

2020 HSD State-Tribal Collaboration Act Annual Report

Michelle Lujan Grisham, Governor

David Scrase, HSD Cabinet Secretary

Human Services
Department

2020



The Human Services Department (HSD) presents a synopsis of the top budget, legislative and policy issues with tribal impact in the programs and services delivered through the Income Support Division, Child Support Enforcement Division, Medical Assistance Division, and the Behavioral Health Services Division in 2020. HSD continues its commitment to uphold the principles of the State-Tribal Collaboration Act (STCA) of 2009.

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Section I: Executive Summary

The HSD serves more than half of New Mexico's population through several programs provided by the Medical Assistance Division (MAD), Income Support Division (ISD), Child Support Program Division (CSED), and Behavioral Health Services Division (BHSD). HSD leads with a team approach designed to bring the divisions together to meet our State's needs. HSD continues to work with New Mexico's Tribes, Pueblos and Nations to design and deliver innovative, high quality health and human services to Native Americans that improve security and promote independence in their communities.

HSD's Mission – To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

HSD's Goals include:

- Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits, including Indian Health Service (IHS) and Tribal 638s;
- Create effective, transparent communication to enhance the public trust;
- Successfully implement technology to give customers and staff the best and most convenient access to services and information;
- Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

The HSD started fiscal year (FY) 2020 with a focus on ensuring every qualified New Mexican receives timely and accurate benefits in accordance with the regulations. To assist with improving New Mexicans' access to healthcare, HSD evaluated the Medicaid reimbursement provider rates and developed a strategic approach to implement rate increases. The HSD also implemented several program changes to increase communication and improve program access. Below are some of the accomplishments in FY 2020:

- Completed a statewide tour of all Income Support Division offices and met with nearly every employee;
- Began the planning to increase the Graduate Medical Education (GME) programs in New Mexico from 8 to 13 over the next five years;
- Implemented \$78.5 million in Medicaid provider rate increases for providers who deliver care and services to the most vulnerable New Mexicans. Provider rate increases assist in rebuilding and protecting New Mexico's health care delivery network, particularly in rural areas for providers of behavioral health, primary care, dental services, and teleconsultation services to Medicaid clients;

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- Launched real time eligibility statewide for Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits through www.yes.state.nm.us;
- Achieved at least a 95 percent monthly processing standard for Medicaid and SNAP applications for over 12 consecutive months. The Honorable Kenneth Gonzales ruled that HSD has fully complied with the timely eligibility processing requirement and that “good cause” existed to eliminate that requirement from the long-standing consent decree;
- Expansion of the Centennial Home Visiting Pilot Program to include Taos Pueblo to provide home visiting services to the Taos community for eligible pregnant women. The program focuses on pre-natal care, post-partum care and early childhood development;
- Submission of a Supports Waiver application to the Centers for Medicare and Medicaid Services (CMS). This waiver will provide services to those waiting for an allocation to the Developmental Disabilities Waiver (DDW) in New Mexico. Approximately 2,000 slots will be filled annually over the next five years;
- Received approval from CSM to for 1,500 waiver slots for disabled and elderly individuals needing community-based long term services and supports; and
- Introduced the first *State of New Mexico Data Book* for HSD. This 186-page compendium provides a summary of the social, economic and health statistics for New Mexico and all its counties, in addition to some national comparisons. It also includes Native American specific data.

COVID 19 related services in New Mexico and Native American communities

In response to the COVID crisis, New Mexico’s Emergency Operations Center (EOC) was established as a centralized location to track and address the pandemic state-wide. The EOC includes many Emergency Support Functions (ESF) that are managed by various state agencies. HSD is the lead agency for the functions that fall under the ESF6 unit. These functions include the provision of food, shelter, non-medical supplies and behavioral services to New Mexicans during a state emergency. In addition, the HSD submitted several requests for federal emergency waivers and State Plan Amendments (SPAs) to assist New Mexicans and providers during this public health emergency. The following are a few of the changes requested and outcomes associated:

- Allowance of Medicaid reimbursement to doctors, behavioral health providers and other health care professionals for telephone and video patient visits until the end of the COVID-19 public health emergency, including IHS and Tribal 638 providers;
- Provision of \$46.2 million to Nursing facilities across New Mexico. This funding provided immediate financial help to nursing facilities to ensure adequate staffing for their residents.;
- 100% Federal Medical Assistance Percentage (FMAP) was implemented for coverage of testing and related services for uninsured individuals in New Mexico;

