NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
JANUARY 19, 2021

MEDICAL ASSISTANCE DIVISION

INVESTING FOR TOMORROW, DELIVERING TODAY.

1115 DEMONSTRATION AMENDMENT #2

FORMAL PUBLIC HEARING

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- HSD is accepting comments from the public for the 1115 Demonstration Amendment #2 also known as the Medicaid program Centennial Care 2.0 through January 31, 2021.
  - Upon CMS approval, the 1115 Demonstration Amendment #2 will be effective on July 1, 2021.
- HSD is conducting two public hearings via GoTo Meeting due to the COVID-19 pandemic:
  - January 19, 2021 (1:00 – 4:00 p.m.)
  - January 28, 2021 (9:30 – 10:30 a.m.)

FORMAL PUBLIC HEARING COMMENTS

- Comments are being accepted directly via email at HSD-PublicComment@state.nm.us or by mail:

  Human Services Department

  ATTN: HSD Public Comments

  PO Box 2348

  Santa Fe, NM 87504-2348

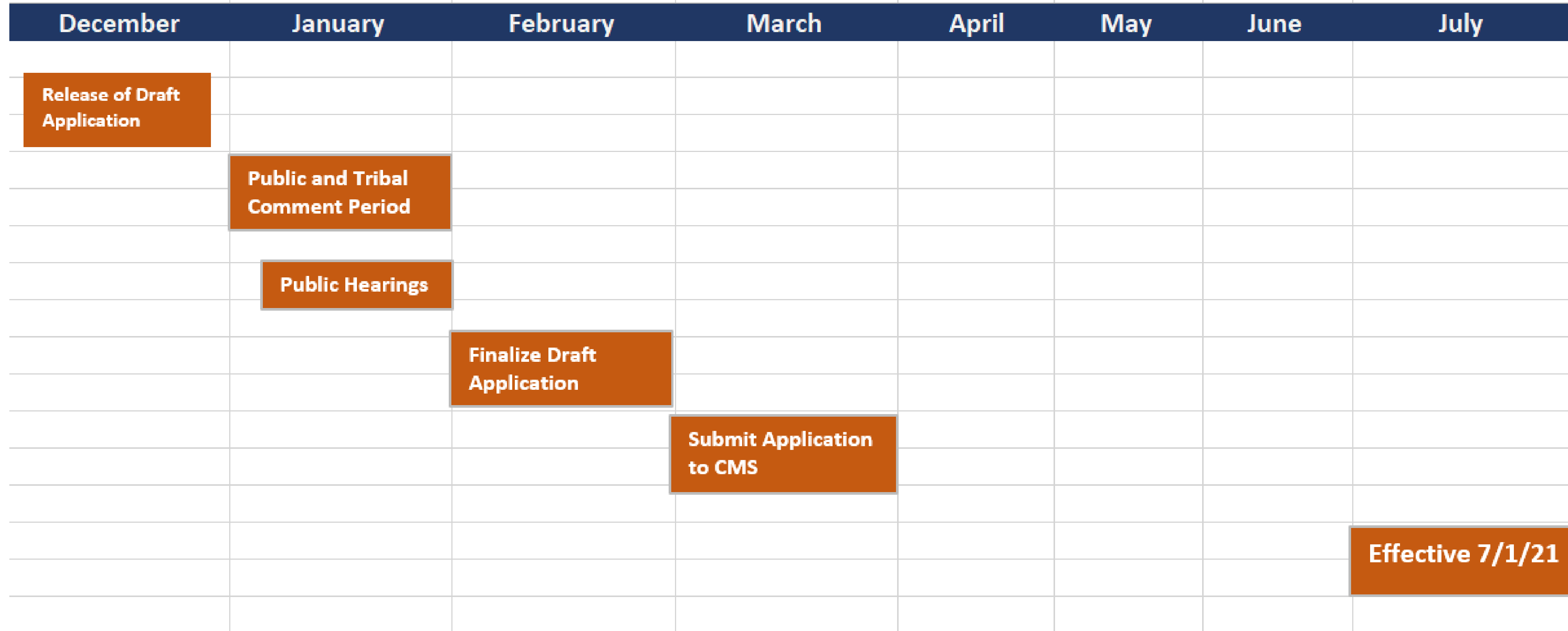
- Comments are also being accepted via phone at (505) 827-1337.
- More information about the waiver amendment and public comment process may be found on the Department's website:

  https://www.hsd.state.nm.us/centennial-care-2-0.aspx

FORMAL PUBLIC HEARING PROCESS

- The Public Hearing process is a formal process that state utilizes to obtain public feedback.
- Today's presentation is a summary of the proposed changes to the 1115 Demonstration Amendment #2 that were released on December 31, 2020 and are available to review on the HSD website.
- As part of the formal hearing process, we will accept and record all of your comments but will not engage in a discussion about the comments today.
- Our response to the comments will be documented in a section of the final 1115 waiver amendment application that is submitted to the Centers for Medicare and Medicaid Services in March 2021.

