

**Public Notice**

1. HSD Website



# PUBLIC INFORMATION & COMMUNICATIONS



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## **Centennial Care 2.0**

### **Centennial Care 2.0 1115 Demonstration Amendment #2**

#### ***2021 Centennial Care Waiver Application***

*Amendment to 1115 Demonstration Waiver #2*

[Draft Waiver Application](#)

[Attachment A: Assessment of the Availability of Mental Health Services](#)

## Public Hearing Presentation

### **Request for Comments**

The Human Services Department (HSD), Medical Assistance Division (MAD), invites comments from the public about changes to the Centennial Care 2.0 program that are being considered as part of an amendment that is proposed to be effective July 1, 2021. Comments will be accepted until 5:00pm MST on Sunday, January 31, 2021. Read below to learn more about the Centennial Care 2.0 waiver amendment.

HSD will hold two public hearings to receive comments via teleconference due to the Public Health Emergency (PHE) regarding the draft amendment to the waiver. Please see below information for the public hearings.

All comments will be reviewed and evaluated to inform additional modifications prior to submission of the final waiver amendment application to CMS.

### **Public Hearings**

***Tuesday, January 19, 2021***

1:00 p.m. – 4:00 p.m.

**Medicaid Advisory Committee Meeting**

**<https://global.gotomeeting.com/join/444460373>**

You can also dial in using your phone.

United States: +1 (669) 224-3412

Access Code: 444-460-373

Join from a video-conferencing room or system.

Dial in or type: 67.217.95.2 or inroomlink.goto.com

Meeting ID: 444 460 373

Or dial directly: 444460373@67.217.95.2 or

67.217.95.2##444460373

***Thursday, January 28, 2021***

9:30 a.m. – 10:30 a.m.

**GoToMeeting**

**Please join from your computer, tablet or smartphone.**

**<https://global.gotomeeting.com/join/335397581>**

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### ***About Centennial Care 2.0***

The New Mexico Human Services Department (HSD) is proposing improvements to the Centennial Care 2.0 program and is seeking input from stakeholders throughout New Mexico for consideration before submitting a final waiver amendment to the federal Centers for Medicare and Medicaid Services (CMS).

HSD has released a draft Section 1115 Demonstration Waiver amendment application for Centennial Care 2.0. The draft amendment outlines HSD's modifications to improve the program. The draft amendment can be reviewed by [clicking here](#). HSD is seeking federal authority to amend the 1115 Centennial Care 2.0 Waiver (Project Number 11W-00285/6) to make the following changes:

1. Expand the Medicaid program toward a more integrated model of behavioral health care delivery by providing Medicaid reimbursement for extended IMD stays for individuals with Serious Mental Illness/Severe Emotional Disturbance (SMI/SED) in residential and inpatient Institutions for Mental Disease (IMD) settings;
2. Establish High-Fidelity Wraparound (HFW) as an intensive care coordination approach for children and youth who have high intensity needs;
3. Establish a Primary Care Graduate Medical Education (GME) expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the specialists of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine; and

4. Expand coverage of the Coronavirus (COVID-19) vaccines, to the extent not covered by the federal government during the period of Centennial Care 2.0 demonstration and its administration to individuals who have limited benefit plan coverage including Family Planning Category of Eligibility (COE), Emergency Medical Services for Aliens (EMSA), individuals covered under the COVID-19 uninsured population (FFCRA) and also those receiving only Pregnancy – related services.

I. ***Program Description, Goals, and Objectives***

The state’s goals for the Centennial Care 2.0 demonstration include providing the most effective and efficient health care possible for eligible New Mexicans, as well as continuing the healthcare delivery reforms of Centennial Care. Specifically, the state will further the following goals:

- Assure that Medicaid members in the program receive the right amount of care, delivered at the right time, and in the right setting;
- Ensure that the care and services being provided are measured in terms of their quality and not solely by quantity;
- Slow the growth rate of costs or “bend the cost curve” over time without inappropriate reductions in benefits, eligibility or provider rates; and streamline and modernize the Medicaid program in the state.
- Today, Centennial Care 2.0 features an integrated, comprehensive Medicaid delivery system in which a member’s Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care (including pharmacy), behavioral health services, institutional services and home and community-based services (HCBS).

The waiver amendment provides the opportunity for the state to continue advancing successful initiatives under the demonstration while continuing to implement new, targeted initiatives to address specific gaps in care and improve

healthcare outcomes for Centennial Care members. Key initiatives under the Centennial Care 2.0 program include:

- Refine care coordination to better meet the needs of high-cost, high-need members, especially during transitions in their setting of care;
- Continue to expand access to long-term services and supports (LTSS) and maintain the progress achieved through rebalancing efforts to serve more members in their homes and communities;
- Improve the integration of behavioral and physical health services, with greater emphasis on other social factors that impact population health;
- Expand payment reform through value-based purchasing arrangements to achieve improved quality and better health outcomes;
- Continue the Safety Net Care Pool and time-limited Hospital Quality Improvement Initiative; and

Further simplify administrative complexities and implement refinements in program and benefit design.

As part of the demonstration amendment, the state seeks to strengthen its support to cover New Mexicans through an integrated and comprehensive Medicaid delivery system.

## ***II. Proposed Health Care Delivery System and Eligibility Requirements, Benefit Coverage, and Cost-Sharing***

### ***A. Delivery System & Eligibility Requirements***

Centennial Care 2.0 provides a comprehensive benefit package to eligible populations through an integrated managed care model that includes a number of innovations. The following are descriptions of the current eligible populations and covered benefits:

***Table 1: Eligibility Groups Covered in Centennial Care***

<b>Population Group</b>	<b>Populations</b>
-------------------------	--------------------

TANF and Related	<p>Newborns, infants, and children</p> <p>Children's Health Insurance Program (CHIP)</p> <p>Foster children</p> <p>Adopted children</p> <p>Pregnant women</p> <p>Low-income parent(s)/caretaker(s) and families</p> <p>Breast and Cervical Cancer</p> <p>Refugees</p> <p>Transitional Medical Assistance</p>
Supplemental Security Income (SSI) Medicaid	<p>Aged, blind and disabled</p> <p>Working disabled</p>
SSI Dual Eligible	<p>Aged, blind and disabled</p> <p>Working disabled</p>
Medicaid Expansion	<p>Adults between 19-64 years-old up to 133% of Modified Adjusted Gross Income (MAGI)</p>

The following populations are excluded from Centennial Care:

- Qualified Medicare Beneficiaries;

- Specified Low-Income Medicare Beneficiaries;
- Qualified Individuals;
- Qualified Disabled Working Individuals;
- Non-citizens only eligible for emergency medical services;
- Program of All-Inclusive Care for the Elderly;
- Individuals residing in Intermediate Care Facilities for Individuals with an Intellectual Disability; and
- Individuals eligible for family planning services only.

The following services are excluded from Centennial Care:

- Medically Fragile 1915(c) waiver participants for HCBS;
- Developmentally Disabled 1915(c) waiver participants for HCBS;
- Mi Via 1915(c) waiver participants for HCBS; and
- Supports Waiver 1915(c) waiver HCBS.

#### B. ***Benefit Coverage***

Centennial Care 2.0 provides a comprehensive package of services that includes behavioral health, physical health, and long-term care services and supports (LTSS). Members meeting a Nursing Facility Level of Care (NF LOC) are able to access LTSS through Community Benefit (CB) services (i.e., home- and community-based services) without a waiver slot. The CB is available through Agency-Based Community Benefit (ABCB) services (services provided by a provider agency) and Self-Directed Community Benefit (SDCB) services (services that a participant can control and direct).