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- The overall FMAP for New Mexico increased by 6.2% effective 01/01/2020 until the end of the emergency;
- No termination or reduction of benefits for Medicaid and SNAP recipients for the duration of the emergency;
- Distributed Supplemental Nutrition Assistance Program (SNAP) supplemental payments to households in order to receive the maximum SNAP benefits during the months of March through July. These additional SNAP benefits are intended to help alleviate some of the social and economic stresses caused by the pandemic;
- HSD employees volunteered to pack and deliver over 2.1 million pounds of food to 72 New Mexico Tribes/Pueblos/Nations;
- Assisted in the establishment of 2,184 non-congregate shelter rooms (hotels) at 20 sites throughout New Mexico and placed over 300 individuals;
- Allowance of on-line purchasing for SNAP customers through Amazon and Walmart allowing individuals to stay safe and purchase food from home; and
- Child Support Enforcement Division (CSED) collected a record of \$155.7 million dollars in Child support payments in FY2020 and developed an on-line payment pilot project in Rio Rancho.

Section II. Agency Overview and Background

HSD Mission

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

The HSD administers numerous programs to support and improve New Mexican's health and economic well-being. Many Native Americans in New Mexico are served by these programs. The HSD State-Tribal Consultation, Collaboration and Communication Policy requires consultation when Tribal impact is determined to be present in policy and rulemaking. Native American Tribes and Tribal members as citizens of New Mexico rely upon the STCA as a statutory commitment for New Mexico state government to work with Tribes on a government-to-government basis to better collaborate and communicate on issues of mutual concern.

Division Programs and Services

Medical Assistance Division (MAD)

http://www.hsd.state.nm.us/Medical_Assistance_Division.aspx

The Medicaid Centennial Care Managed Care Organizations (MCOs), which include Blue Cross/Blue Shield, Presbyterian, and Western Sky Community Care, all saw an increase in MCO enrollment from May 2019 to May 2020 in the number of Native Americans enrolled in Managed Care as outlined in the table below.

Native Americans Enrolled in Medicaid

Blue Cross Blue Shield	19,765	10% increase
Presbyterian	40,553	14% increase
Western Sky Community Care	3,833	9% increase
Total Centennial Care/Managed Care Organizations (MCOs)	64,151	13% increase
Fee for Service	70,586	20% increase
Total	134,737	5% increase

Table 1. Medicaid Eligibility Report (MER) report July 2020

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FFS expenditures during FY20 for Native Americans was approximately \$317.2M. Indian Health Service (IHS) outpatient claims generated the bulk of costs.

Centennial Care Expenditures:

Managed Long-Term Care Expenditures	FY 2019	FY 2020
Nursing Facility	\$42,018,036	\$ 44,145,557.93
Personal Care Services	\$53,351,920	\$ 60,714,520.50
Fee-for-Service Expenditures	\$307,000,000	\$ 317,293,986.00

Fee-for-Service	FY 2019 FFS Expenditures	FY 2020 FFS Expenditures
Inpatient	\$46,916,411	\$55,681,860
Physician	\$20,010,011	\$22,378,780
Outpatient	\$25,520,065	\$28,185,706
IHS Inpatient	\$18,391,430	\$18,938,059
IHS Outpatient	\$104,693,040	\$97,266,723
Home and Community Based Waivers	\$28,593,616	\$32,195,795
Others	\$62,579,629	\$62,647,063
Total	\$306,704,205	\$317,293,986

Data provided by MAD Systems Bureau 7/2020 for FY2020

New Services Added to the Medicaid Benefit in FY20:

- Transitional Care and Chronic Care Management Services – Added 7/1/19
- Preventive Topical Fluoride Varnish Benefits for Children – Added 7/1/19
- Transportation for Justice-Involved Members Transitioning to Community – Added 1/1/2

COVID related Changes to New Mexico Medicaid:

- Expanded the number of individuals who can provide Presumptive Eligibility Determinations

