

## Comments submitted by the **Center for Health Innovation**

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### **Care Link Comments**

1. Page 4 – last paragraph. It states ...”the second phase includes Substance Use Disorder to CLNM eligibility criteria. **Can the document specify an effective date or target date for the second phase.**
2. Page 20, Item 5. Certified Peer Support Workers. **There are a few other state certifications for behavioral health professionals whereby the scope of practice include the same core areas as CPSWs. For example, trained Community Support Workers, Certified Prevention Specialists and Certified Community Health Workers/ Community Health Representatives. NM Department of Health’s Office of CHWs and other authorized trainers (including Project ECHO) offer specialized training in SUD. We would like to see the staffing descriptions be expanded to include CHWs and CHRs, CSWs and CPS.**
3. Page 20, Item 6. It lists Family Peer Support Specialists (FPSS). **How is FPSS different from Certified Family Peer Support Worker, certified through NMCBBHP website? If they are different certifications, we would like to see CFPSWs also be included.**
4. Page 20 Item 6 also states that “FPSS provide support services FPSS provide support services to individuals and families and can be employed on a contract basis **or full-time for other positions for which they are qualified.** **The wording implies that FPSS (or other workers who perform these functions) must be employed full time. This requirement may be problematic for certain organizational providers and it should be left to the employer to determine if full-time or part-time positions are needed to fulfill the obligations of the CareLink contract.**
5. Page 20, Item 7, states “ A Clinical Supervisor who provides supervision and serves as a clinical review or resource for the care coordination staff, community liaison staff, health promotion coordinator and peer and family support staff. **Supervisors are independently licensed behavioral health practitioners as described in 8.321.2 NMAC.** **Care coordination, community liaison, health promotion and peer/family support functions all full within the scope of practice of certified behavioral health professionals, such as CSW, CHW, CPSW, CFPSW and Certified Wraparound Facilitator. These certifications do not require clinical licensure for supervision. We recommend that this requirement be revised to state: “ A Supervisor who serves as a clinical reviewer or resource to the care coordination staff, community liaison staff, health promotion coordinator and peer and family support staff who provide direct services to members, must meet the supervisor requirements for the certification or licensure held by each staff member as described in 8.321.2 NMAC.**
6. Page 20, Item 8. **We would like to see Physician Assistant added to the list of eligible physical health consultants.**
7. Page 21 – Paragraph reads: “A provider that delivers both physical health and behavioral health services on-site may already employ **required** staff. Examples include: nurses,

physician’s assistants, pharmacists, social workers, nutritionists, dietitians, Tribal practitioners, licensed complementary and alternative medicine practitioners and exercise specialists. These specialized staff members may also provide services even if not co-located, however these services are not required.” **Should the term “required” be replaced by the term “other”, since specialized services are not required?**

8. Page 22 – Paragraph reads: “CYFD Wraparound staff work with Health Home providers and participating teams to use Wraparound-specific evaluation tools to measure program fidelity and ensure quality assurance. Please refer to the Compliance and Oversight section of this manual on page 43 for specific tools and measures.” **This paragraph would be more clear if the term “CareLink Health Home” were used. Also, please explain how the CYFD Wraparound services impact the services or reporting of the CareLink Health Home providers.**
9. Page 23 Identifying Wraparound Members. **This is the first time the term Health Home Community Liaison is used. Please explain this position and where it resides (e.g. with the MCO? HSD?)**
10. Page 26 – “For Counties in which there are more than one CLNM Provider”. **It mentions HSD will send letters to recipients with diagnosis within the SMI and SED criteria to inform them of CLNM program. Can SUD be added to the recipient eligibility criteria?**
11. Page 28 states: “The member no longer meets the SMI or SED criteria, e.g. has stabilized with no functional impairments;” **Can SUD be added to criteria?**
12. Page 29 – 1<sup>st</sup> paragraph states: “CLNM members should be provided with information about how to reach their care coordinator or other qualified. member of the CLNM team in the event of an emergency that may occur evenings or weekends.” **Since certified professionals without degrees or clinical licenses, such as CPSWs, are part of the team, are there any exceptions to the 24/7 service accessibility for non-licensed team members?**
13. Page 45 Long-term Evaluation. **Can the document state how often the extensive analysis conducted by UNM’s CBHTR is completed (e.g. annually, quarterly, etc.) and if it is made available to the public. If it is distributed publicly, please provide a link.**

#### SPECIALIZED BEHAVIORAL HEALTH SERVICES [8.321.1-NMAC]

1. The rule changes include:
  - a. Including licensed professional art therapists among independent providers with active licenses who are eligible to be reimbursed for providing MAD behavioral health professionals services. [page 2, item C.8.]
  - b. Including Indian Health Care Provider among the agencies eligible to be reimbursed for providing behavioral health professionals services. [page 2, D.5.]
2. A behavioral health service rendered by an authorized licensed practitioner whose scope of licensure does not allow him or her to practice independently or a non-licensed practitioner is covered to the same extent as if rendered by a practitioner licensed for

independent practice, **when the supervisory requirements are met** consistent with the practitioner's licensing board within his or her scope of practice and the service is provided through and billed by one of the provider's agencies listed in numbers one through nine of Subsection D of 8.321.2.9 NMAC, **when the agency has a behavioral health services division (BHSD) supervisory certificate.** [Page 2 E.]

