

**Medicaid Advisory Committee-MAC meeting**  
**Monday, August 6, 2018**  
**MINUTES**

**Time: Start-1:05pm End-3:15pm Location: Garrey Carruthers State Library, 1205 Camino Carlos Rey, Santa Fe, 87507**

Chair: Larry A. Martinez, Presbyterian Medical Services

Recorder: Alysia Beltran, Medical Assistance Division

Committee Members

Sylvia Barela, Santa Fe Recovery Center	Kim Jeverton, Public Member
Michael Batte, Public Member	KyKy Knowles, Aging & Long Term Services Department
Natalyn Begay, Ohkay Owingeh	Meggin Lorino, NM Association for Home and Hospice Care
Jim Copeland, NM Department of Health	Carol Luna-Anderson, The Life Link/Behavioral Health Planning Council
Ramona Dillard, Pueblo of Laguna	Richard Madden, NM Chapter of the American Academy of Family Physicians
Jeff Dye, NM Hospital Association	Rodney McNease, UNM Hospital
Mary Eden, Presbyterian Healthcare Services	Carolyn Montoya, UNM College of Nursing
Michael Hely, NM Legislative Council Service	Eileen Goode, NM Primary Care Association
Daniel Bourgeois, Medicaid Population	Jason Espinosa, NM Health Care Association
Ruth Hoffman, Lutheran Advocacy Ministry NM	Laurence Shandler, Pediatrician
Gary Housepian, Disability Rights	Gene Varela, AARP New Mexico
Monique Jacobson, NM Children, Youth and Families Department	Dale Tinker, NM Pharmacists Association
Mark Freeland, Navajo Nation	

Absent Members:

Natalyn Begay, Ohkay Owingeh	Mark Freeland, Navajo Nation
Gene Varela, AARP New Mexico	Daniel Bourgeois, Medicaid Population
Monique Jacobson, NM Children, Youth and Families Department	Kim Jeverton, Public Member
Richard Madden, NM Chapter of the American Academy of Family Physicians	
Jason Espinoza, NM Health Care Association	

Staff & Visitors Attending:

Nancy Smith-Leslie, Medicaid Director	Jason Sanchez, HSD/MAD	Mike Nelson, HSD Deputy Secretary
Angela Medrano, HSD/MAD	Kim Carter, HSD/MAD	Sallyanne Wait, HSD/MAD
Wayne Lindstrom, BHSD	Russ Toal, Consultant	Liz Lacouture, PHP
Sharon Huerta, BCBSNM	Scott Allocco, Sellers Dorsey	Karen Jackson
David Nater, United Healthcare	Amy Rodenberg, Allergan	Kathy U.,
Mary Kay Pera, NMASBHC	Christopher Dillard, Pueblo of Laguna	Jenny Felmly, Legislative Finance Committee
Nathan Wright, SFRC	Sun Vega, Hyde & Associates	Jody Harris, UNMH
Gia McLean,	Ruby Ann Esquibel, LFC	Judy Sanchez, NMAHHC
Ellen Pinnes	Jim Jackson, Disability Rights NM	Cris Valladares, Celgene