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for new Medicaid enrollees

- Suspended eligibility redeterminations for current Medicaid enrollees
- Increased telehealth and telephone visit options
- Allowed Medicaid enrollees more time to file appeals and to request Fair Hearings
- Allowed payment for certain in-home care provided by family caregivers
- Suspended recertification requirements for patients to receive home and community-based care
- Relaxed restrictions on early prescription refills
- Suspended HIPAA sanctions for providers offering telehealth services
- Coordinated outreach and education with BeWellnm, NM Medical Insurance Pool, and Office of Superintendent of Insurance
- Eased provider enrollment and re-enrollment requirements and temporarily ceased revalidation of in-state providers
- Waived in-state licensure requirements when an out-of-state provider holds a valid license in another state
- Temporarily waived fingerprinting requirements
- Allowed facilities to provide services in Alternative Care Sites (Albuquerque, McKinley and San Juan areas)
- Required expedited claims payments
- Required MCOs to provide same level of reimbursement for out-of-network care and telehealth visits
- Suspended and extended prior authorizations for specific services
- Temporarily suspended supervision requirements for home health agencies

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Income Support Division (ISD)http://www.hsd.state.nm.us/Income_Support_Division.aspx

The SNAP program provides food security for approximately 455,000. There are 42,000 Native Americans receiving SNAP benefits in NM. The HSD has improved the efficiency of processing SNAP applications to above the federal timeliness standard of at least a 95 percent for all its 34 locations since Oct. 1, 2018. The state now exceeds federal standards for timely processing of SNAP applications.

HSD employees are working hard and doing everything necessary to ensure New Mexico families, including Native American families, have the ability to buy food for their families during the COVID-19 crisis.

Out Stationed Workers: Through ISD Agreements with Tribes, Nations and Pueblos and Indian Health Services, HSD places out-stationed workers at the Albuquerque IHS, Pueblo of Zuni and the Southwestern Indian Polytechnic Institute (SIPI). ISD provides trained, full time Family Assistance

Analyst employees to work on location for the purpose of accepting and processing applications for various program services including SNAP, General Assistance, Temporary Cash Assistance and Medicaid.

In response to the Public Health emergency, ISD implemented Federal waivers that increased access to and retention of benefits. ISD increased the call center staff creating a virtual office and offers curbside services at local field offices utilizing health and safety measures for staff and customers. Additionally, ISD increased food delivery destinations, offered on-line purchasing, and Pandemic EBT for school age children.

ISD will continue to collaborate with any Tribal entity impacted by work programs associated with SNAP food assistance. ISD is committed to ensuring that the Tribal sovereignty is represented.

COVID 19 Related Changes to Income Support Division

- Pandemic EBT (\$67 million)
- Supplemental SNAP benefits (\$35 million)
- SNAP on-line purchasing (through Amazon and WalMart)
- No termination or reduction in benefits for duration of emergency

The table below indicates the number of Native Americans who receive ISD services such as General Assistance, TANF, SNAP, LIHEAD and Education Works.

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Distinct Count of Native American Recipients by Program and Tribal Residence SFY 2020

<i>Tribal Residence</i>	Education Works	General Assistance	TANF	LIHEAP	SNAP
<i>Acoma</i>		2	56	171	569
<i>Alamo Navajo</i>		3	20	6	2,683
<i>Canoncito Navajo</i>			14	5	148
<i>Checkerboard Navajo</i>		17	25	44	5,155
<i>Cochiti</i>			2	3	120
<i>Isleta</i>		3	21	46	247
<i>Jemez</i>			31	21	355
<i>Jicarilla Apache</i>			18	9	337
<i>Kewa</i>		2	21	158	799
<i>Laguna</i>		6	33	5	684
<i>Main Reservation Navajo</i>		38	121	82	12,851
<i>Mescalero Apache</i>		1	84	182	648
<i>Nambe</i>			5	4	54
<i>Ohkay Owingeh</i>			10	11	215
<i>Other</i>			14	12	136
<i>Picuris</i>				1	12
<i>Pojoaque</i>				2	6
<i>Ramah Navajo</i>		1	2	5	272
<i>San Felipe</i>		4	37	110	668
<i>San Ildefonso</i>			8	3	17
<i>Sandia</i>					22
<i>Santa Ana</i>			2	1	29
<i>Santa Clara</i>			4	9	93
<i>Taos</i>		1	9	48	96
<i>Tesuque</i>			4		17
<i>Tohajiilee Navajo</i>				2	149
<i>Zia</i>			6	3	103
<i>Zuni</i>			16		2,201
Total	0	78	563	943	28,686

Table 2: Native American ISD Program Participants for SFY2020 (July 1, 2019 to June 30, 2020). LIHEAP counts are from October 1, 2019 to June 30, 2020. Values are the number of unique recipients who have been approved for benefit issuance during the period. Retrieved from ASPEN June 30, 2020.

