment expressing concern in the discrepancy between the covered diagnoses in the proposal details versus other parts of the application and other relevant documents, particularly the omission of musculoskeletal pain recommends including musculoskeletal pain as qualifying diagnosis; 2) Comment expressing concern regarding the third bullet point under "Covered Services" (page 46) being redundant to the first bullet point under "Covered Services" since manual manipulation is already cited in the referenced Act--recommended removing the third bullet point; 3) Comment expressing concern regarding the "arbitrary" \$2,000 annual limit given that patients with chronic pain have multiple needs and visit often during a year, thereby limiting access to medically necessary care and a regression in health--recommended increasing the allowance to reflect medical necessity.</p>	<p>The proposed coverage parameters were developed in collaboration and with the consensus of the Medicaid Chiropractic Workgroup to include the proposed diagnoses to support the pilot objectives and evaluation criteria. At this time, HSD will not make changes to the covered population or diagnoses; however, one intention of the pilot is to determine whether the needs of the Medicaid population will be sufficiently addressed or if future pilot changes will be needed. Future changes will be based on data and outcomes as proposed in the pilot evaluation.</p> <p>The \$2,000 annual benefit cap amount aligns with the existing chiropractic benefit for the Home- and Community-Based Services programs.</p>
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<p>Benefit Proposal #4 (Chiropractic Pilot)</p>	<p>1) Support the comments made by the New Mexico Chiropractic Association; 2) advocate for an acupuncture pilot initiative in the waiver. 3) ACA believes that all beneficiaries should have access to the full range of services allowed under a chiropractic physician’s state licensure.</p>	<p>Thank you for your comment and support.</p> <p>The proposal outlined in the waiver application is clear that the pilot will cover the full range of services allowed under the New Mexico Chiropractic Physician’s Act, up to the proposed annual benefit limit. Chiropractic benefits offered through the pilot will be available to all MCO-enrolled adults in categories 100 (Other Adult Group) and 200 (Parent/Caretaker Group) who have a primary diagnosis of neck pain, back pain, or headaches.</p> <p>HSD is not pursuing an acupuncture pilot but may consider doing so in the future.</p>
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Benefit Proposal #6 (Enhanced Services and Supports for Members in Need of Long-Term Care)	1) Comments regarding the investment in small homes, including: a) asked if the funding could support capital investments; b) expressed concern around the implementation details, particularly if small home models are not well defined by the state; c) expressed concern that ALFs are not part of the Phase 2 language; and d) expressed concern that it may not lend itself to more seniors going into assisted living. 2) Comments regarding the room and board for ALFs, including: a) expressed concern about the rates for room and board to support the services; b) expressed concern that efforts to accommodate smaller spaces could lead to more regulatory scrutiny and liability for higher acuity populations, leading to more costly insurance (if even attainable); and c) expressed concern that consumers would have to give up a significant amount of SSI.	Proposal is intended to recognize and support the choice members have to remain in the community or enter into a facility that provides a safe and positive environment to address the member's whole care. Furthermore, according to the Social Security Administration (SSA) who administers Supplemental Security Income (SSI), if the State obtains a waiver under this proposal for room and board payments made by Medicaid for individuals in an Assisted Living Facility (ALF), in accordance with federal policy, SSA would exclude the value of food and shelter as in-kind support and maintenance (ISM) provided by a governmental medical/social services agency. Thus, there would be no reduction in the monthly SSI benefit amount as these payments do not result in ISM.
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<p>Benefit Proposal #6 (Enhanced Services and Supports for Members in Need of Long-Term Care)</p>	<p>1) LRI: a) Supports the proposal, but seeks clarification on the standards that the MCO will use in approving LRIs; b) Suggests modifying training requirements or other qualifications that may be less applicable in certain cases; 2) LTSS Transformation: a) Asks why HSD is focusing on ALFs as opposed to living in one's home; b) Expresses concern that the application is not clear what payment will be expected from members for ALF room and board; c) Expresses concern that, if residents would NOT be required to pay towards ALF costs, this would raise concerns about disparate treatment between Medicaid recipients choosing to remain in their homes vs. ALFs.</p>	<p>Thank you for your comment and support. Proposal is intended to recognize and support the choice members have to remain in the community or enter into a facility that provides a safe and positive environment to address the member's whole care.</p> <p>AARP has a study that reports 77% of older adults want to age in place. That means 23% of respondents do not want to age in place. Although the majority want to remain in their home, not all do. Those people also deserve safe, comfortable places to live that provide high quality of life. And 89% of our LTSS members already live in home based settings.</p>
<p>Benefit Proposal #6 (Enhanced Services and Supports for Members in Need of Long-Term Care)</p>	<p>1) Supports legally responsible individuals providing personal care services but states that HSD will need to certify legal protections are in place to ensure safety of members and workers; 2) Supports ALF room and board; 3) Supports Home-Delivered Meals Pilot Program.</p>	<p>Thank you for your comment and support.</p>
<p>Benefit Proposal #6 (Enhanced Services and Supports for Members in Need of Long-Term Care)</p>	<p>Indicated that the association will provide comments in writing, but highlighted questions concerning the room and board for ALFs, including: 1) indicated that cost for room and board for ALFs is significant; 2) asked if any other state has implemented this benefit; and 3) asked how the state will offset the increased cost of ALF room and board in light of budget neutrality requirements.</p>	<p>HSD is unaware if other states are pursuing and this will be a precedent setting for New Mexico Medicaid members. HSD will ensure the waiver will be budget neutral in accordance with the Centers for Medicare & Medicaid Services (CMS) requirements.</p>