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	Larry Martinez convened the meeting and led the introductions.	None	Larry Martinez, MAC Chairperson	Completed
II. Approval of Agenda	The agenda for this meeting was approved by all committee members in attendance, with no recommended changes.	None	Larry Martinez, MAC Chairperson	Completed
III. Approval of Minutes	The minutes from the April 23, 2018 meeting held at Garrey Carruthers State Library were approved by the committee with no corrections.	Finalized minutes will be posted on the HSD website.	HSD/MAD Director's office	Completed
IV. Medicaid Budget Projections	<p><b>Jason Sanchez presented the Medicaid Budget Projection:</b></p> <p>The Fiscal Year 2017 (FY17) estimate decreased by \$34.1 million from the previous projection while FY18 increased by \$34.8 million and FY19 increased by \$7.7 million. The estimated state revenue surplus in FY17 is \$2.7 million, for FY18 it is \$7.8 million, and FY19 has a projected shortfall of \$11.0 million.</p> <p><b>Enrollment:</b> The overall Medicaid and CHIP population (column K) peaked in March 2017 with 916,855 individuals. The enrollment drop after March 2017 reflects HSD's compliance with federal and state requirements to re-determine eligibility at least every 12 months based on modified adjusted gross income (MAGI). Enrollment levels reached 847,795 in June 2018 and are currently projected to grow to 865,280 by June 2019.</p> <p>Similarly, the full benefit population (column D) reached a peak in March 2017 and then declined to 487,374 individuals in June 2018. The full-benefit population is currently projected to grow to 497,433 by June 2019, a decrease of 11,473 individuals compared to the previous projection of 508,907. The Medicaid expansion population is also affected by re-determination requirements. This population decreases from its peak in March 2017 to 254,382 in June 2018 and is projected to grow to 259,945 by June 2019. The current projection for June 2019 has been revised down by 5,241 individuals.</p>	None	Jason Sanchez, Deputy Director, Medical Assistance Division, Human Services Department	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>The family planning population (column E) follows similar patterns and is projected to reach 74,177 individuals by June 2019, 2,455 individuals less than the previous projection of 76,632. The QMB population (Column F) is projected to reach 22,523 individuals by June 2019, 1,956 individuals less than the previous projection of 24,479. The SLIMB, and QI1 populations (columns F &amp; G) are projected to remain at roughly the same levels as previously projected for FY18 and FY19.</p> <p>The Medicaid and CHIP populations enrolled in managed care organizations also peaked in March 2017 with 708,873 members, and then dropped to 669,837 members to close-out FY18. The reduction of 39,036 MCO members reflects 26,885 fewer individuals in the base population, particularly TANF kids and adults, and 12,151 fewer individuals in the Medicaid expansion population. The current MCO enrollment projection for FY19 reflects an anticipated growth of 2% in Physical Health and Medicaid expansion populations, and 2.5% growth in the LTSS program from June 2018 to June 2019.</p> <p><b>FY17 Expenditures:</b> Fee-for-Service (FFS)- the overall estimate decreases by \$1.8 million from the previous. Most of this change was due to additional HMS recoveries. Related to the Developmentally Disabled, Medically Fragile Traditional, and Mi Via Waiver populations (DD &amp; MF)- the estimate decreases by \$1.3 million and reflects only the expenditures that were supported by the collected revenues. The expenditure in excess of the collected revenues from DOH has been pushed forward into FY18. This push-forward is about \$3.3 million in total expenditures or about \$952,000 general fund. For CC Physical Health- the estimate decreases by \$5.9 million compared to the previous estimate. The decrease is predominantly the result of a \$5.5 million recoupment. For CC Medicaid Expansion-Physical Health- the estimate decreases by \$28.1 million compared to the previous estimate due to a \$28.5 million risk corridor recoupment. No expenditure is pushed forward to FY18 as there is sufficient state funds to support the current estimated expenditure.</p> <p><b>FY17 Revenues:</b> Department of Health Additional Need- DOH has an unmet general fund need of \$952,000 that has been pushed forward to FY18. General Fund Need- the General Fund need is \$909.5 million, a decrease of \$2.7 million from the previous estimate. Reversion- the amount of \$13.7 million has been reverted. State Revenue Surplus- the surplus is \$2.7 million, an increase of \$2.7 million from the last estimate due mostly to lower estimated expenditures on the Centennial Care managed care lines.</p> <p><b>FY18 Expenditures:</b> Clinic Services- The estimate is increased by \$3.2 million compared to last projection. Medicaid in the School's payments are increasing due to higher utilization and medical costs. Out-patient Hospital- the estimate is increased by \$1.3 million compared to</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>last projection, given that the average cost per client increased in the last quarter. DD &amp; MF Traditional, and Mi Via Waivers (DOH)- the estimate decreases by \$2.4 million compared to the previous projection. This estimate includes a push forward from FY17 which is offset by \$4.3 million in expenditures pushed into FY19. CC-Physical Health- the estimate increases by \$24.0 million compared to the previous projection due to lower enrollment than previously projected and a higher PMPM. The lower member months reduce