PROPOSED TIMELINE OF THE 1115 DEMONSTRATION WAIVER AMENDMENT #2 PROCESS



1115 DEMONSTRATION AMENDMENT #2 PROPOSED CHANGES

The New Mexico Human Services Department (HSD) Medical Assistance Division (MAD) is seeking federal authority to amend the 1115 Centennial Care 2.0 Waiver (Project Number 11W-00285/6) to make the following changes:

1. Institution for Mental Disease (IMD)Waiver;
2. High Fidelity Wraparound (HFW) Services
3. Expansion to Primary Care Graduate Medical Education (GME)
4. COVID-19 Vaccine Coverage

PROPOSED CHANGE #1 – IMD WAIVER

- Seeking a waiver of the Institution for Mental Disease (IMD) exclusion for all Medicaid beneficiaries aged 21-64 by allowing Medicaid reimbursement for stays in excess of fifteen (15) days for individuals with Serious Mental Illness (SMI)/Serious Emotional Disorder (SED).
- Examples of IMDs:
  - Psychiatric hospital;
  - Nursing facility; and
  - Residential treatment centers.
- Access to Care:
  - Maintain managed care members' access to care in IMDs by requesting CMS to allow federal funding for stays in IMDs longer than 15 days.
  - Removal of comorbidity to improve access to care for individuals.

PROPOSED CHANGE #1 – IMD WAIVER

- IMD Exclusion
  - Federal law prohibits federal funding for services that members aged 21-64 receive in Institutions for Mental Disease
  - Legislative intent was for states to be responsible for the institutional care of people with metal illness

PROPOSED CHANGE #1 – IMD WAIVER

- What is an IMD
  - “**a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases**, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.”
  - 42 C.F.R. 435.1010

PROPOSED CHANGE #1 – IMD WAIVER

- CMS Managed Care Rule
  - New managed care regulations issued July 5, 2016, restrict federal funding for IMD stays to stays of less than 15 days for adults aged 21-64
    - Eliminates existing “in lieu” option which allowed states that contract with managed care entities to allow the MCOs to provide services a different way than is specified under federal law

PROPOSED CHANGE #1 – IMD WAIVER

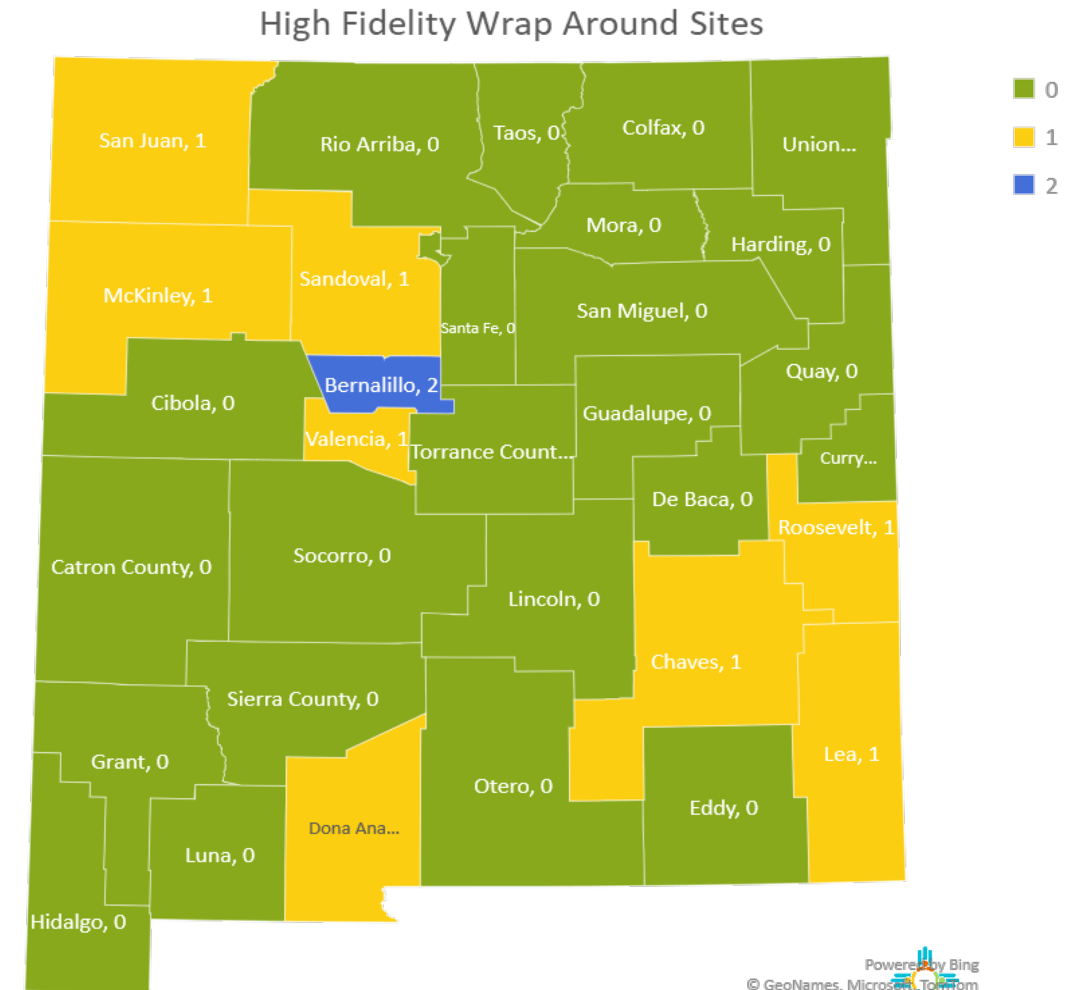
- Impact of the Managed Care Rule Change
  - If a member’s stay in IMD is longer than 15 days, the State must recoup the ENTIRE capitation payment from the MCO for the month (not just the amount associated with the IMD stay)
    - Member still enrolled with plan
    - Plan still responsible for care, but it’s uncompensated
  - Can result in members being discharged too early and needing emergency care later
  - Challenges include developing adequate network of nonIMD alternatives and the higher cost of alternatives

