

**From:** [Nancy Rodriguez](#)  
**To:** [HSD-madrules](#)  
**Date:** Wednesday, April 7, 2021 6:06:35 PM  
**Attachments:** [image001.png](#)  
[NMASBHC Public Comment 4 8 21 on HSD MAD NMAC Amendments.pdf](#)

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To Whom It May Concern,

Attached, please find public comments for the NMAC Amendments proposed on March 9, 2021. The comments pertain to Rules 8.310.2 Section 12, Subsection M and Subsection R and 8.321.2, Section 9.

Thank you for this opportunity to comment. Our organization stands ready to answer any questions and support any efforts by the Department to accommodate the suggested revisions.

Sincerely,

Nancy Rodriguez

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Nancy Rodriguez, Executive Director ()  
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April 8, 2021

Ms. Nicole Comeaux, Director  
Medical Assistance Division  
Human Services Department  
Santa Fe, NM 87504

Dear Ms. Comeaux:

Thank you for the opportunity to make public comment on the Proposed Amendments to the following New Mexico Administrative Code (NMAC) rules: 8.310.2, Section 12, Subsection M; 8.310.2, Section 12, Subsection R; and 8.321.2, Section 9.

On behalf of the New Mexico Alliance for School-Based Health Care (NMASBHC), I am pleased to share feedback in the form of specific revision suggestions that relate to care provided to Medicaid members at school-based health centers (SBHCs). However, if the language options we proffer need refinement, we offer our organization's assistance in SBHC field-specific support after the date of submission. We would be happy to meet with you to answer any questions or discuss further.

**SUGGESTED REVISIONS:**

**Rule 8.310.2, Section 12, Subsection M regarding Telehealth Services**

- (1) (a) HSD/MAD proposed language: In the new listing of allowed originating sites in items i. through xiii, neither school-based health centers nor school nursing offices are included.

NMASBHC proposed changes: NMASBHC would urge that HSD/MAD include both school-based health centers and school nursing offices as allowed originating sites. In the case of the school-based health center, providers may be able to utilize the services of remote specialists to provide care for children. In the case of the school nursing office, HSD/MAD may wish to use school nurses as originating providers should the state plan amendment regarding the free care rule reversal progress successfully.

**Rule 8.310.2, Section 12, Subsection R regarding SBIRT Services**

HSD/MAD proposed language: "Only a physical health office, clinic, or facility who has been certified by a HSD approved SBIRT trainer and uses the approved healthy lifestyle questionnaire (HLQ) can complete the screen. The physical office, clinic or facility must be the billing provider, not the individual practitioner. All practitioners must be SBIRT certified and are employees or contractors of a SBIRT physical health office, clinic, or facility. See the SBIRT policy and billing manual for detailed description of the service and billing requirements."

NMASBHC proposed changes: At present, all rules and guidance from HSD/MAD relates to care for adults. NMASBHC would urge that HSD/MAD add guidance for adolescent SBIRT, which many SBHCs are either already providing or are anxious to provide. Additionally, and because appropriate training and screening tools for the adolescent population differ from that of adults, NMASBHC urges HSD/MAD to broaden in rule, or remove from rule and list in the

SBIRT policy and billing manual referenced, the approved training and screening options. For example, the majority of New Mexico's SBHCs use the CRAAFT screening tool, which is recommended by the American Academy of Pediatrics Bright Futures guidelines.

Rule 8.321.2, Section 9 regarding

- D. HSD/MAD proposed language: In the new listing of allowed agencies "eligible to be reimbursed for providing behavioral health professional services when all conditions for providing services are met," item 15, "a school based health center with behavioral health supervisory certification" is added.

NMASBHC proposed change: NMASBHC is grateful to HSD/MAD and HSD/BHSD for the responsiveness to past advocacy around this issue and appreciates the addition of SBHCs. However, the language, "supervisory certification" is tied to particular provider types, which do not include subsets of SBHC operators. For example, SBHCs operating and certified as Provider Types 321, 303, and others, would not be eligible. NMASBHC urges that this language be revised to read "a school-based health center with licensed behavioral health providers" or similar to achieve the intent of reimbursement in SBHCs.

The New Mexico Alliance for School-Based Health Care has as its mission to represent school-based health centers in New Mexico and collaborate with other partners to promote, facilitate, and advocate for comprehensive, culturally competent health care, including health education, in schools. Our organization has partnered with HSD/MAD since SBHCs inception in this state to ensure access to quality care for children served by Medicaid. School-based health centers have grown over their history in our state, becoming a health care delivery system more embedded in existing healthcare entities such as federally qualified health centers, hospitals, I.H.S., rural health clinics, and other medical systems rather than being operated by the schools themselves; this historical change must be matched by a modernization of regulations and systems in which they operate. We thank you for your time and consideration of these revisions and look forward to our continued partnership to improve the health of the pediatric population in New Mexico.

Sincerely,



Nancy Rodriguez, Executive Director  
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