the estimate by \$4.8 million, the higher PMPM adds back \$29.8 million, and other adjustments reduce the estimate by \$1.0 million. CC LTSS- the estimate decreases by \$1.3 million compared to the previous projection due to lower enrollment than previously projected and a higher PMPM. The lower member months reduce the estimate by \$1.2 million, the higher PMPM adds back \$3.9 million, and other adjustments reduce the estimate by \$4.0 million. CC-Behavioral Health- The estimate increases by \$4.1 million compared to the previous projection due to lower enrollment than previously projected and a higher PMPM. The lower member months reduce the estimate by \$1.0 million, the higher PMPM adds back \$5.3 million, and other adjustments reduce the estimate by \$0.2 million. CC Medicaid Expansion- Physical Health- the estimate increases by \$5.6 million compared to the previous projection due to lower enrollment than previously projected and a higher PMPM. The lower member months reduce the estimate by \$5.3 million, the higher PMPM adds back \$11.8 million, and other adjustments reduce the estimate by \$0.9 million. Prior year charged to FY18 has been removed as FY17 is projected to have a surplus.</p> <p><b>FY18 Revenues:</b> DOH Appropriation- the general fund appropriation to DOH includes a BAR of \$2.4 million increasing the total amount to \$107.0 million and a surplus from FY16 that was booked in FY18. DOH Additional Need- the estimated additional state fund need of \$1.2 million has been pushed forward into FY19. The DOH shortfall is partially a result of a push forward of \$952,000 from FY17. Tobacco Settlement Revenue- the tobacco settlement revenues were revised down by LFC and DFA compared to the April projection. Thus, the revenue distribution to state agencies was adjusted proportionally, further reducing HSD revenues by \$1 million. This results in a total decrease of \$2.5 million from the operating budget. UNMIGT- UNM hospital has agreed to transfer \$40.6 million to support GME, IME and hospital enhanced rate payments, a decrease of \$1.8 million from the last projection and \$3.9 million from the operating budget. Safety Net Care Pool (SNCP)- the SNCP has been increased to the amount billed based on statutory requirement, an increase of \$1.1 million from the last projection. Drug Rebates- drug rebates collected equal \$39.8 million, an increase of \$7.5 million from the last projection. General Fund Need- the General Fund need is \$907.8 million, an increase of \$3.9 million from the last projection. The increase in the projected expenditures of the</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>Centennial Care managed care adds to the general fund need which is partially offset by increased revenues. State Revenue Surplus- the estimated revenue surplus is \$7.8 million, a decrease of \$3.9 million from the last projection.</p> <p><b>FY19 Expenditures:</b> ICF-IID- The estimate is increased by \$1.3 million compared to last projection. This estimate includes a 3% rate increase. Clinic Services- the estimate is increased by \$3.7 million compared to last projection. School based health services payments are increasing due to higher utilization and medical costs. Outpatient Hospital- the estimate is increased by \$2.0 million compared to last projection. The average cost per client increased in the last quarter of FY18. DD &amp; MF Traditional, and Mi Via Waivers- the projection increases by \$11.4 million from the previous projection. This projection reflects a 2% rate increase on 1/1/2019 (subject to CMS approval), a procedure change, and the planned allocation of 80 new clients. Also included is higher average cost for Mi Via clients as they age into higher cost budgets. The cost of the new clients is based on first year budget utilization rate and recent information from DOH that allocations are being added faster than historically due to outreach efforts. As projected, the cost of new clients will use about \$764,900 of the \$2.0 million general fund appropriation. Also included is \$4.3 million in expenditures from FY18. CC- Physical Health- the estimate decreases by \$6.0 million compared to the previous projection. The estimate declines by \$33.5 million due to lower projected enrollment, and another \$1.0 million from other adjustments, while it increases by \$28.5 million due to higher PMPM. CC- LTSS- the estimate decreases by \$1.2 million compared to the previous projection. The estimate declines by \$24.9 million due to lower projected enrollment and another \$0.8 million from other adjustments, while it increases by \$24.6 million due to a higher PMPM. CC- Behavioral Health- the estimate increases by \$7.9 million compared to the previous projection. The estimate declines by \$7.8 million due to lower projected enrollment, and another \$0.2 million from other adjustments, while it increases by \$15.9 million due to a higher PMPM. CC Medicaid Expansion- Physical Health- the estimate decreases by \$6.4 million compared to the previous projection. The estimate declines by \$28.4 million due to lower projected enrollment and another \$0.9 million from other adjustments while it increases by \$22.9 million due to a higher PMPM. CC Medicaid Expansion- Behavioral Health- the estimate increases by \$1.0 million compared to the previous projection. The estimate declines by \$2.8 million due to lower projected enrollment while it increases by \$3.8 million due to a higher PMPM. Medicare Part B, Medicare Part B increases by \$2.5 million which is mostly due to the rate increase in CY19. CC 2.0 Initiatives- the estimate for the Centennial Care 2.0 Initiatives is \$12 million for a total of \$20.9 million. Provider Fee Increases- the estimate for the provider fee increase is now included in the MCO rates that were updated recently.