As outlined in the draft amendment waiver application, the state has proposed some additional refinements to benefits and eligibility, including:

- Expand the Medicaid program toward a more integrated model of behavioral health care delivery by providing Medicaid reimbursement for extended IMD stays for individuals with Serious Mental Illness/Severe Emotional Disturbance (SMI/SED) in residential and inpatient Institutions for Mental Disease (IMD) settings;

- Establish High-Fidelity Wraparound (HFW) as an intensive care coordination approach for children and youth who have high intensity needs;
- Establish a Primary Care Graduate Medical Education (GME) expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the specialists of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine; and
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### ***C. Cost-Sharing – Co-Payments & Premiums***

The Centennial Care 2.0 does not have premium requirements (monthly payments) for individuals

## **III. Budget Neutrality**

### ***A. Budget Neutrality Overview***

The proposed waiver amendment proposals will have a minimal impact to the budget neutrality.

### ***B. CHIP Allotment Neutrality***

The amendment proposals will not impact allotment neutrality.

### ***C. Budget Neutrality Summary***

The federal share of the combined Medicaid expenditures for the populations included in this demonstration, excluding those covered under the Title XXI Allotment Neutrality, will not exceed what the federal share of Medicaid expenditures would

have been without the demonstration.

The federal share of the combined Medicaid expenditures for the populations included in this demonstration, excluding those covered under the Title XXI Allotment Neutrality, will not exceed what the federal share of Medicaid expenditures would have been without the demonstration.

HSD makes the following assumptions regarding budget neutrality:

- HSD proposes a per capita budget neutrality model for the populations covered under the demonstration, outlines the per capita limit by Medicaid Eligibility Group (MEG) and proposes an aggregate cap, trended annually for uncompensated care and Hospital Quality Improvement Incentive expenditures;
- State administrative costs are not subject to the budget neutrality calculations;
- The projected savings is the difference between the without and with waiver projections;
- Nothing in this demonstration application precludes HSD from applying for enhanced Medicaid funding as CMS issues new opportunities or policies; and
- The budget neutrality agreement is in terms of total computable so that HSD is adversely affected by future changes to federal medical assistance percentages.

**Current Approved Without Waiver and With Waiver Projected Medicaid Expenditures (Total Computable)**

<b>Waiver Period Description</b>	<b>Current Approved</b>	<b>Amendment Proposals</b>
Total 5 Year Member Months (Without Waiver)	49,499,763	49,576,615

Total 5 Year Member Months (With Waiver)	49,499,763	49,576,615
Current Waiver Variance (DY1-DY5)	\$3,762,696,140	\$3,762,696,140
Renewal Waiver (DY6-DY10)		
Without Waiver	\$40,386,951,910	\$40,412,589,964
With Waiver	\$34,313,721,693	\$34,434,661,132
Savings (Without Less With Waiver)	\$6,073,230,217	\$5,977,928,832
Savings after Phasedown of Savings	\$4,156,379,601	\$4,101,403,392
<b>Savings with D1-DY5 Carryover and DY6-DY10 Phase-down</b>	<b>\$7,919,075,741</b>	<b>\$7,864,099,532</b>

Please refer to Section 6 of the draft application for the complete approach to Budget Neutrality.

#### **IV. Hypothesis and Evaluation Parameters of the Demonstration**

HSD will maintain the hypotheses and evaluation design plan of Centennial Care 2.0 and expect Waiver metrics to be combined for SMI/SED and SUD specific goals of the demonstration as set forth in the CMS Guidance. The table below describes the hypotheses of Centennial Care 2.0, and how HSD will evaluate the impact.

*Table 4 – Quality Goals and Evaluation*

	<b>Hypothesis</b>	<b>Methodology</b>	<b>Data Sources</b>
<b><i>Goal 1: Improve Member outcomes with refinements to care coordination</i></b>			
1.1	Enhancements to care coordination will result in decreases for avoidable emergency room visits and hospital readmissions.	Track and trend member utilization of avoidable emergency room visits and hospital readmissions and monitor MCO adherence to common chronic disease management and other social support services requirements for care coordination.	Claims data  HEDIS reports  MCO reporting
1.2	Birth outcomes will improve with pregnant women participating in the home visiting pilot.	Track and trend low birthweight, pre-term birth, prenatal/post-partum visits and well child visits for members in pilot.	Claims data  HEDIS reports  MCO reporting

	<b>Hypothesis</b>	<b>Methodology</b>	<b>Data Sources</b>
<b><i>Goal 2: Increase Behavioral Health Integration</i></b>			
2.1	Member's utilization of Health Homes will increase.	Track and trend the number of members participating in Health Homes.	Claims data  MCO reporting
2.2	Treatment outcomes of members participating in Health Homes will improve.	Track and trend Health Homes' treatment outcomes of common behavioral/physical health conditions and care coordination outcomes such as avoidable emergency room visits, hospital readmissions and follow up after hospitalization for mental illness.	Claims data  HEDIS reports  MCO reporting
<b><i>Goal 3: Expand member access to Long Term Services and Supports</i></b>			
3.1	Allowing all Medicaid-eligible members who meet a nursing facility level of care to access the Community Benefit will	Track and trend members accessing community benefits.	Claims data

	<b>Hypothesis</b>	<b>Methodology</b>	<b>Data Sources</b>
	maintain New Mexico's accomplishments in rebalancing efforts.		
3.2	Increasing caregiver respite hours will improve member outcomes and utilization.	Track and trend member utilization and member outcomes.	Claims data HEDIS reports
3.3	Automatic Nursing Facility Level of Care (NFLOC) approvals will achieve administrative simplification for HSD, the MCOs and members.	Track and trend automatic NFLOC approvals.	MCO reporting
<b><i>Goal 4: Increase quality of care with Value Based Payment (VBP) arrangements.</i></b>			
4.1	Healthcare outcomes will improve for members served by providers that have VBP arrangements for the full delegation of care coordination.	Track and trend member utilization and common chronic disease management outcomes of providers with VBP arrangements that include full delegation of care coordination.	Claims data HEDIS reports MCO reporting

	<b>Hypothesis</b>	<b>Methodology</b>	<b>Data Sources</b>
4.2	Implementing incremental minimum VBP requirements will support bending the cost curve of Medicaid program costs through alignment with Centennial Care 2.0 program goals of improving care coordination, focus on transitions of care.	Track and trend program expenditure.	Claims data  HEDIS reports  MCO reporting
<b><i>Goal 5: Promoting Member Engagement and Responsibility</i></b>			
5.1	Members participating in the Centennial Rewards program will continue to have improved healthcare outcomes with decreases in higher-cost services, such as inpatient stays.	Track and trend member utilization of preventive services and rewards credits.	Claims data  HEDIS reports  MCO/Reward Program Contractor reporting
<b><i>Goal 6: Improve administrative effectiveness and simplicity.</i></b>			

	<b>Hypothesis</b>	<b>Methodology</b>	<b>Data Sources</b>
6.1	Members will have increased access to inpatient services at an Institution for Mental Disease (IMD).	Track and trend member utilization of IMDs.	Claims data
<b><i>Goal 7: Improve Delivery System and Access to Services</i></b>			
7.1	Members will have increased access to CHWs and CHR.	Track and trend member utilization.	MCO reporting
7.2	Members will have increased access to telehealth.	Track and trend member utilization.	Claims data
7.2	Members will have increased access to Patient Centers Medical Homes.	Track and trend member utilization.	MCO reporting

## **V. Waiver and Expenditure Authorities**

### **A. Expenditure Authority Requests**

Under the authority of section 1115(a)(2) of the SSA, expenditures made by HSD for the items identified below, which are not otherwise included as expenditures under section 1903 shall, for the period of this demonstration, be regarded as expenditures under the Medicaid State Plan but are further limited by the special terms and conditions for the section 1115 demonstration.