PROPOSED CHANGE #1 – IMD WAIVER

- To maintain managed care members' access to care in IMDs, requesting CMS to allow federal funding for stays in IMDs longer than 15 days
- Also requesting federal funding for FFS members so they have equal access to care

PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

Establish High-Fidelity Wraparound (HFW) as an intensive care coordination approach for children and youth who have high intensity needs.

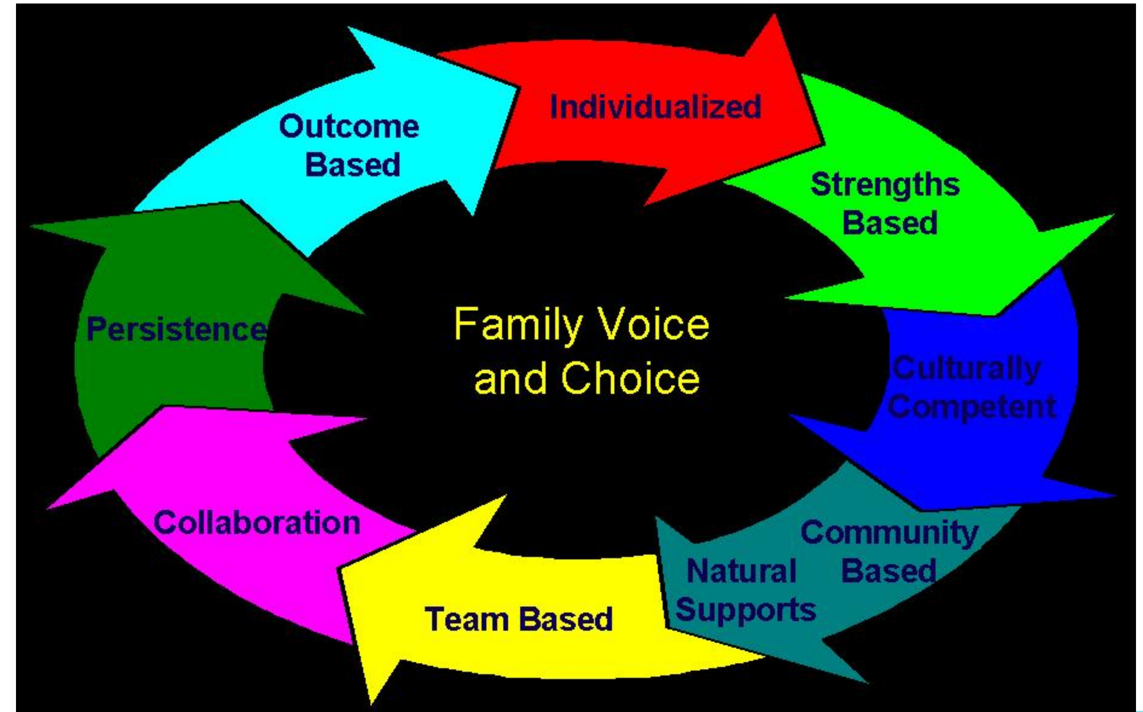


PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

INTENSIVE CARE COORDINATION USING WRAPAROUND

- Is a team-based, structured best practice approach for the planning and coordination of services and supports; can be applied to any population of children and families with or at risk for intensive service needs; puts system of care values and principles into practice for youth with complex needs.