</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p><b>FY19 Revenues:</b> I.H.S. Referrals 100% FFP- the estimated additional federal revenue from the IHS referral payment is revised down to \$2.0 million from \$4.2 million based on recent experience by UNMH. DOH Appropriation. The Department of Health FY19 appropriation is \$110.6 million. This includes \$1.0 million from DDSD FY18 fund balance which will be barred in FY19. DOH Allocation Need, The Department of Health received an appropriation of \$2.0 million for new allocations. DOH is projected to have a surplus of \$1.2 million from this appropriation. Combined with the \$1.1 million need, the total projected reversion for DOH is \$144,000. Tobacco Settlement Revenues- the executive recommendation splits the tobacco settlement revenues into base and non-base. HSD was appropriated \$8.3 million for the base revenue. Safety Net Care Pool- the SNCP revenues were updated based on 11 months of gross receipts tax data in FY18, an increase of \$4.2 million from the last projection. FY18 YTD revenues have already exceeded the FY17 revenues. General Fund Need- the General Fund need is \$944.6 million, an increase of \$0.9 million from the last projection. Appropriation- HSD received an appropriation of \$933.6 million based on HB2. State Revenue Surplus/ (Shortfall)- the revenue shortfall is \$11.0 million, a decrease of \$0.9 million from the last projection.</p>			
V. Director's Update	<p><b>Nancy Smith-Leslie presented a Director's update to the NM Medicaid Advisory Committee:</b></p> <p><b>Centennial Care 2.0 1115 Waiver Update:</b> 1115 waiver negotiations with the Centers for Medicare and Medicaid Services (CMS) are ongoing. Results of the negotiations will be a new Special Terms and Conditions document that includes all the federal approvals for Centennial Care 2.0, which is similar to a contract between the State and CMS. The Human Services Department (HSD) hopes to have final approval from CMS by the end of October 2018.</p> <p><b>Update on MCO Procurement:</b> HSD is currently contracted with three Managed Care Organizations (MCO) for services beginning on January 1, 2019; Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and Western Sky Community Care. Molina and United Healthcare were not selected by the State to provide services after December 31, 2018; however, they are appealing the State decision through their appeal rights with the State District Court.</p> <p><b>Open Enrollment:</b> Open Enrollment is scheduled to begin in October through the end of November. Open enrollment letters to clients will be mailed to members beginning the week of September 17<sup>th</sup>. HSD and the Centennial Care (CC) 2.0 MCOs will conduct statewide outreach events beginning in mid-September in Gallup, Farmington, Santa Fe, Roswell, Clovis, Las Vegas, Albuquerque, Silver City, and Las Cruces.</p>	None	Nancy Smith-Leslie, Director, Medical Assistance Division, Human Services Department	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p><b>Provider Rate Increases:</b> Starting July 1, 2018 there was an increase in Evaluation and Management code 99213 from \$50.52 to \$53.19. The new rate is 75 percent of the Medicare fee schedule. The goal was to implement an increase for primary care office visits and results in a total cost impact of \$2.25 million (state and federal funds). HSD also increased the following provider rates effective July 1, 2018:</p> <ul style="list-style-type: none"> <li>• 7.84 percent increase to nursing facilities rates;</li> <li>• 1 percent increase to assisted living facilities rates;</li> <li>• 3 percent increase for the Programs for All Inclusive Care for the Elderly (PACE);</li> <li>• 3 percent increase to rates for Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/IID); and</li> <li>• 38.7 percent increase for adult day health rates (from \$2.04 to \$2.83 per 15-minute unit).</li> </ul> <p>Total cost impact of these rate increases is \$23.3 million (state and federal funds).</p> <p>Behavioral Health rates increases include:</p> <ul style="list-style-type: none"> <li>• 20 percent Increase for Assertive Community Treatment (ACT);</li> <li>• Increased the rate for Comprehensive Community Support Services (CCSS) that are provided in the community;</li> <li>• 20 percent increase for Treatment Foster Care (TFC);</li> <li>• 20 percent increase for group psychotherapy;</li> <li>• Added modifiers for behavioral health evaluation and treatment codes to allow for a 20 percent increase in payment rates when services are provided on holidays, weekends, and after-hours; and</li> <li>• Expanded code descriptions for reimbursement of outpatient crisis stabilization services.</li> </ul> <p>Total cost impact of behavioral health changes is \$7.5 million (state and federal funds). Additional behavioral health rate and service changes are being planned for implementation in January 2019.</p>			
VI. Readiness Review Process	<p><b>Nancy Smith-Leslie and Kim Carter presented on Centennial Care 2.0 MCO Readiness:</b></p> <p><b>HSD Readiness Teams &amp; Timeline:</b> There are three teams made up of staff from the following HSD Divisions; Medical Assistance Division, Behavioral Health Services Division, and Office of Inspector General. Team members participated in the following readiness activities:</p> <ol style="list-style-type: none"> <li>1. Desk Audits were performed from April to June 2018; and</li> <li>2. On-site Visits started in July and are continuing through August 2018.</li> </ol>	None	Angela Medrano, Deputy Director	Complete