1. Expenditures for members in managed care and FFS to receive expanded services provided through an IMD. Expanded services will be available to eligible adults with SMI and children with SED in the event they meet the diagnostic criteria mandated by the included assessment (Attachment A) so long as the cost of care is the same as, or more cost effective than, a setting that is not an IMD.

2. Expenditure authority to provide grant funding and technical assistance to new and/or expanded primary care medical residency programs in community-based primary care settings, such as Federally Qualified Health Centers, rural health clinics, and tribal health centers.

3. Expenditure authority to provide reimbursement for the cost of the COVID-19 vaccine, to the extent not covered by the federal government during the period of the Centennial Care 2.0 demonstration, and its administration to all populations covered under this demonstration waiver and to extend such coverage and reimbursement to the following limited benefit plan populations:

1. Family Planning;
- b. COVID-19 Uninsured Group;
- c. Emergency Medical Services for Aliens; and
- d. Pregnancy-related services.

2. Expenditure authority to provide coverage and reimbursement for HFW services for children and youth with high intensity needs.

### 3. **Waiver Authority Requests**

Under the authority of section 1115(a)(1) of the SSA, waivers of applicable provisions of section 1902 of the SSA to support the following initiatives:

B. Waiver of any requirement in section 1902 of the SSA required to implement coverage and reimbursement for HFW services for children and youth with high intensity needs.

**Submit a comment:**

HSD continues to welcome input from New Mexicans regarding the Centennial Care program. To submit a comment, please fill out the online form below. You may also email it directly to [HSD-PublicComment@state.nm.us](mailto:HSD-PublicComment@state.nm.us) or send it by mail to:

Human Services Department  
ATTN: HSD Public Comments  
P.O. Box 2348  
Santa Fe, NM 87504-2348

Fields marked with an \* are required

**What are your ideas?**

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**Public Notice**

2. Public Notice in the state's newspaper

## 1115 Demonstration Waiver Amendment #2

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), will hold public hearings and accept public comments on the Medicaid health care program known as Centennial Care 2.0 and changes to the program being considered as part of the amendment to the Centennial Care federal waiver proposed to be effective July 1, 2021.

**Comments will be accepted until 5:00 pm MST on Sunday, January 31, 2021.** HSD is seeking federal authority to amend the 1115 Demonstration Waiver – Centennial Care 2.0 (Project Number 11W-00285/6) to make the following changes:

- 1) Expand the continuum of behavioral health care by providing Medicaid reimbursement for individuals with Serious Mental Illness/Severe Emotional Disturbance (SMI/SED) in residential and inpatient Institutions for Mental Disease (IMD) settings;
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The requested amendment will impact the currently approved waiver authorities, expenditure authorities, and Special Terms and Conditions (STCs) for the period between July 1, 2021 and December 31, 2023.

<https://www.hsd.state.nm.us/approvals.aspx>

The public hearings will be held to receive comments about the draft amendment waiver as follows:

**Medical Advisory Committee (MAC) Meeting**  
**Tuesday, January 19, 2021**  
**1:00 p.m. – 4:00 p.m.**

GoToMeeting

Please join from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/444460373>

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The public may view the draft waiver application that outlines changes being considered on HSD's website: <https://www.hsd.state.nm.us/centennial-care-2-0.aspx>. You may submit a comment by using the online form available through the website. You may also email comments directly to MAD at [HSD-PublicComment@state.nm.us](mailto:HSD-PublicComment@state.nm.us) or mail your comments to:

Human Services Department  
ATTN: HSD Public Comments  
PO Box 2348  
Santa Fe, NM 87504-2348

If you do not have Internet access, a copy of the Centennial Care 2.0 draft waiver application may be requested by contacting MAD at 505-827-1337. If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD in Santa Fe at 505-827-1337. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

# AFFIDAVIT OF PUBLICATION

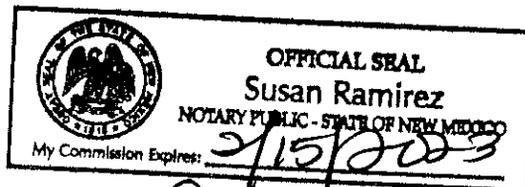
## STATE OF NEW MEXICO

County of Bernalillo SS

1115 DEMONSTRATION  
NWAIVER AMENDMENT  
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HUMAN SERVICES DEPARTMENT  
THROUGH  
THE MEDICAL ASSISTANCE  
DIVISION  
MAD WILL HOLD PUBLIC HEARINGS

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12/31/2020





Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 31 day of December of 2020

PRICE \$448.98

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ACCOUNT NUMBER 1009565



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Journal: December 31, 2020

**Affidavit of Publication**

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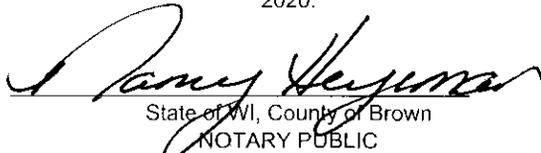
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12/31/2020

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Legal Clerk

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State of WI, County of Brown  
NOTARY PUBLIC  
5.15.23  
\_\_\_\_\_  
My commission expires

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PO #:

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NANCY HEYRMAN  
Notary Public  
State of Wisconsin

**1115 Demonstration Waiver  
Amendment #2**

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), will hold public hearings and accept public comments on the Medicaid health care program known as Centennial Care 2.0 and changes to the program being considered as part of the amendment to the Centennial Care federal waiver proposed to be effective July 1, 2021. Comments will be accepted until 5:00 pm MST on Sunday, January 31, 2021. HSD is seeking federal authority to amend the 1115 Demonstration Waiver – Centennial Care 2.0 (Project Number 11W-00285/6) to make the following changes:

- 1)Expand the continuum of behavioral health care by providing Medicaid reimbursement for individuals with Serious Mental Illness/Severe Emotional Disturbance (SMI/SED) in residential and inpatient Institutions for Mental Disease (IMD) settings;
- 2)Establish High Fidelity Wraparound (HFWR) as an intensive care coordination approach for children and youth who have high intensity needs;
- 3)Establish a Primary Care Graduate Medical Education (GME) expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the specialists of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine;
- 4)Expand coverage of the Coronavirus (COVID-19) vaccines, to the extent not covered by the federal government during the period of Centennial Care 2.0 demonstration and its administration to individuals who have limited benefit plan coverage including Family Planning Category of Eligibility (COE), Emergency Medical Services for Aliens (EMSA), individuals covered under the COVID-19 uninsured population (FFCRA) and also those receiving only Pregnancy – related services.

The requested amendment will impact the currently approved waiver authorities, expenditure authorities, and Special Terms and Conditions (STCs) for the period between July 1, 2021 and December 31, 2023.