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Child Support Enforcement Division (CSED)http://www.hsd.state.nm.us/Child_Support_Enforcement_Division.aspx

CSED administers the state and federal program to collect support from non-custodial parents. Its primary role is to maximize the collection of child support for all eligible New Mexico children. CSED is required by federal and state law to help families receiving TANF and Medicaid by establishing a court order and enforcing the court order by collecting and disbursing child support payments. Families who are not receiving TANF or Medicaid may also apply to CSED for services. In SFY2020, there were 63,255 families with child support cases in New Mexico, approximately 4,291 were Native American.

CSED Services for Tribes: CSED provides child support services to Tribes and Pueblos across New Mexico by:

- Establishing and enforcing child support orders through Tribal courts – based on the Tribe or Pueblo’s own laws and customs;
- Registering Tribal court orders in state district courts as appropriate (when a child lives off-reservation);
- Registering state court orders in Tribal courts when appropriate (when a child lives on-reservation);
- Submitting Tribal court orders to other states for enforcement of court orders, requesting assistance from other states to establish paternity and support for Tribal members;
- Providing services to custodial tribal members living on or off Tribal lands –as long as the non-custodial parent lives off Tribal lands

Tribal Collaboration: CSED is in full support of Tribes, Nations and Pueblos interested in developing and operating their own Tribal Child Support IV-D Programs and provide technical assistance upon request. CSED entered into its first Joint Powers Agreement for operating the child support program on the Navajo Nation in 1993, the first of its kind in the nation. This agreement was renewed in 2015.

CSED has a dedicated attorney that is licensed to practice in Zia, Acoma, Isleta, and Laguna Pueblos. The CSED attorney appears before the tribal court judges from these Pueblos regularly. Tribal judges, court staff, and parties often call upon the CSED attorney when questions arise regarding child support cases involving Tribal members and/or basic child support matters. CSED also dedicates a Child Support Legal Assistant to 280 active cases for Zia, Acoma, Isleta, and Laguna Pueblos.

Record collection of Child Support for FY2020 - \$155.7 million dollars.

COVID 19 Related Changes to the Child Support Enforcement Division

- Online Services including applications online
- Email and telephone communications
- Cash only payment in office two hours per day
- Court Hearings and telephonic hearings

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Crownpoint Navajo Nation IV-D				Total collections SFY 2020
Month	Cases	%Cases w/orders	Children	
June-20	3,046	36.8%	4,984	\$1,399,702.68

Shiprock Navajo Nation IV-D				Total collections SFY 2020
Month	Cases	%Cases w/orders	Children	
June-20	937	79.2%	1,557	\$1,560,518.26

Acoma				Total Collections SFY 2020
Month	Cases	%Cases w/orders	Children	
June-20	87	85.1%	119	\$188,721.05

Isleta				Total Collections SFY 2020
Month	Cases	%Cases w/orders	Children	
June-20	87	83.9%	134	\$188,857.48

Laguna				Total Collections SFY 2020
Month	Cases	%Cases w/orders	Children	
June-20	1031	86.4%	161	\$230,270.70

Zia				Total Collections SFY 2020
Month	Cases	Cases w/orders	Children	
June-20	3	33.3%	4	\$762.50

Table 3: CSED Native American Caseload as of 2020

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Behavioral Health Services Division (BHSD)http://www.hsd.state.nm.us/Behavioral_Health_Services_Division.aspx

The BHSD manages the behavioral health service system for adults in New Mexico. BHSD has a staff of approximately 40 that focuses on developing strategies for mental health promotion and substance abuse prevention and treatment for individuals in New Mexico. As the state mental health and substance abuse authority, BHSD works in partnership with MAD to oversee the Medicaid MCO contracts and to ensure the provision of behavioral health services through New Mexico's behavioral health statewide system of care. In addition, HSD oversees the CEO of the NM BH Collaborative whose primary goal is to coordinate behavioral health services across State Departments. As a result, BHSD is actively engaged in a number of projects that include close collaboration with the Children, Youth, and Families Department (CYFD), the Department of Health (DOH), the Indian Affairs Department (IAD), the Corrections Department (DOC), and the Department of Veterans Services, as well as the Behavioral Health Planning Council, Local Collaboratives, providers and consumers. The BHSD is a leading participant in the Native American Sub-Committee (NASC) that addresses prevailing issues in behavioral health in Tribal communities and urban areas around the state.