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>Open Enrollment will begin in October and end in December 2018 with a Go-Live date January 1, 2019.</p> <p><b>MCO &amp; HSD Roles for Desk Audits:</b> Desk Audits teams included: Behavioral Health Services; Benefits; Care Coordination; Financial &amp; Value Based Purchasing (VBP); Long Term Services &amp; Supports (LTSSB); Member Services; MCO Operations; Provider Network; Program Integrity; Quality; Reporting; and Systems. MCO's provided Policies and Procedures that are CC 2.0 specific that must include enough detail to ensure compliance with Contractual Requirements. HSD teams review the policies and procedures, approve or reject the submission and if rejected, HSD includes specific feedback with a due date for the re-submission of the policy or procedure.</p> <p><b>On-Site Readiness Teams:</b> The on-site readiness teams consist of: Care Coordination; Finance and VBP; Systems; Member Services; Operations; Program Integrity; Provider Network; LTSS; and Quality and UM.</p> <p><b>Network Adequacy:</b></p> <p><b>MCO Requirements:</b> MCO requirements consist of re-contracting with the entire provider network for 2.0. Establish and maintain a sufficient number of network providers capable of serving all members who enroll in their MCO. Provide members with special health care needs direct access to a specialist, as appropriate for the members health care condition, and ensure that members have access to a 24/7 pharmacy in each geographic location where one is available.</p> <p><b>HSD Monitoring for Readiness:</b> MCOs are required to submit a weekly update on Provider Contracting. HSD provides a monthly provider enrollment roster to MCOs. HSD will provide MCOs with newly added or terminated providers on a daily basis. HSD compares provider enrollment for each MCO to the respective MCO provider contracting report to determine Provider contracting levels. Beginning August 2018, MCOs will be required to submit a Geo Access Report in addition to the weekly Provider Contracting report. Maps within the Geo Access report highlight gaps in provider contracting at the county level.</p> <p><b>Readiness Determination:</b> MCOs must demonstrate they have sufficient providers in each geographic region to meet member needs. If a MCO cannot demonstrate network adequacy in October 2018, they will be required to implement immediate corrective action. If by December 2018, a MCO does not have a sufficient network in place, HSD will place a hold on member enrollment.</p> <p><b>Continued Monitoring Network Adequacy:</b> HSD monitors network adequacy and timely access to services in a variety of ways, including, but not limited to the following: Geo Access Report; Network Adequacy Report; Appeals and Grievances Report; External Quality Re-</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	view Audits; MCO Call Center Reports; Provider and Member Satisfaction Surveys; and Secret Shopper Surveys of providers conducted by HSD and MCOs.			
VII. Behavioral Health Services Expansion	<p><b>Sallyanne Wait presented on CC2.0 Behavioral Health 1115 Waiver Proposals:</b></p> <p><b>CC 2.0 Waiver Behavioral Health Component:</b> The CC 2.0 1115 Waiver Renewal includes expansion of behavioral health (BH) services with a focus on substance use disorders and the continuum of care. CMS developed milestones that consist of 1) Access to critical levels of care for Opioid Use Disorder (OUD) and Substance Use Disorder (SUD), 2) the use of Evidence-based and SUD patient placement criteria, 3) the use of nationally-recognized SUD specific program standards to set provider qualifications for residential treatment facilities, 4) the implementation of comprehensive treatment and prevention strategies to address OUD, and 5) to improve care coordination and transitions between levels of care.</p> <p><b>Use of Evidence Based SUD Patient Placement Criteria and Access to critical levels of care for OUD and SUD:</b> BH addressed in an Implementation Plan existing services and gaps in service offerings through American Society of Addiction Medicine (ASAM) levels of care (LOC) criteria. <b>SBIRT:</b> SBIRT is a public health approach that serves individuals who are at risk of having or have a substance use disorder. New Mexico's SBIRT serves individuals 18 years or older who are at risk for having or have a substance use disorder, as well as individuals who suffer from anxiety, depression, and trauma. Currently, New Mexico has seven operational sites. SBIRT is currently funded through a grant which ends in October. The CC 2.0 Waiver Request and a State Plan Amendment are requesting to lower the age from 18 years and above to 14 years and above; add screening tools relevant to differing ages; expanding into comprehensive types of medical settings throughout the State; training practitioners as a requirement to participate; expanding the Cadre of Peer Support Workers to screen; reimbursing through Medicaid Fee for Service and MCO; and maintaining the screening for SUD, trauma, depression and anxiety.</p> <p><b>Housing for Individuals with Severe BH Conditions:</b> Pre-Tenancy Support assists with outreach, housing search, application assistance, obtaining furnishings/household supplies, and move in assistance. Tenancy Sustaining Support assists in property owner relationship management, tenancy rights and responsibilities education, eviction prevention, and subsidy program adherences.</p> <p><b>Accredited Residential Treatment Centers (ARTC):</b> HSD will use nationally recognized SUD specific program standards to set provider qualifications for residential treatment facilities. Accredited Residential Treatment Centers will have three levels of reimbursement: Level one</p>	None	Sallyanne Wait, Medicaid Behavioral Health Manager	Complete