<https://www.hsd.state.nm.us/approvals.aspx>

The public hearings will be held to receive comments about the draft amendment waiver as follows:

**Medical Advisory Committee (MAC) Meeting  
Tuesday, January 19, 2021  
1:00 p.m. – 4:00 p.m.**

GoToMeeting  
-----

read: join from your computer, tablet or smartphone.  
<https://global.gotomeeting.com/join/444460373>

**You can also dial in using your phone.**

United States: +1 (669) 224-3412

Access Code: 444-460-373

**Join from a video-conferencing room or system.**

Dial in or type: 67.217.95.2 or [inroomlink.goto.com](https://inroomlink.goto.com)

Meeting ID: 444 460 373

Or dial directly: 444460373@67.217.95.2 or

67.217.95.2##444460373

Thursday, January 28, 2021

9:30 a.m. – 10:30 a.m.

GoToMeeting

Please join from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/335397581>

**You can also dial in using your phone.**

(For supported devices, tap a one-touch number below to join instantly.)

United States: +1 (646) 749-3112

One-touch:

tel: +16467493112,,33539758

1#

Access Code: 335-397-581

The public may view the draft waiver application that outlines changes being considered on HSD's website: <https://www.hsd.state.nm.us/centennial-care-2-0.aspx>. You may submit a comment by using the online form available through the website. You may also email comments directly to MAD at [HSD-PublicComments@state.nm.us](mailto:HSD-PublicComments@state.nm.us) or mail your comments to:

Human Services Department

ATTN: HSD Public Comments

PO Box 2348

Santa Fe, NM 87504-2348

If you do not have Internet access, a copy of the Centennial Care 2.0 draft waiver application may be requested by contacting MAD at 505-827-1337. If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD in Santa Fe at 505-827-1337. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

#4525327, Sun-News,

December 31, 2020

**Public Notice**

3. Abbreviated Public Notice via electronic mail lists



Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H, Director

December 31, 2020

Dear Interested Parties:

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), will hold public hearings and accept public comments on the Medicaid health care program known as Centennial Care 2.0 and changes to the program being considered as part of the amendment to the Centennial Care federal waiver proposed to be effective July 1, 2021. **Comments will be accepted until 5:00 pm MST on Sunday, January 31, 2021.** HSD is seeking federal authority to amend the 1115 Demonstration Waiver – Centennial Care 2.0 (Project Number 11W-00285/6) to make the following changes:

- 1) Expand the Medicaid program toward a more integrated model of behavioral health care delivery by providing Medicaid reimbursement for extended IMD stays for individuals with Serious Mental Illness/Severe Emotional Disturbance (SMI/SED) in residential and inpatient Institutions for Mental Disease (IMD) settings;
- 2) Establish High Fidelity Wraparound (HFW) as an intensive care coordination approach for children and youth who have high intensity needs;
- 3) Establish a Primary Care Graduate Medical Education (GME) expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the specialists of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine; and
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The public hearings will be held to receive comments about the draft amendment waiver as follows:

**Tuesday, January 19, 2021**

**1:00 p.m. – 4:00 p.m.**

Medicaid Advisory Committee Meeting

<https://global.gotomeeting.com/join/444460373>

**You can also dial in using your phone.**

United States: [+1 \(669\) 224-3412](tel:+1(669)224-3412)

Access Code: 444-460-373

**Join from a video-conferencing room or system.**

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**Thursday, January 28, 2021**

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Human Services Department  
ATTN: HSD Public Comments  
PO Box 2348  
Santa Fe, NM 87504-2348

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Copies of all comments will be made available by the MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.



Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H, Director

December 31, 2020

**RE: Tribal Notification to Request Advice and Comments Letter 21-01: Draft Section 1115 Demonstration Waiver Amendment #2 Application**

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico's Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department's (HSD's) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting written comments until **5:00 p.m. Mountain Time (MT) on Sunday, January 31, 2021** regarding the Medicaid health care program known as Centennial Care 2.0 and changes to the program that are being considered as part of the amendment to the Centennial Care federal waiver that will be effective on July 1, 2021. HSD is seeking federal authority to amend the 1115 Demonstration Waiver – Centennial Care 2.0 (Project Number 11W 00285/6) to make the following changes:

- 1) Expand the Medicaid program toward a more integrated model of behavioral health care delivery by providing Medicaid reimbursement for extended IMD stays for individuals with Serious Mental Illness/Severe Emotional Disturbance (SMI/SED) in residential and inpatient Institutions for Mental Disease (IMD) settings.

**Tribal Impact:** *HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.*

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

**Tribal Impact:** *HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.*

- 3) Establish a Primary Care Graduate Medical Education (GME) expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the specialists of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine.

**Tribal Impact:** *HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.*

- 4) Expand coverage of the Coronavirus (COVID-19) vaccines, to the extent not covered by the federal government during the period of Centennial Care 2.0 demonstration and its administration to individuals who have limited benefit plan coverage including Family Planning Category of Eligibility (COE), Emergency Medical Services for Aliens (EMSA), individuals covered under the COVID-19 uninsured population (FFCRA) and also those receiving only Pregnancy – related services.

**Tribal Impact:** *HSD does not anticipate a service or financial impact to individual, tribes or their healthcare providers.*

### **Tribal Advice and Comments**

Tribes and tribal healthcare providers may view the draft waiver application on the HSD webpage at: <http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx> *Notification Letter 21-01.*

A written copy of these documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1337.

### **Important Dates**

The public hearings will be held to receive comments about the draft amendment waiver as follows:

**Tuesday, January 19, 2021**

**1:00 p.m. – 4:00 p.m.**

Medicaid Advisory Committee Meeting

<https://global.gotomeeting.com/join/444460373>

**You can also dial in using your phone.**

United States: [+1 \(669\) 224-3412](tel:+16692243412)

**Access Code:** 444-460-373

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- One-touch: <tel:+16467493112,,335397581#>

Access Code: 335-397-581

**Written advice and comments must be received no later than 5:00 p.m. Mountain Time (MT) on Sunday, January 31, 2021.** Please send your advice, comments or questions to the MAD Native American Liaison, Theresa Belanger, at (505) 827-3122 or by email to [Theresa.Belanger@state.nm.us](mailto:Theresa.Belanger@state.nm.us).

Comments and responses will be compiled and made available upon request.

Sincerely,

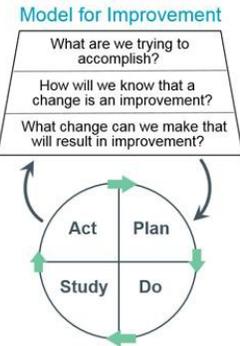


Nicole Comeaux, J.D., M.P.H  
Director

cc: Lorelei Kellogg, HSD/MAD Deputy Director  
Shelly Begay, HSD/OOS, Native American Liaison  
Theresa Belanger, Native American Liaison, HSD/MAD

**Public Notice**

4. Public Hearing Materials
  - a. MAC Meeting Agenda
  - b. Public Hearing Presentation



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## Medicaid Advisory Committee (MAC) Meeting Agenda

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**Purpose:** The purpose of the MAC is to advise the Secretary of HSD and the Medicaid Director on policy development and program administration relating to health and medical care services that the Medicaid program delivers.