HSD continues to work on rebuilding the behavioral health network in New Mexico by expanding behavioral health service and working with the Department of Health and Workforce Solutions to increase the behavioral health workforce.

BHSD staff work with Native American and Tribal providers on federal grants and state programs such as the:

- \$2M Emergency Grant – BHSD received an emergency COVID grant from SAMHSA (Substance Abuse and Mental Health Services Administration).
- FEMA Grant - Crisis counseling for COVID
- Bridges to Wellness Grant
- Public Service Announcement campaign for Substance Use Disorder Treatment with cartoons by Ricardo Cate, Native American cartoonist - Without Reservations
- Adult Accredited Residential Center (AARTC) services are now covered by Medicaid. They were added to the benefit package with Centennial Care 2.0. AARTC is available to both FFS and managed care recipient
- Supportive Housing Pilot Program for Individuals with Serious Mental Illness – Added 7/1/19
- Open Beds – A technology platform that identifies, unifies, and tracks behavioral health and social service resources to facilitate rapid digital referrals to launch the NM Behavioral Health Referral Network
- Launch of www.treatmentconnection.com which is a website enabling those seeking mental health and substance use disorder treatment for themselves or others to search for appropriate nearby providers.

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COVID 19 Related changes to the Behavioral Health Services Division

- Expanding service delivery modalities - The expansion of telehealth services that was catalyzed by the COVID crisis. The MCOs are authorized to pay for most outpatient behavioral health services when they are delivered over the telephone or via video conference. The results showed positive trends like fewer no-shows and rural patients are getting services without long drives.
- Harm reduction for alcohol use disordered patients – creating “wet shelter” locations where people who are not in recovery can be kept safely in a shelter and can avoid life threatening withdrawal from alcohol so long as the person remains in the shelter. We are currently working to add a second level of BH services for any of these folks who need more support than a peer can provide.
- Assistance with EFS-6 Housing and Shelters – homeless individuals testing positive for COVID 19 can isolate with the right protection. This project also provides peer support workers to every person who has been placed in a self-isolation shelter.
- The NM Crisis and Access Line created a new support line app dedicated to healthcare workers and first responders – 1-855-507-5509.
- COVID 19 Behavioral Health Special Services Guide – This guide is designed to offer support and guidance to specialty behavioral healthcare provider agencies during the COVID 19 public health emergency

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Section III. Agency Efforts to Implement the State-Tribal Consultation, Collaboration and Communication Policy

On October 9, 2019 the Human Services Department and the Navajo Nation held a formal Tribal Consultation on the Indian Managed Care Entity (IMCE) in Gallup, New Mexico.

On October 28, 2019 the Human Services Department and the Department of Health held a formal Tribal Consultation on the Medicaid 1915 (c) Home and Community-based Services Supports Waiver in Albuquerque, New Mexico.

Below is a list of Written Tribal Notification letters that were sent for each proposed change. From July 1, 2019 to June 30, 2020 Tribes, Pueblos, Nations, Indian Health Service, Tribal 638s and interested parties had 25 opportunities to comment on proposed changes to the New Mexico Medicaid program. For more detailed information on each notification, please see

<https://www.hsd.state.nm.us/providers/written-tribal-consultation-letters.aspx>

[Written Tribal Notification Letter 20-12](#) – Proposed revisions to the Managed Care Policy Manual

[Written Tribal Notification Letter 20-11](#) - Notice of Additional Proposed Temporary Changes to Medicaid Due to COVID-19 Outbreak

[Written Tribal Notification Letter 20-08](#) – State Plan Amendment for Health Homes Substance Use Disorder (SUD)

[Written Tribal Notification Letter 20-07](#) – Proposed Amendment to the Developmental Disabilities Waiver (DDW) Fee Schedule

[Written Tribal Notification Letter 20-06](#) (reissue) - Notice of Proposed Temporary Changes to Medicaid Due to COVID-19 Outbreak

[Written Tribal Notification Letter 20-03](#) – Proposed Amendment for Emergency Services for Aliens (EMSA)

[Written Tribal Notification Letter 20-02](#) – Proposed Amendment to the Medicaid Eligibility-General Recipient Policies Resource Standards

[Written Tribal Notification Letter 19-26](#) – Notice of Proposed Increases to the Medicaid Provider Payment Rates effective 01/01/2020

[Written Tribal Notification Letter 19-24](#) – State Plan Amendment Drug Utilization Review (DUR)

[Written Tribal Notification Letter 19-19](#) – Proposed Renewal of the Mi Via Home and Community Based Services Waiver Renewal