10 PRINCIPLES OF WRAPAROUND

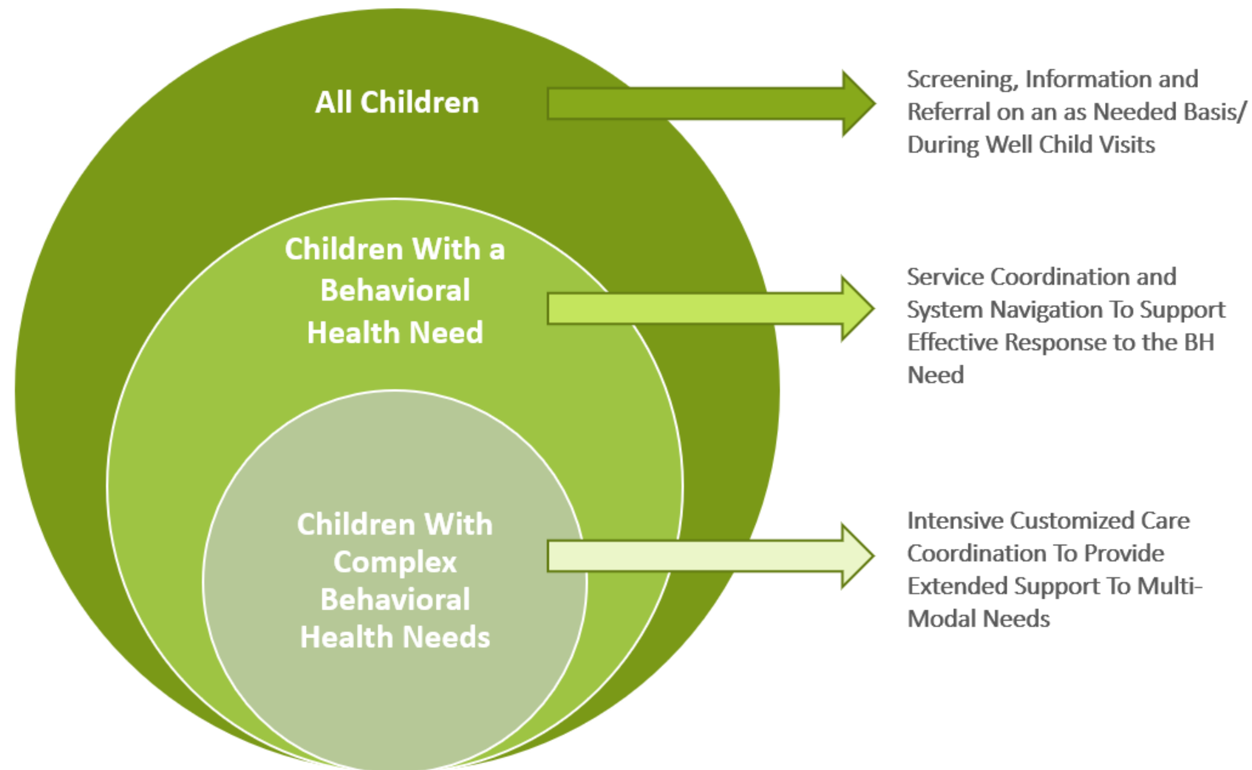


PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- Important Points About the Wraparound Process
  - Wraparound is a defined, team-based service planning and coordination process
  - The Wraparound process ensures that there is one coordinated plan of care and one accountable care coordinator
  - Wraparound is not a service per se, it is a structured approach to service planning and care coordination with teams having access to a robust provider network
  - Wraparound focuses holistically across life domains (e.g., SDoH)
  - The ultimate goal is both to improve outcomes and per capita costs of care
    - Adapted from Bruns, E. National Wraparound Initiative

PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- Care Coordination Continuum Who and What Belong Where?

