

**Comments and Responses: SPA 23-0011 Community Health Workers/ Community Health
Representatives (CHW/CHR)**

Comment: The Santo Domingo CHR program appreciates the effort of NM Medicaid Assistance Division in clinically, culturally, and economically recognizing the services and benefits of CHRs in our tribal and rural communities. The State Plan Amendment (SPA) being submitted to CMS is an enormous positive step in this long-standing request by NM tribes. SPA 23-0011, the Santo Domingo CHR program provides the following comments and questions:

- 1) How and what is the current reimbursement process and rate amount in place for the CHWs?
NM Response: Currently CHWs and CHRs are not reimbursed directly by Medicaid. CHW/CHR organizations may create contracts with DOH and be reimbursed through their grant funding. The MCOs have the option to subcontract with CHW and CHR organizations and the details of that arrangement are created between the MCO and the CHW/CHR agency and do not include Medical Assistance Division (MAD).
- 2) The SOW is fairly inclusive of most CHRs, however since each CHR program can specialize services to their community needs, is there an existing or different rate determination other specialized CHR providers? for example: CHR EMT Intermediate or a CHR Dental Assistant?
NM Response: There are no specialized rates for differently qualified CHWs or CHRs at this time.
- 3) What costs were considered in the fee determination? What current wage comparisons were done and to which index? Were administrative overhead or Indirect Costs considered?
NM Response: Staff wages, certification maintenance, travel and overhead were considered when creating the rate.
- 4) What similar CMS rate as well as allowable service components were used?
NM Response: The allowable services components were selected by our actuary. The rate was created in communication and consultation with DOH OCHW. We considered comparable rates in other states and sought external consultation with a national organization that supports CHWs.
- 5) Which State comparisons were used in NM CHR rates?
NM Response: We analyzed several other states with CHW benefits including California, Indiana, North Dakota, South Dakota, Rhode Island, and Nevada. Our rate is the same as South Dakota and California and higher than the other states.
- 6) We understand the \$18/hr. wage average was used however, were new federal studies on wages regional differences considered?
NM Response: We used \$36/hour as the wage for this rate. We were given a range of rates by our actuary and chose the 75th percentage for the rate and salary of a CHW/CHR. Per the calculation of our actuary, this rate translates to a salary of \$75,000 annually for the CHW/CHR.

- 7) What licensure, certifications, un-licensed or comparable certifications/licensure were used in the calculations?

NM Response: This rate included a \$45 per year certification maintenance expense in the calculation.

- 8) Was FMAP and any OMB rates reviews considered for the allowable Medicaid component services?

NM Response: Yes, we considered this. We have done a series of presentations to CHW and CHR groups prepping the community and getting feedback on the rate and communicated that an OMB rate was likely to be a non-starter for CMS. The feedback thus far was supportive of proceeding with a benefit even if the OMB rate was not feasible. This is also the feedback we have received from other states. The rate will also be the same for FQHCs, they will use a CMS 1500 form rather than submitting an encounter rate. We also do not have budget in FY 2024 to support a higher rate, meaning the benefit would be delayed at least a year.

Comment:

New Mexico Department of Workforce Solutions (NMDWS) would like to express our support in adding coverage for CHW/CHRs as a new reimbursable preventive service at 42 CFR 440.60 as described in SPA 23-0011.

Department Response: Thank you for your comment.