[Written Tribal Notification Letter 19-18](#) – Notice of Proposed Increases to Provider Payment Rates effective 10/01/2019

[Written Tribal Notification Letter 19-17](#) – Changes to the Specialized Behavioral Health Services

[Written Tribal Notification Letter 19-15](#) – Proposed Changes to the School Based Services for Medicaid Eligible Recipients under 21 years of age

[Written Tribal Notification Letter 19-14](#) – Proposed Changes to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

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Section IV. Current and Planned Programs and Services for Native Communities

The Native American Technical Advisory Committee (NATAC) is comprised of appointees by Tribal leaders, HIS and HSD representatives working on issues of common concern and policy making with the Medical Assistance Division, Behavioral Health Services Division and the Income Support Division. The NATAC, which began in September 2012, is designed to provide HSD and the Tribes, Pueblos, and Nations an opportunity to meet and discuss issues of mutual concern and interest on a quarterly basis. In December 2019, a strategic planning meeting was held with NATAC members and the following goals and objectives were identified by the Committee members.

NATAC Strategic Goals and Objectives**Goal 1**

Increase BH services for Native Americans including community-based services for adults and children.

Objective 1: Increase the number of BH providers in Native communities.

Objective 2: Increase availability of 24-hour crisis interventions services in Native communities.

Objective 3: Recruit and retain more peer-support workers, who identify as Native, to work in Native communities.

Goal 2

Increase Medicaid reimbursable provider types (e.g. case managers, community health representatives, care coordinators) and services for IHS and Tribal Clinics.

Objective 1: Identify Native healthcare services, delineating those currently reimbursed by Medicaid from those that are not Medicaid-reimbursable.

Objective 2: Identify the access needed to make provision of Native healthcare services possible.

Objective 3: Develop a provider outreach strategy that provides information about how Native providers may seek Medicaid reimbursement for eligible Native healthcare services.

Goal 3

Increase the number of long-term care options.

Objective 1: Conduct a needs assessment that forecasts long-term care needs, identifies gaps in services, and includes data.

Objective 2: Develop all-inclusive and accessible resources (e.g. toolkit, guides, trainings) for providers, families, and community members that outlines all known resources regarding long term care and how those resources can be accessed.

Objective 3: Develop long-term care facilities and programming in Native communities and in partnership with other Tribes, Pueblos, and Nations.

Objective 4: Address discriminatory practices in long-term care facilities towards Medicaid beneficiaries.

Goal 4

Increase Native American enrollment in Medicaid.

Objective 1: Identify barriers to healthcare insurance enrollment.

Objective 2: Conduct data collection that identifies Native Americans in NM who remain uninsured, as well as other targeted populations identified by Native communities in order to share the data with Tribes.

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Objective 3: Define and develop a healthcare insurance outreach and education plan for Native communities.

The NATAC is currently working on identifying tactics for each of the objectives listed above and will utilize these goals as the primary focus of their work with HSD.

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Section V. Training and Employee Notification

Policy Background

In 2009, Senate Bill 196 was signed into law enacting the STCA. The STCA is a statutory requirement for New Mexico state government to work cooperatively with Tribes on a government-to-government basis on multijurisdictional issues, concerns and conflicts, as well as a shared responsibility to ensure the use of public resources effectively and efficiently.

The HSD State-Tribal Consultation, Collaboration and Communication Policy is posted on the HSD website at [//www.hsd.state.nm.us/](http://www.hsd.state.nm.us/).

Department executive and mid-level management employees, whose work involves initiating programmatic actions and/or policy changes that have Tribal implications, are required to complete this training. This training is offered on the Department training website below.



Course ID ▲	Course Name	Instructor	Description	Textbooks
HSD_4951_FY20 ▼	NM State-Tribal Collaboration Act and HSD Policy Training FY20	Jeannine Isom, Admin		

Course Content

Welcome!

NM State-Tribal Collaboration Act and HSD State-Tribal Consultation, Collaboration and Communication Policy Training!

- Mandatory once for HSD employees (including executive managers and supervisors), whose work involves initiating programmatic actions and/or policy changes that have tribal implications. All new personnel hired into those positions are required to complete the training within 90 days.
- Course length: Approximately 30-45 minutes
- Test: Five (5) questions. Minimum score 80%. Unlimited attempts allowed.