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<p>Benefit Proposal #7 (Increase Environmental Modification Caps) and Benefit Proposal #8 (Increase Community Transition Services Cap)</p>	<p>1) Supports, but concerned the caps do not account for inflation; 2) Concerned the provisions for exceeding caps are inadequate or non-existent; 3) Concerned the service limit may violate the ADA/Olmstead; 4) "Perplexed" that HSD does not increase other benefit limitations; and 5) Concerned the NEMT benefit limit is not flexible to account for individual need and people residing in rural areas.</p>	<p>Increases to limits for Environmental Modifications and Community Transition Services are being pursued to account for inflation as a result of the Public Health Emergency and to further expand, enhance, and strengthen Home and Community Based Services in New Mexico. In terms of Non-Emergency Medical Transportation (NEMT), NEMT is not covered under the CB benefit package. NEMT is under physical health benefit.</p>
<p>Benefit Proposal #9 (Home-Delivered Meals)</p>	<p>Supports the proposal, but concerned about the criteria to determine how food insecurity would be assessed.</p>	<p>Thank you for your comment and support. This comment will be considered as HSD plans for operation.</p>
<p>Delivery System Proposal #1 (GME funding and technical assistance for new and/or expanded primary care residency programs)</p>	<p>Suggested added funding and technical assistance for future CCBHCs.</p>	<p>HSD is supportive of CCBHCs and is pursuing to add additional benefits for members with behavioral health issues to operationalize CCBHCs, which are expected to promote and improve the integration of physical health and behavioral health. HSD is also pursuing a CCBHC State Planning Grant from SAMHSA that will provide technical assistance and support for CCBHCs.</p> <p>Exploring the consideration of building in cost of workforce development/preceptorship in the PPS rate development process.</p>
<p>Eligibility Proposal #1 (Continuous Eligibility for Children to Age 6)</p>	<p>Supports the proposal, but also believes that HSD should propose 12-month continuous eligibility for adults</p>	<p>Thank you for your comment and support. At this time, HSD is not pursuing 12-month continuous eligibility for adults, but will evaluate in its ongoing assessment of program refinements and enhancements.</p>

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<p>Eligibility Proposal #2 (Expand Home and Community Based services Community Benefit Enrollment Opportunities through Additional Waiver Slots)</p>	<p>1) Supports the proposal to make permanent the 1,000 slots, but disappointed no new slots will be added in 2024; 2) Supports the intent to request additional slots to eliminate the waitlist by the end of 2028, but concerned that the intent to do so is too vague.</p>	<p>Thank you for your comment and support. HSD will continue to evaluate the need for requesting federal authority to increase the number of community benefit slots.</p>
<p>Other: Access to Specialty Care, Social Drivers of Health</p>	<p>Provided comments regarding access to specialty care and improving social drivers of health, including: 1) Expressed concern that specialty care (particularly GI, neurosurgery, and cardiology) is largely concentrated in Albuquerque and rural areas cannot tap into workforce development programs like loan repayment because specialists are not eligible; and 2) Suggested that the State hold MCOs more accountable for appointment no-shows and address root causes (e.g., transportation), and push for more innovations and incentives to improve access.</p>	<p>Thank you for your comment. HSD will consider this feedback for future program refinements and enhancements.</p>
<p>Other: Figure 12 (VBP and MCOs)</p>	<p>1) Suggested requiring MCOs to increase VBP to primary care providers (especially the Blues) and extend VBP arrangements to providers serving persons with SMI/SED/SUD, including FQHCs, CMHCs, and behavioral health agencies; 2) Suggested increasing VBP transparency among MCOs to elicit more take-up of evidence-based practices; 3) Suggested providing specific VBP incentives for providers to serve children in state custody/former foster care.</p>	<p>Thank you for your comment. The current application does extend to the provider types referenced and any changes would be contract related. Currently we allow VBP arrangements to be at discretion of MCOs but we are working on having more uniform and directive VBP projects. We are expanding BH VPB and are working to develop EPB incentives and VPB incentives for CISC. HSD will consider this feedback for future program refinements and enhancements.</p>