**Attendees: MAC Chair** – Larry A. Martinez, Presbyterian Medical Services;

**Committee Members** – Sylvia Barela, Santa Fe Recovery Center; Sharon Finarelli, NM Alliance of Health Councils; Troy Clark, NM Hospital Association; Nancy Rodriguez, NM Alliance for School- Based Health Care; Vicente Vargas, NM Health Care Association; Kurt Rager, Lutheran Advocacy Ministry NM; Gary Housepian, Disability Rights; Brian Blalock, NM Children, Youth and Families Department; Katrina Hotrum-Lopez; Aging & Long Term Services Department; Meggin Lorino, NM Association for Home and Hospice Care; Carol Luna-Anderson, The Life Link/Behavioral Health Planning Council; Richard Madden, NM Chapter of the American Academy of Family Physicians; Rodney McNease, UNM Hospital; Carolyn Montoya, UNM College of Nursing; Eileen Goode, NM Primary Care Association; Laurence Shandler, Pediatrician; Buffie Ann Saavedra, AARP New Mexico; and Dale Tinker, NM Pharmacists Association; Russ Toal, Office of the Superintendent of Insurance; Sharon Huerta, Blue Cross Blue Shield; Latha Shankar, Western Sky Community Care; Liz Lacouture, Presbyterian Health Services; Ruby Ann Esquibel, Legislative Finance Committee; Jeff Bustamante, BeWellNM; Kristina Leeper, NM Medicaid Insurance Pool; Sireesha Manne, Center of Law & Poverty; Ellen Litzer, Senior Citizens Law Office; Travis Renville, Naataanii Development Corporation; Anthony Yepa, Indian Pueblos Council;

**HSD Representatives** – David Scrase, HSD Secretary; Angela Medrano, Deputy Secretary; Kari Armijo, Deputy Secretary; Nicole Comeaux, MAD Director; Megan Pfeffer, MAD Deputy Director; Linda Gonzales, MAD Deputy Director; Elisa Walker-Moran, MAD Deputy Director; Lorelei Kellogg, MAD Deputy Director; **Committee Support** – Alysia Beltran, MAD; Carmen Juarez, MAD; and Melodee Koehler (MAD)

**Date:** January 19, 2021

**Time:** 1:00 p.m. – 4:00 p.m.

Join meeting from a computer, tablet or smartphone.

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United States: +1 (669) 224-3412<[tel:+16692243412,,444460373](tel:+16692243412,444460373)>

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[444460373@67.217.95.2](mailto:444460373@67.217.95.2)<<mailto:444460373@67.217.95.2>> or 67.217.95.2##444460373

<b>Item #</b>	<b>Time</b>	<b>Agenda Item</b>	<b>Leader</b>	<b>Desired Outcome</b>
1	1:00 p.m.	Meeting Protocols	Nicole Comeaux, MAD Director	Overview of meeting protocols.
2	1:05 p.m.	Introductions	Nicole Comeaux, MAD Director	Introduce committee members.
3	1:15 p.m.	Agenda and Approval	Larry Martinez, MAC Chairperson	Approve the agenda.
4	1:20 p.m.	November 2020 Minutes	Nicole Comeaux, MAD Director	Approve minutes from the 11/2/2020 meeting.
5	1:25 p.m.	MAD Director Update	Nicole Comeaux, MAD Director and Linda Gonzales, Deputy Director	Provide updates on New Mexico Medicaid activities.
6	2:00 p.m.	1115 Demonstration Waiver Amendment 2	Nicole Comeaux, MAD Director	Provide overview of planned amendment and submission.
7	2:30 p.m.	Formal Public Comment	Larry Martinez, MAC Chairperson	Obtain comments on the waiver amendment.
8	2:45 p.m.	Medicaid Budget Projections	Elisa Walker-Moran, MAD Deputy Director	Review and discuss the current Medicaid Budget Projections.
9	3:45 p.m.	Public Comment	Larry Martinez, MAC Chairperson	Obtain comments on agenda items from interested parties.
10	3:55 p.m.	Adjournment	Larry Martinez, MAC Chairperson	Obtain closing comments.



HUMAN  
SERVICES  
DEPARTMENT



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

# FORMAL PUBLIC HEARING

- 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](mailto:HSD-PublicComment@state.nm.us) or by mail:

Human Services Department

ATTN: HSD Public Comments

PO Box 2348

Santa Fe, NM 87504-2348

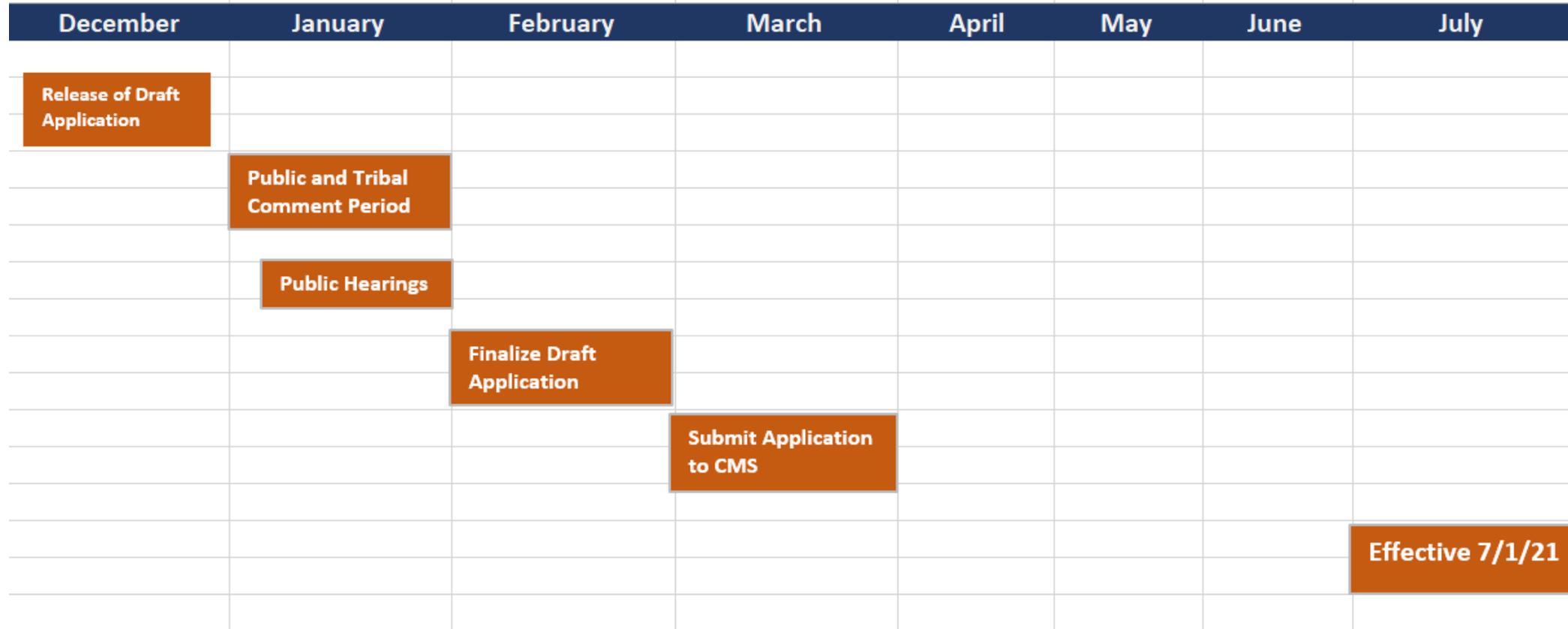
- Comments are also being accepted via phone at (505) 827-1337.
- More information about the waiver amendment and public comment process may be found on the Department's website:

<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 mental 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

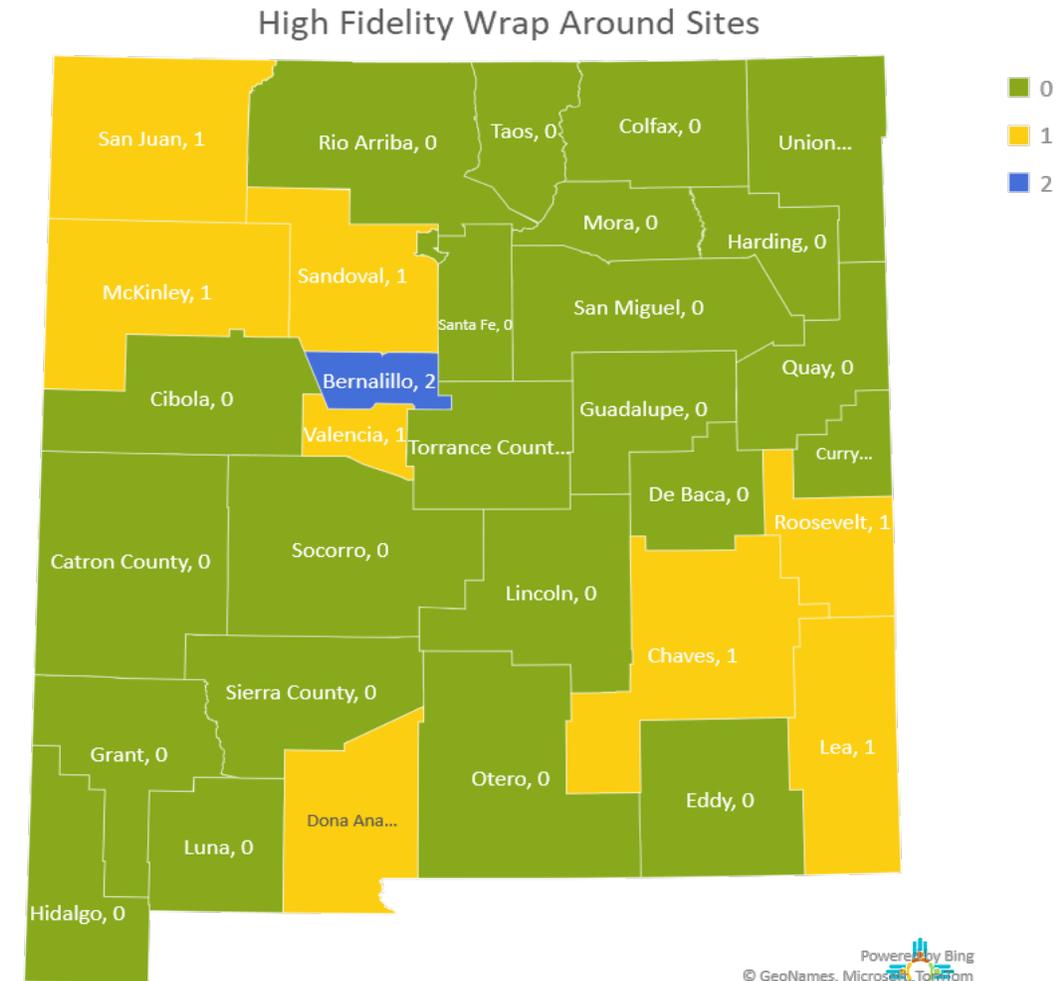
- Impact of the Managed Care Rule Change
  - If a member's stay in IMD is longer than 15 days, the State must recoup the ENTIRE capitation payment from the MCO for the month (not just the amount associated with the IMD stay)
    - Member still enrolled with plan
    - Plan still responsible for care, 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.