Important Resources link on the left menu contains:

- The HSD State-Tribal Consultation, Collaboration and Communication Policy.
- Current HSD Native American Liaisons.
- NM Senate Bill 196 The State-Tribal Collaboration Act.
- Course content for the State-Tribal Collaboration and HSD Policy Training.
- SPO Cultural Competency Training Registration website.

This online training is **not the same training** as the instructor-led Cultural Competency Training.

- The instructor-led Cultural Competency training, sponsored by SPO and the Indian Affairs Department, is mandated to NM employees who have regular interaction with NM tribes' Native American citizens across the state.

[ps://hsd.blackboard.com/webapps/blackboard/content/listContent.jsp?course_id=347...](https://hsd.blackboard.com/webapps/blackboard/content/listContent.jsp?course_id=347...) left menu for information and registration.

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The State Tribal Consultation, Collaboration, and Communication Policy course is included as a HSD required training for certain employees.

- 125 new employees were registered to take the course
- 125 completed the course
- 97 employees were **required** to complete the course
- 28 employees not required to take the course completed it

A goal of HSD for FY2020-2021 is to have all new employees complete the NM State Tribal Collaboration Act and Policy Training course, *and* for those employees that have direct interaction with the 23 Tribes, Pueblos, and Nations of New Mexico, receive the instructor led Cultural Competency Training through the HSD and MAD Native American Liaisons.

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Section VI. Key Names and Contact Information

HSD Key Staff

To promote collaboration and communication between the Human Services Department Agency Secretary, Deputy Secretaries, Division Directors and Tribes, the Tribal Liaisons facilitate consultation and collaboration and serve as a direct resource to Tribal leadership.

HSD

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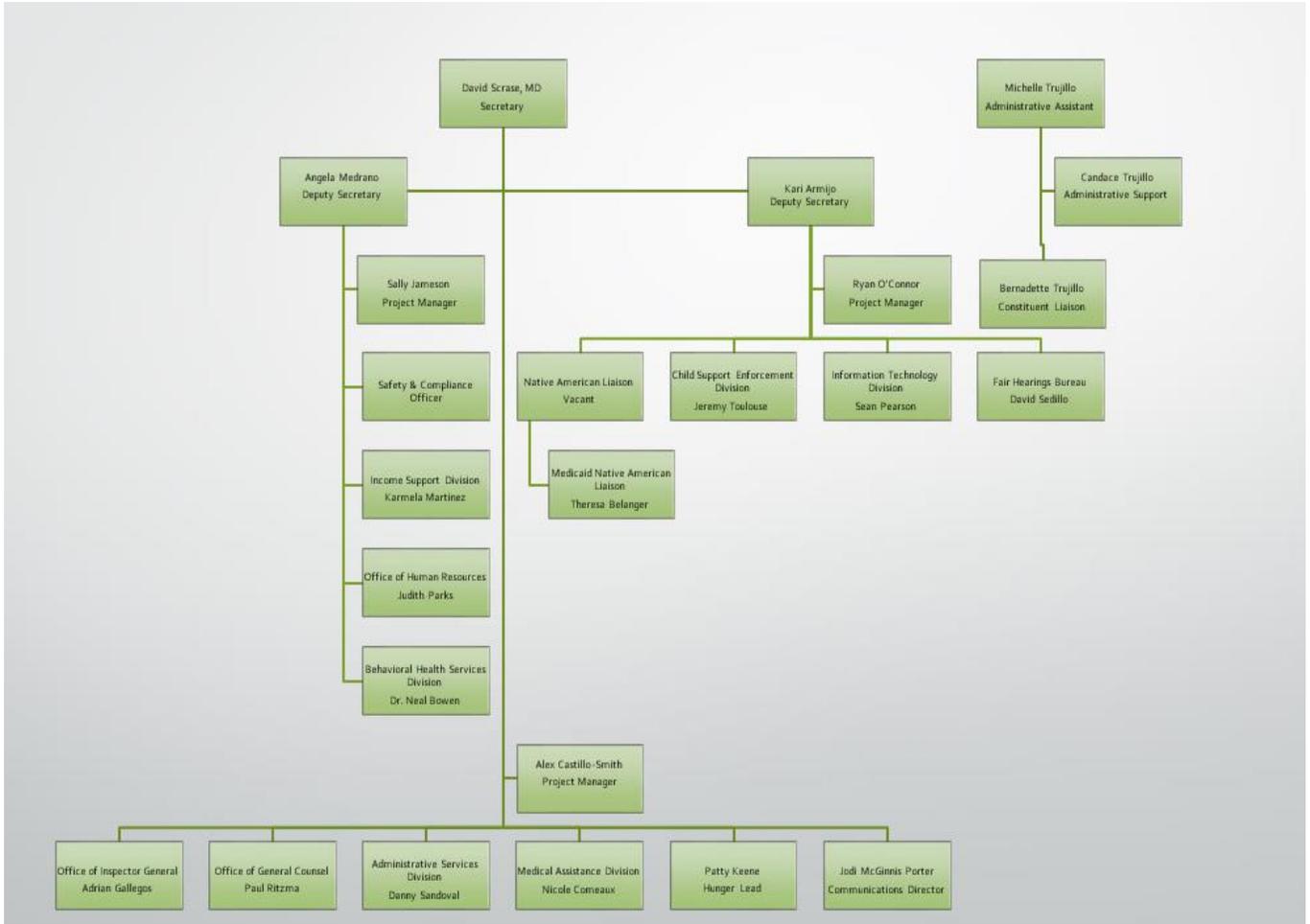
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HSD Organizational Chart for office of Native American Liaisons