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Other: LTSS, including Personal Care Services CB benefits, Electronic Visit Verification, and Critical Incident Reporting	Provided several comments regarding LTSS initiatives outside of the waiver, which included: 1) Recommended reimbursement for personal care services should fully reflect the full cost of labor and increase costs (including payroll taxes); 2) Recommended the State look at an open EVV system and expressed barriers of the current closed system, including administrative burden particularly with home health and cited that New Mexico is one of just five states with a closed system; and 3) Recommended the State should seek to minimize the administrative burden of critical incident reporting particularly for PCS providers.	Thank you for your comment. HSD shares interest in these topic areas and will continue to explore feedback for future policy refinements, enhancements, and flexibilities.
Other: Quality Monitoring Strategies	Encourages HSD to add metrics to monitor access to care for persons with disabilities, access to covered HCBS LTSS, the benefits of such services, and gaps that exist or services that are underutilized.	Thank you for your comment. HSD will consider this feedback for future policy refinements and enhancements.
Benefit Proposal #1 (Centennial Home Visiting)	Supports.	Thank you for your comment and support.
Benefit Proposal #1 (Centennial Home Visiting)	Supports.	Thank you for your comment and support.
Benefit Proposal #10 (Addition of a Closed-Loop Referral System)	Supports.	Thank you for your comment and support.
Benefit Proposal #10 (Addition of a Closed-Loop Referral System)	Supports and provides comments pertinent to the operational phase of the initiative.	Thank you for your comment and support.

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Benefit Proposal #11 (Medical Respite for Members Experiencing Homelessness)	Supports.	Thank you for your comment and support.
Benefit Proposal #11 (Medical Respite for Members Experiencing Homelessness)	Supports.	Thank you for your comment and support.
Benefit Proposal #11 (Medical Respite for Members Experiencing Homelessness)	Supports.	Thank you for your comment and support.
Benefit Proposal #2 (Expanded Access to Supportive Housing)	Supports expansion of the Supportive Housing Program, specifically the increase in slots from 180 to 450.	Thank you for your comment and support.
Benefit Proposal #2 (Expanded Access to Supportive Housing)	Supports the proposal.	Thank you for your comment and support.
Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Supports.	Thank you for your comment and support.
Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Supports.	Thank you for your comment and support.
Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Supports.	Thank you for your comment and support.
Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Supports the proposal.	Thank you for your comment and support.

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Benefit Proposal #3 (Medicaid Services for High-Need Justice Involved Populations)	Supports.	Thank you for your comment and support.
Benefit Proposal #6 (Enhanced Services and Supports for Members in Need of Long-Term Care)	Support of proposal #6, item 1 (Legally Responsible Individuals as Providers of HCBS CB Services)	Thank you for your comment and support.
Benefit Proposal #9 (Home-Delivered Meals)	Supports.	Thank you for your comment and support.
Delivery System Proposal #1 (GME funding and technical assistance for new and/or expanded primary care residency programs)	Supports.	Thank you for your comment and support.
Delivery System Proposal #1 and #2	Supports.	Thank you for your comment and support.
Delivery System Proposal #2 (Request for waiver and expenditure authority to support rural hospitals)	Supports.	Thank you for your comment and support.

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Demonstration Vision and Goals	1) Supports that two of the target groups (LTSS and BH) are largely disability focused and two others (CiSC and justice-involved) include a high proportion of members with physical and behavioral health conditions; 2) Supports many of the proposals for these populations, but believes further clarification is needed and others fall short of what could be achieved.	Thank you for your comment and support. HSD will consider this feedback for future policy refinements and enhancements.
Eligibility Proposal #1 (Continuous Eligibility for Children to Age 6)	Supports.	Thank you for your comment and support.
Eligibility Proposal #1 (Continuous Eligibility for Children to Age 6)	Supports.	Thank you for your comment and support.
Eligibility Proposal #1 (Provide Continuous Enrollment for Children up to Age Six)	Supports.	Thank you for your comment and support.
Eligibility Proposal #1 (Provide Continuous Enrollment for Children up to Age Six)	Supports.	Thank you for your comment and support.
Multiple	Expression of support for the waiver proposal and various initiatives under it.	Thank you for your comment and support.
Benefit Proposal #4 (Chiropractic Pilot)	1) Supports the proposal, but suggests that musculoskeletal pain be included in the list of eligible diagnoses.; 2) Suggests that the term "primary diagnosis" be changed to "individuals experiencing" the covered types of pain.	Thank you for your comment and support. HSD has updated its application to consistently reference musculoskeletal pain as appropriate. HSD will not modify the reference to primary diagnosis as a primary diagnosis is required.

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Benefit Proposal #1 (Centennial Home Visiting)	Child First and Nurse Family Partnership requested a correction to the home visitation language in the 1115 waiver. Can you let me know if this correction was made? What was in the original 1115 draft: Child First (CF): CF targets children with social-emotional, behavioral, developmental, or learning problems. These children usually come from families experiencing trauma and adversity. Many of these families also experience multiple social, economic, or psychological challenges (e.g., depression, substance misuse, intimate partner violence, abuse and neglect, homelessness). CF will adhere to the CF national model and curriculum and serve families with children ages 6-36 months. Request for correction to last sentence: serve families with children prenatally through child age 5 (enroll before child's 6th birthday).	Thank you for your comment. The Child First (CF) program model provides services prenatally to age five. HSD has corrected its application to replace the reference of children ages 6-26 months to 5 years.
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