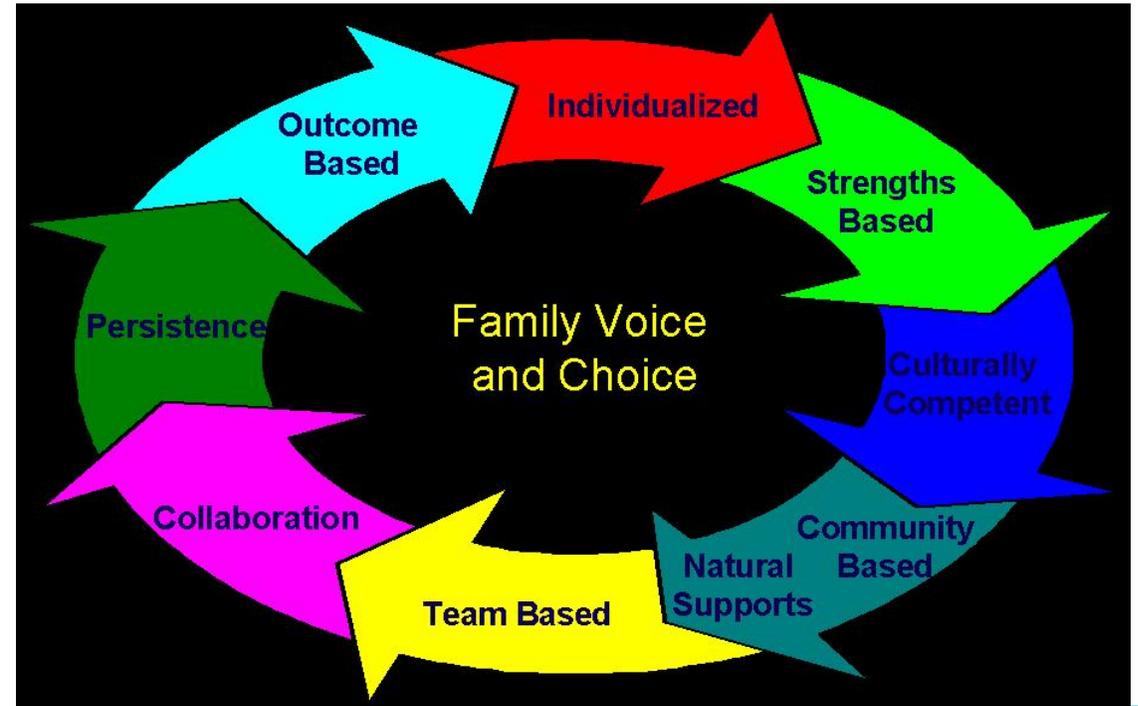


# PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

## 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

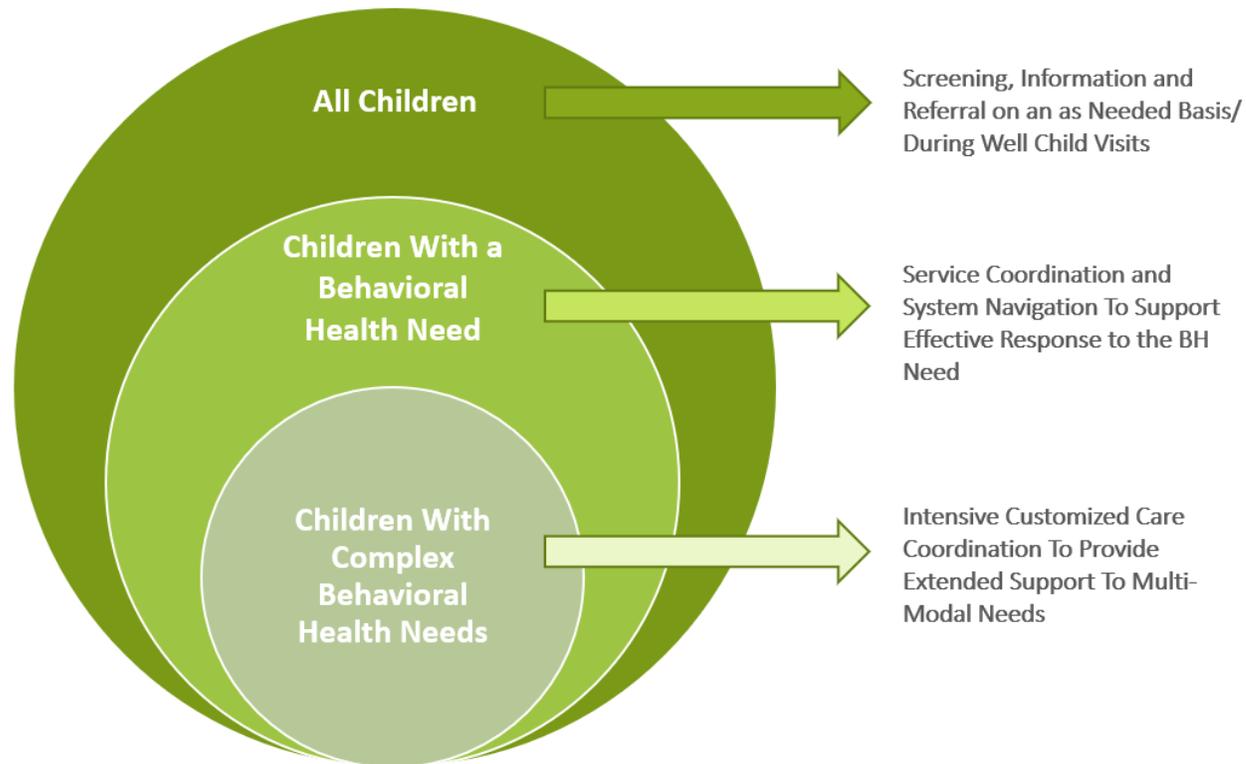


# PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

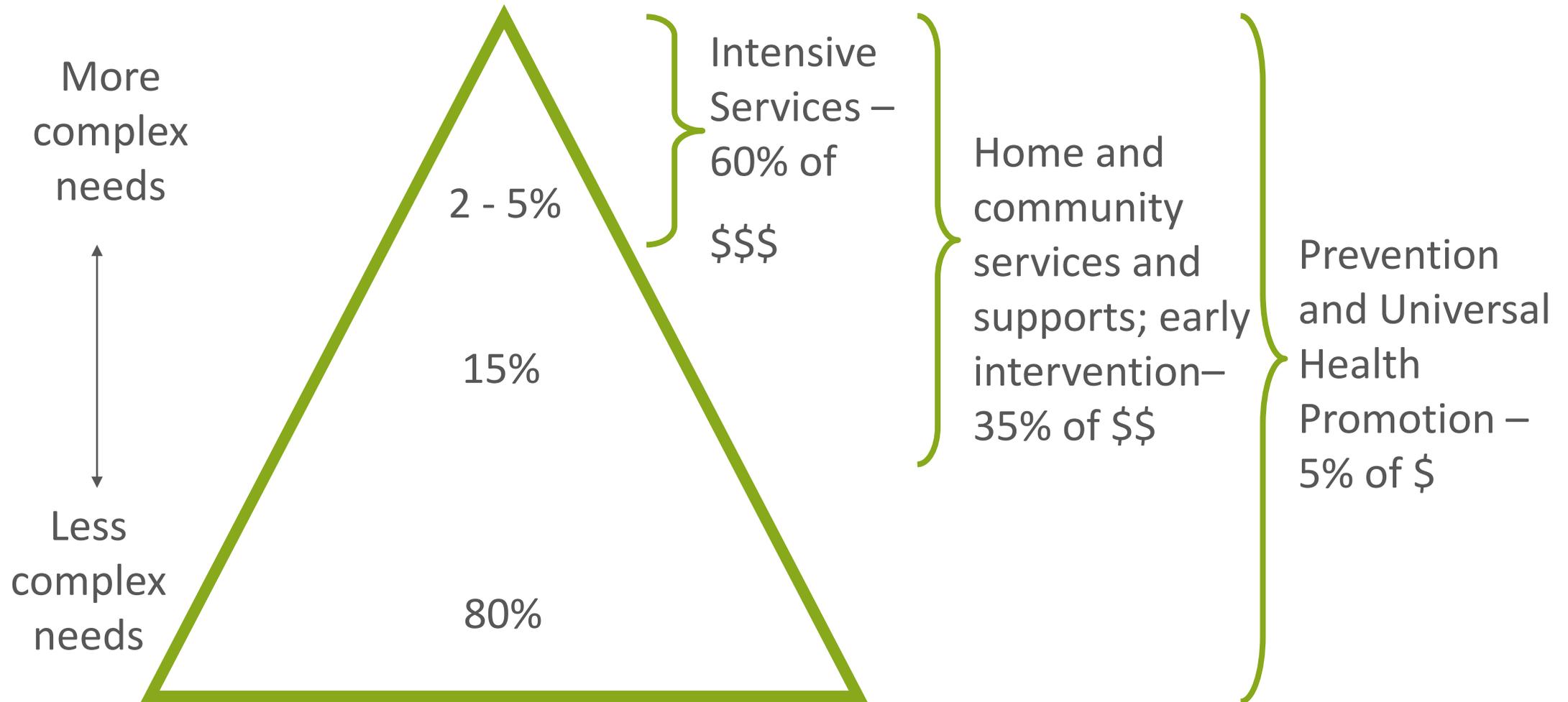
- Important Points About the Wraparound Process
  - Wraparound is a defined, team-based service planning and coordination process
  - The Wraparound process ensures that there is one coordinated plan of care and one accountable care coordinator
  - Wraparound is not a service per se, it is a structured 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?