Section VII. Relevant Statutes and Mandates

Please refer to Section III - Agency Efforts to Implement the State-Tribal Consultation, Collaboration, and Communication Policy

Section VIII. Agreements

The Medical Assistance Division has been working with the Centennial Care Managed Care Organizations (MCOs) to enter into contracts/agreements with Indian Health Service, Tribal 638 facilities, Tribal providers, and Community Health Representatives for care coordination activities. Below is a summary of their efforts for FY2020.

Medicaid MCO Collaboration with Tribes, Pueblos & the Nation

The Centennial Care MCOs continue their efforts to contract with Indian Health Service, Tribal 638 and Urban Indian Health Center (I/T/U) providers. The MCOs continue to reach out at least once per month to determine if the status has changed.

The MCO Tribal Relations staff attended meetings of the All Pueblo Council of Governors, 10 Southern Governors Consortium and the winter session of the Navajo Nation Tribal Council. At these meetings the MCOs were able to report on existing agreements that are in affect as well as agreements that are still under consideration.

One MCO established Participating Provider Agreements (PPA) to delegate care coordination functions to Community Health Representatives (CHRs) with many Tribal programs.

Another MCO entered into discussion with several Pueblos and provider partner entities to develop joint ventures on developing health care services at these Pueblos. Picuris Pueblo is seeking assistance in developing a health center capable of providing Primary Care, Behavioral Health and Community Base services. Pojoaque Pueblo is also interested in developing a health center with Primary Care and Behavioral Health.

An MCO Tribal Relations program has been working with Community Outreach and Patient Empowerment, a Non-profit organization, to develop an IT solution for data collection and transmission for Navajo Nation Department of Health. This program is intended to fill the gap in collecting information that managed care organization require for contract compliance without adding any administrative burden to Tribal programs. The IT application will also be able to generate reports for I/T/Us as well as generate information that CHRs can use to bill MCOs and other third-party payers for care coordination services.

Ongoing outreach efforts to engage and educate Tribal communities about Value Based Purchasing (VBP) agreements or other pilot programs continue, resulting in an expressed interest in developing incentive programs.

Native American Professional Parent Resource (NAPPR) remains interested in discussions to develop a program that incentivizes their work with high-risk babies, prenatal, and postpartum home visits for children up to five years old.

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All three MCOs are working with Taos Pueblo to enter into a home visiting pilot project agreement at the request of Taos Pueblo Health and Wellness Department. The MCOs are developing a Letter of Agreement for the Pueblo's early Childhood Home visiting program known as Tiwa Babies. Taos Pueblo intends to provide services for the entire population of Taos county.

In early March the Tribes, Pueblos and Nations began to close their communities due to the COVID-19 pandemic. There is no projected date for them to re-open at this time. As a result, Tribes reported that all external meetings have been cancelled or postponed. All outreach, discussions, development and implementation activities relating to new business or agreements have been put on hold until this crisis has lifted or upon request of the Tribes.

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Section IX. STCA Report Closing Statement and Signature

The Human Services Department hereby respectfully submits its State-Tribal Collaboration

(STCA) Report for Fiscal Year 2020 to the Department of Indian Affairs:

DocuSigned by:

 9DBE7D7D1B53422... 8/7/2020

David Scrase, Cabinet Secretary

Date

Human Services Department