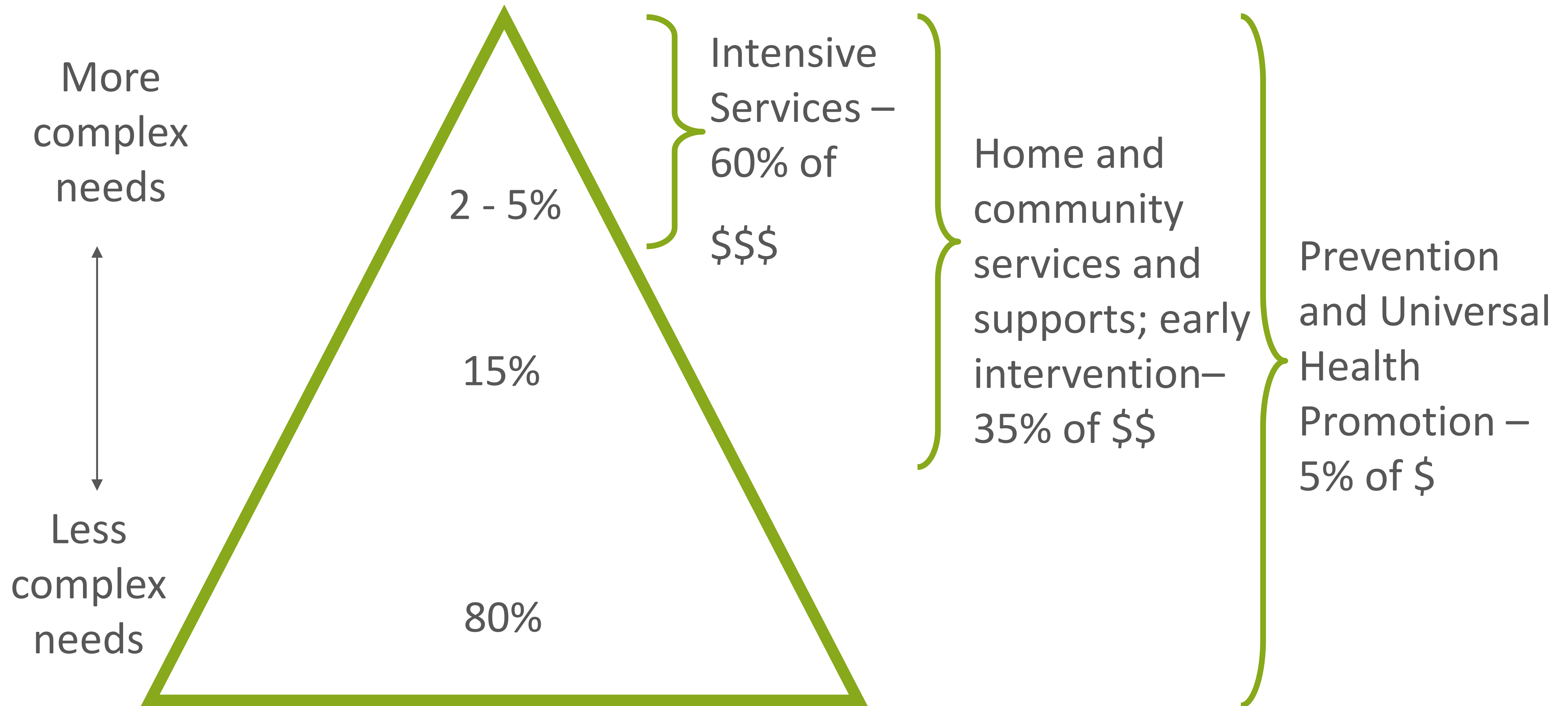


Screening, Information and Referral on an as Needed Basis/ During Well Child Visits

Service Coordination and System Navigation To Support Effective Response to the BH Need

Intensive Customized Care Coordination To Provide Extended Support To Multi-Modal Needs

PREVALENCE/UTILIZATION TRIANGLE



Human Service Collaborative

Pires, S. (2010). *Building systems of care: A primer, 2nd Edition.* Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

HUMAN SERVICES DEPARTMENT

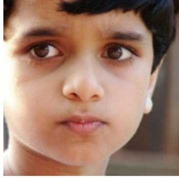
PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- Children Using Behavioral Health Care in Medicaid with Top 10% Highest Expenditures
  - Have mean expenditures of $46,959
    - BH expense: $36,646
    - PH expense: $10,314

Expense is driven by use of behavioral health, not physical health care

Pires, S., Gilmer, T., McLean, J. and Allen, K. 2018. *Faces of Medicaid Series: Examining Children's Behavioral Health Service Use and Expenditures:, 2005-2011*.
Center for Health Care Strategies: Hamilton, NJ.
Available at: https://www.chcs.org/resource/faces-medicaid-examining-childrens-behavioral-health-service-utilization-expenditures/

PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND
UNMET NEED FOR CARE COORDINATION



- Unmet need for care coordination is high for children and youth with mental health conditions