# PREVALENCE/UTILIZATION TRIANGLE



## 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



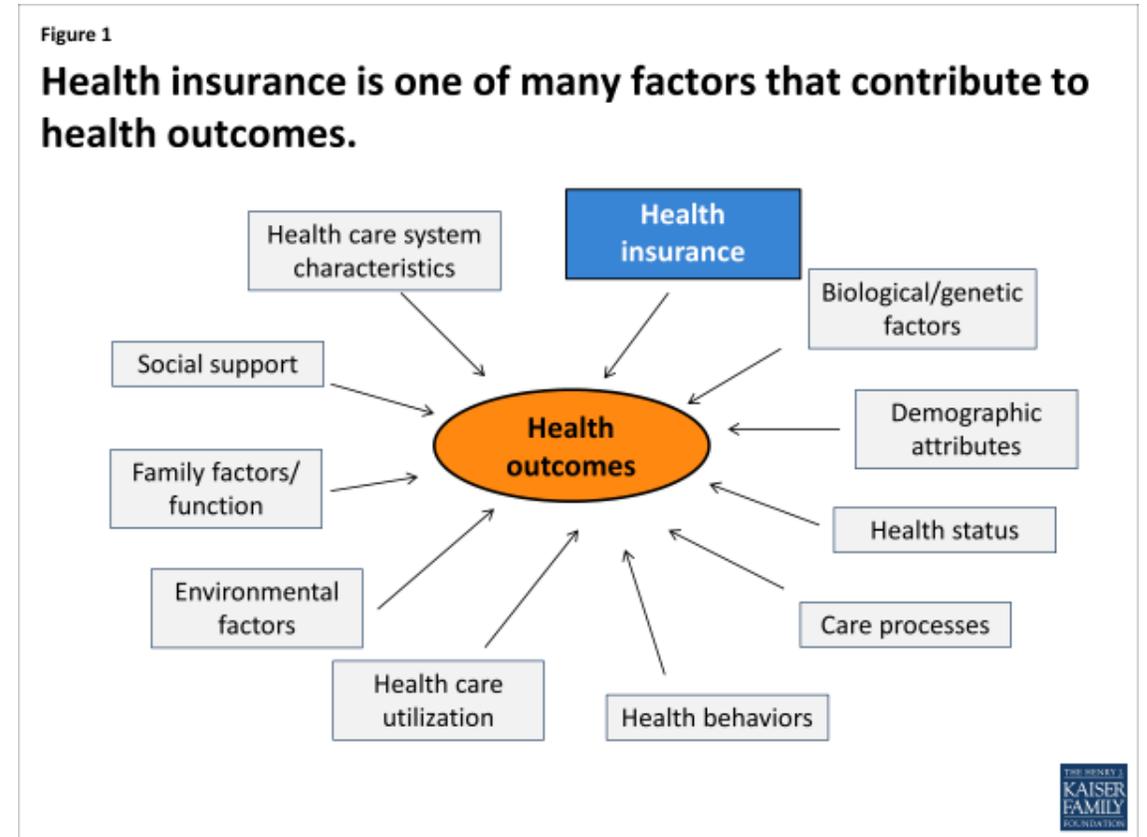
- Family-centered care can be mitigating

## 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

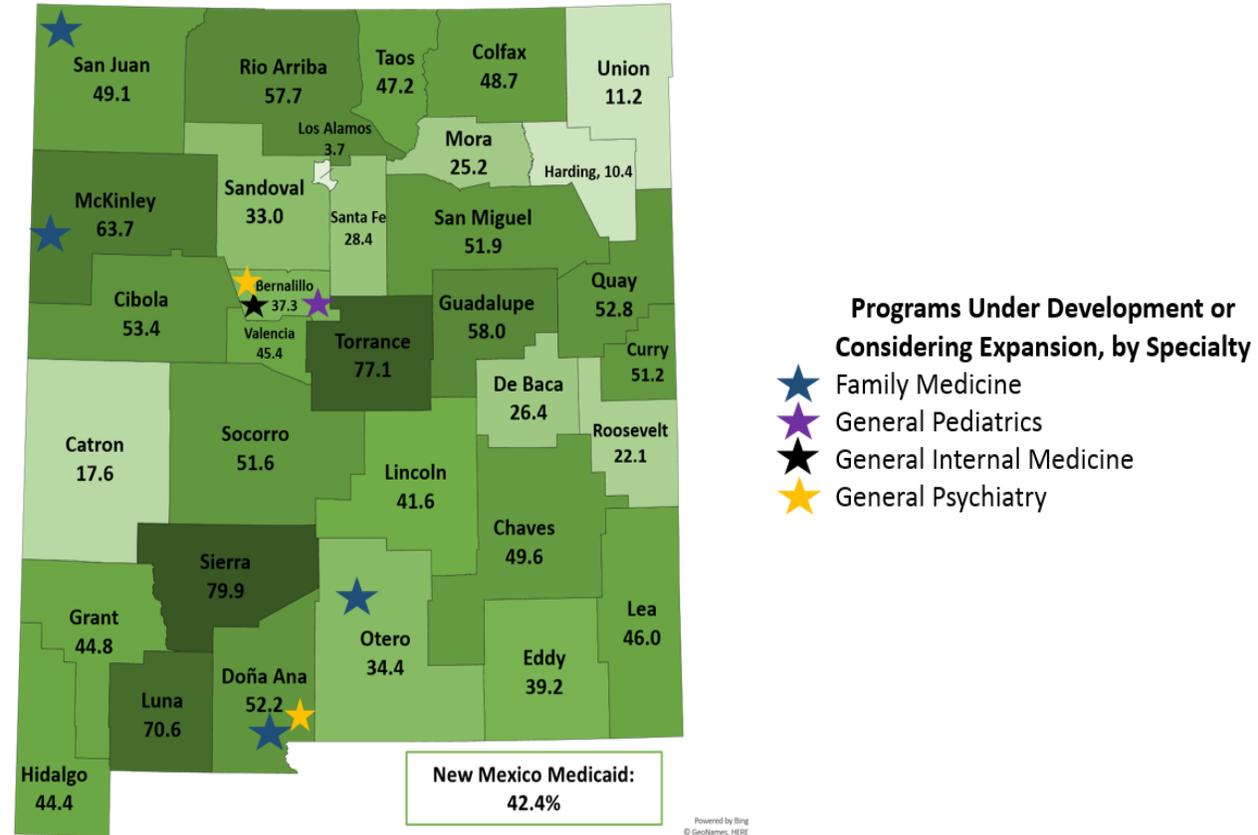
# PROPOSED CHANGE #2 – HIGH FIDELITY WRAPAROUND

- 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)

*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*

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.



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
<b>General Fund</b>	\$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
<b>Federal Fund</b>	\$0.0	\$0.0	\$0.0
<b>Total</b>	<b>\$500,000.0</b>	<b>\$500,000.0</b>	<b>\$0.0</b>

### 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

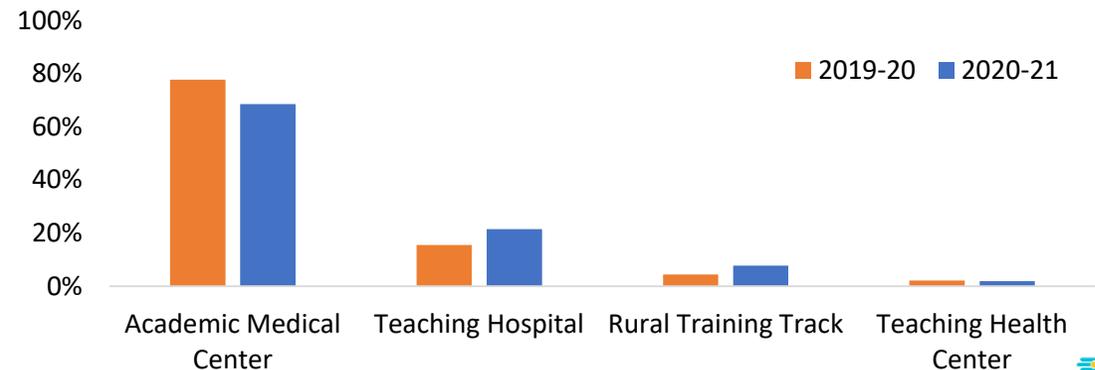
#### Q. Have any primary care GME programs received funding for expansion support?

- 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.

**NM Distribution of First-Year Primary Care Residents by Specialty, 2019-20 & 2020-21 Years (%)**



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## 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.

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