Commented [AM1]: This section must be reviewed by Sally.

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>for Clinically Managed, Low-Intensity Residential as a step down for recovering adults before transitioning to the community; Level two for Clinically Managed Population Specific residents requiring a slower pace for cognitive difficulties or other impairments, and for higher intensity withdrawal management; and level three, Medically Monitored Intensive Residential for short-term stays with physician and nursing care for withdrawal management.</p> <p><b>Institute for Mental Illness (IMD):</b> The federal IMD exclusion is found in section 1905(a)(B) of the Social Security Act, which prohibits Medicaid "payments with respect to care or services for any individual who has not attained 65 years of age and who is a patient in an institution for mental diseases" except for "inpatient psychiatric hospital services for individuals under age 21". The law defines "institutions for mental diseases" as any "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." The IMD exclusion was intended to ensure that states, rather than the federal government, would have principal responsibility for funding inpatient psychiatric services. There is, for MCO enrollees, an exception as an "in lieu of service" for a 15 day stay in an IMD for members with a substance use disorder. The waiver requests longer stays based on medical necessity. These admissions are only for SUD and co-occurring mental illness. We will submit a State Plan Amendment to provide the same service for Fee for Service (FFS) enrollees.</p> <p><b>Improved Care Coordination and Transitions Between Levels of Care in New Mexico's Health Home Sites:</b> Current requirements for Health Homes include members with serious mental illness for adults and severe emotional disturbance for children. There are six core services offered under Health Homes. Health Homes sites expanded in April 2018 to include 11 facilities.</p>			
VIII. Public Comment	There were no public comments	None		Complete
IX. Adjournment	The meeting adjourned at 3:15pm. Date for the next regular meeting was not yet announced.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted:

Alysia Beltran

August 9, 2018

\_\_\_\_\_  
Recorder

\_\_\_\_\_  
Date