- Family-centered care can be mitigating

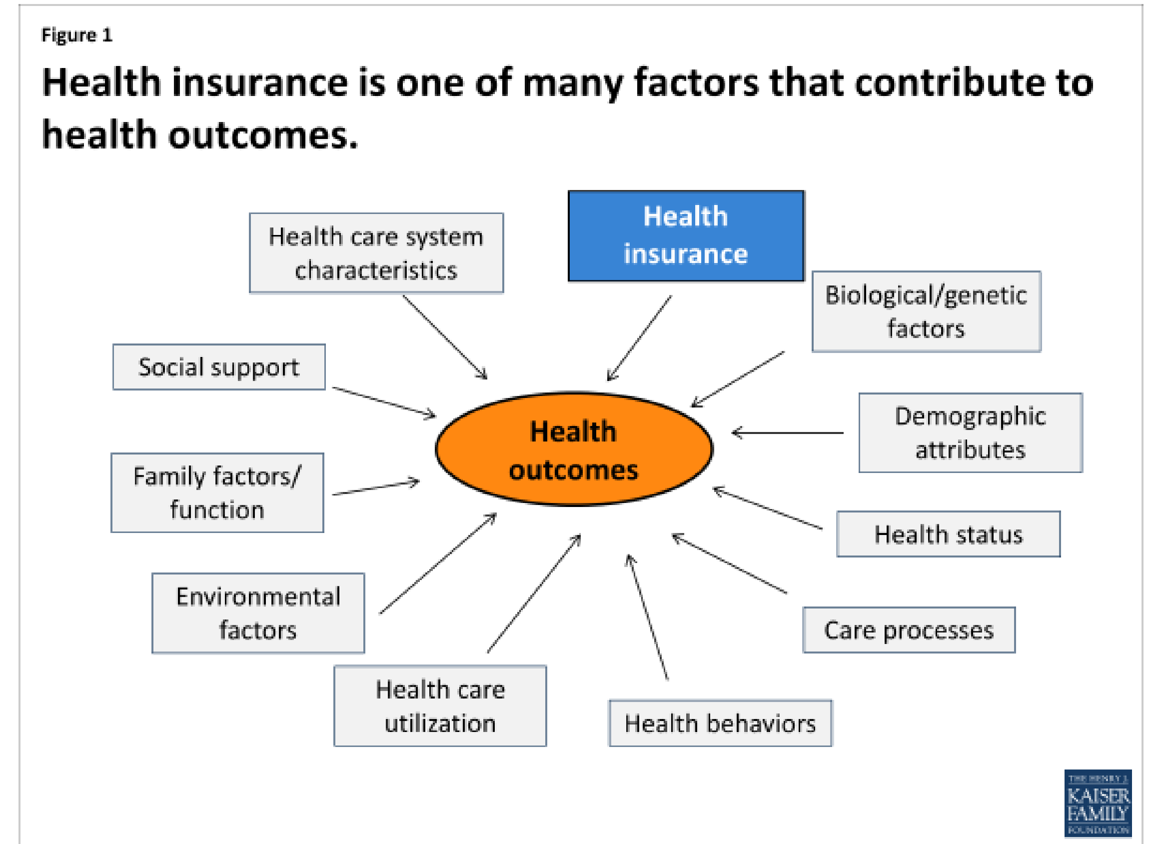
American Academy of Pediatrics (Brown, N. et. al. 2013)

PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- Unmet Need for Children with Significant Behavioral Health Challenges: Not Met by Usual Approaches
  - Neither traditional case management, MCO care coordination, nor health home approaches for adults have proven sufficient for children and youth with significant behavioral health needs
  - Need:
    - Lower case ratios (Missouri health home care coordination ratio is 1:250*; Wraparound is 1:10)
    - Higher payment rates (Missouri health home per member per month rate is $78*; CHCS national scan of Wraparound care coordination rate ranges from $780 pmpm to $1300 pmpm)
    - Approach based on evidence of effectiveness, i.e. fidelity Wraparound
    - Intensity of approach that is largely face-to-face, not telephonic
    - Intensity of involvement with family, schools, other systems like child welfare

PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- Social Determinants of Health
  - Wraparound focuses across life domains, including social determinants of health



PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- **Outcomes Depend on Implementation: "Full Fidelity" is Critical**
- Research shows
  - Provider staff whose families experience better outcomes score higher on fidelity tools (Bruns, Rast et al., 2006)
  - Wraparound initiatives with positive fidelity assessments demonstrate more positive outcomes (Bruns, Leverentz-Brady, & Suter, 2008)
- Much of Wraparound implementation is in name only
  - Don't invest in workforce development such as training and coaching to accreditation
  - Don't follow the research-based practice model
  - Don't monitor fidelity and outcomes and use the data for CQI
  - Don't have the necessary support conditions to succeed (e.g., fiscal supports, comprehensive service array)
    - Bruns, E. NWI

PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

ELIGIBILITY CRITERIA/PREVALENCE FOR NM WRAPAROUND

- SED (Severe/Serious Emotional Disturbance)
- Functional Impairment in two or more domains (CANS)
- Involved in multiple systems (BH, Special Ed, PS, JJ)
- At risk or in an out of home placement

- New Mexico currently has 10 teams with 61 current facilitators
- To serve Phase One (Protective Services Custody) an additional 100 facilitators are needed across the State

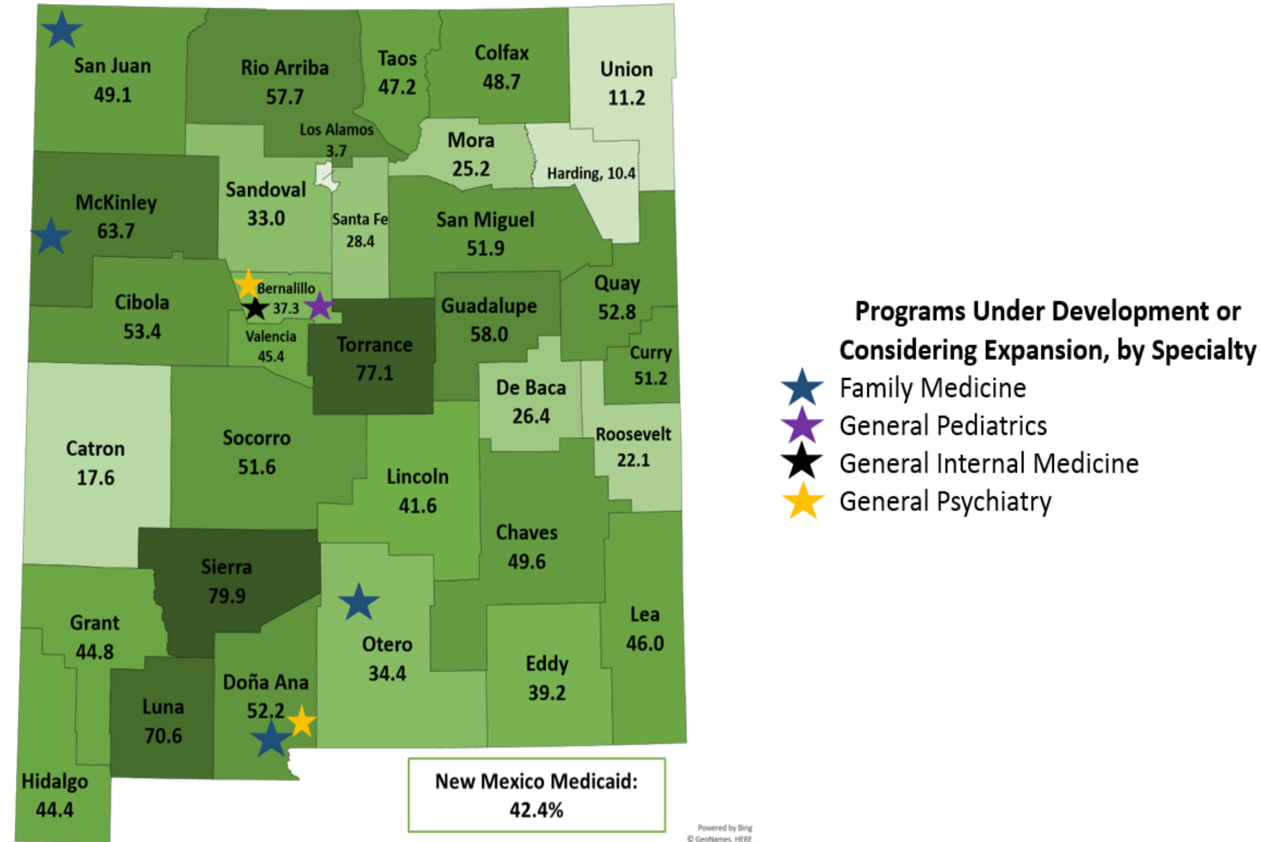
PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- Current Status and Next Steps
  - Submitted to CMS with 1115 Medicaid Waiver amendment
  - HSD/CYFD working with Mercer to determine rate (including training, coaching, fidelity, CANS and Family Peer Support)
  - Statewide expansion effort:
    - NMSU Center of Innovation (COI)
    - Interagency Council (HSD/CYFD/NMSU/DOH)

PROPOSED CHANGE #3 - PRIMARY CARE GRADUATE MEDICAL EDUCATION (GME)

Establish GME expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the specialties of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine.

New and Expanding GME Programs as of November 2020; Medicaid and Children's Health Insurance Program (CHIP) Enrollment as a Percentage of Population by County as of October 2020



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from https://www.census.gov/quickfacts, December 10, 2020.