The Grow BHNM Consortium should find out answers to the following questions to be sure that obtaining a certificate is not a barrier to reimbursement.

- What is involved in obtaining the BHSD supervisory certificate?
  - What training is available?
  - How often training is available?
  - Is training synchronous or asynchronous?
3. [Page 3 E.(3)] Rules state that "Non-licensed practitioners must be one of the following:
- a master's level behavioral health intern;
  - a psychology intern including psychology practicum students, pre-doctoral internship;
  - a pre-licensure psychology post doctorate student;
  - a certified peer support worker;
  - a certified family peer support worker; or
  - a provisional or temporarily licensed masters level behavioral health professional.

Do we want to see other certified behavioral health certified professionals added to this list, such as CHWs/CHRs with SUD training, trained CSWs, Wraparound Facilitators or others?

4. [Page 12, A. (6) (d)] – **Certified family peer support workers** under supervision of an approved ABA supervisor was added as a MAD recognized provider type who can provide the diagnosis of ASD of a recipient to expedite a recipient's access to Applied Behavior Analysis (ABA) stage two services. **Could CHWs/CHRs with special training also be recognized as a provider type?**
5. [Page 20, A (2) (c)] Updated staff qualifications need to provide CCSS for certified family peer support workers. Updates match board requirements.
6. [Page 20, A (2) (d)] Added certified youth peer support workers (CYPSW) to list of eligible CCSS providers, as long as they meet the qualifications listed (e.g. must be 18 years or older, etc.).
7. Page 24 (2) (b) – One of the Mobile crisis intervention services team members may be a certified peer support of family peer support worker. **Could other certified professionals be appropriate for mobile crisis intervention services with appropriate training?**
8. Page 26-27 (6)(b) (e) : A CPSW staffed appropriately to meet the client needs 24/7 can be one of the individuals contracted or employed by the provider agency as part of its crisis triage center service delivery. **Could other certified professionals be appropriate for crisis triage center services with appropriate training?**

9. Page 30, A. (2).: CPSW and CFPSWs are eligible providers for Family Support Services (FSS). **Could other certified professionals be appropriate for crisis triage center services with appropriate training?**
10. Page 39 A.(5): CWSW and CFPSW are listed as eligible providers for Medication Assisted Treatment.  
**Could other certified professionals be appropriate for MAT services with appropriate training?**  
**Consider changing MAT term to **Pharmacotherapy or Medications for Opioid Use Disorder (MOUD)****
11. Page 44, A. )2), (c) (ii): CPSW is listed as eligible staff for Opioid Treatment Program (OTP) **Could other certified professionals be appropriate for OTP services with appropriate training?**  
*Page 45 F. (2) (b): NEW: Behavioral health prevention and education services to affect knowledge, attitude, or behavior can be rendered by a licensed substance abuse associate or certified peer support worker in addition to independently licensed practitioners”* **Could other certified professionals be appropriate for OTP services with appropriate training?**
12. Page 46, A. (2), (b) and (c). Eligible providers of Partial Hospitalization Services team may include CPSWs and CFPSWs. **Could other certified professionals be appropriate for Partial Hospitalization Service with appropriate training?**
13. Page 49, A (2) (d): Surprisingly, Psychosocial Rehabilitation Services includes the following as PSR eligible” clubhouse and classroom setting” team members:  
(d) The team must include a clinical supervisor/team lead and can include the following:
  - (i) certified peer support workers;
  - (ii) certified family support workers;
  - (iii) community support workers; and
  - (iv) other HIPAA trained individuals working under the direct supervision of the clinical supervisor.
14. Page 50, A.: The staffing requirements for Recovery Services states that “all staff must possess a current and valid NM drivers license. **What is the rationale behind this requirement for Recover Services when it is not required by other provider service types?**
15. Page 50, A. (3) and (4): CPSWs and Certified Family Specialists are listed under staffing requirements. **Please explain which board authorizes Certified Family Specialists. Could A (4) also include CFPSWs?**
16. Page 52, A. (2): Lists eligible practitioners for SBIRT:  
Practitioners may include:
  - (a) licensed nurse trained in SBIRT;
  - (b) licensed nurse practitioner or licensed nurse clinician trained in SBIRT;
  - (c) behavioral health practitioner trained in SBIRT;
  - (d) certified peer support worker trained in SBIRT;

- (e) certified community health worker trained in SBIRT;
- (f) licensed physician assistant trained in SBIRT;
- (g) physician trained in SBIRT;
- (h) home health agency trained in SBIRT
- (i) nurse home visit EPSDT;
- (j) medical assistant trained in SBIRT; and
- (k) community health representative in tribal clinics trained in SBIRT.

Could other certified professionals be appropriate as SBIRT practitioner with appropriate training?

17. Page 52, A. (2): Supportive Housing Pre-Tenancy And Tenancy Services (PSH-TSS) providers recognize CPSW or CFPSW as eligible practitioners.

Could other certified professionals be appropriate as (PSH-TSS) practitioner, with proper training? Core requirements for almost all behavioral health certified professionals include providing support and resources for social determinants of health, including housing, insurance enrollment, etc..