PRIMARY CARE GRADUATE MEDICAL EDUCATION EXPANSION

What is Primary Care Graduate Medical Education Expansion?

HSD, through its Graduate Medical Education (GME) Expansion Program, funds new and expanding primary care GME programs and provides technical assistance to the program network. GME is the physician training period after medical school and before independent practice; and research demonstrates 55% of medical residents will stay within 100 miles of their residency program. Building on the 2019 GME Expansion in NM Five-Year Strategic Plan, it is anticipated primary care programs will grow from 8 to 13 (63% increase) by 2025.

General Fund and Federal Fund (FY2021, 2022, Difference)

	FY 2021	FY 2022	Difference
General Fund	$500,000.0 ($150,000.0 appropriated; $350,000.0 special appropriation request)	$500,000.0 ($150,000.0 appropriated; $350,000.0 special appropriation request)	$0.0
Federal Fund	$0.0	$0.0	$0.0
Total	**$500,000.0**	**$500,000.0**	**$0.0**

Financial Benefits to New Mexicans

- Each physician supports $3,166,901 in output, an average of 17.07 jobs, ~$1.4 million in total wages and benefits, and $126,000 in state and local tax revenues.
- Primary care workforce propels growth in other aspects of the healthcare system, generating $784,752 in billed charges for a hospital and $241,276 in professional fees for specialty consultants.

Benefits to New Mexicans

- Positive impact on population health because individuals with a primary care physician are healthier, regardless of health status or demographics
- Bridge the gap in physician shortages, which exist across all specialties. NM has the oldest physician population, a shortage of providers particularly in rural and frontier communities, and an on-going need for 100 –200 primary care physicians and a similar number of psychiatrists.

Frequently Asked Questions

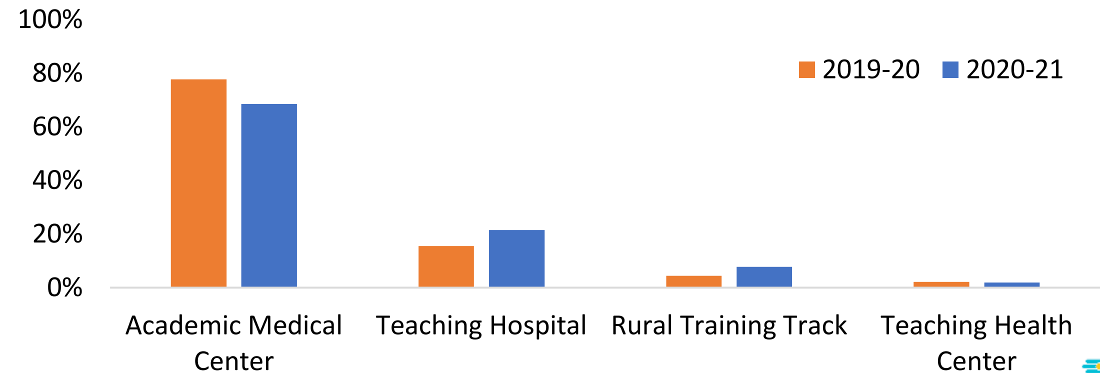
Q. Have any primary care GME programs received funding for expansion support?

A. Yes, in FY20 three programs were selected to receive funding, totaling $1,000,035:

- Burrell College of Osteopathic Medicine (Las Cruces) to add a total of 12 new Family Medicine residency positions. Anticipated date of arrival of first resident: Summer 2021.
- Memorial Medical Center (Las Cruces) to add a total of 12 new General Psychiatry residency positions. Anticipated date of arrival of first resident: Summer 2022.
- Rehoboth McKinley Christian Health Care Services (Gallup) to add a total of 12 new General Psychiatry residency positions. Anticipated date of arrival of first resident: Summer 2024.

Q. What is NM doing to recruit and retain primary care residents from New Mexico?

A. As primary care GME programs expand, it is important that a statewide academic network be established to provide staff and financial support to community-based programs. The NM Primary Care Training Consortium is working with the State to provide technical assistance to programs related to student and faculty recruitment and retention, as well as curriculum development. HSD is prioritizing funding programs that commit to actively placing residents in New Mexico upon program competition.



Investing for tomorrow, delivering today.

PROPOSED CHANGE #4 – COVID-19 VACCINE COVERAGE

Expand COVID-19 vaccine coverage to individuals who have limited benefits including:

- Family Planning Category of Eligibility (COE);
- Emergency Medical Services for Aliens (EMSA);
- Uninsured Individuals – COVID-19 testing and related services (FFCRA); and
- Pregnancy related services.

PUBLIC COMMENT

PUBLIC COMMENT

ADJOURNMENT

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