



Indian Affairs Committee, Dulce, NM

HSD Tribal Liaison Report

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New Mexico Human Services Department



NATIVE AMERICAN LIAISONS

HSD Office of the Secretary

Priscilla Caverly, Native American Liaison, 505-476-7203

Income Support Division (ISD) * Child Support Enforcement Division (CSED)

HSD Medical Assistance Division (MAD)

Theresa Belanger, Native American Liaison, 505-827-3122

*Medicaid * Centennial Care

HSD Behavioral Health Services Division (BHSD)

Barbara Alvarez, Native American Liaison, 505-476-9258

*Behavioral Health

HSD Native American Liaison Report

See Addendum A

MEDICAID AND CENTENNIAL CARE

- Native Americans may stay in Fee-for-Service Medicaid or choose a managed care organization (MCO) with Centennial Care (unless individual needs long term services, supports or are dual eligible).
- Native Americans may always go to IHS or tribal 638 clinics and hospitals for healthcare services whether they are in Fee-for-Service Medicaid or Centennial Care.

Native American Enrollment in Medicaid

| | |
|---|----------------|
| ➤ Medicaid Fee-for-Service (FFS) | 87,731 |
| ➤ Centennial Care - Managed Care Organization (MCO) | 30,396 |
| ➤ Native Americans Enrolled in Medicaid | TOTAL 118,127* |

**Of this total, 30,795 are newly eligible through Medicaid Expansion.*

HSD Native American Liaison Report

Centennial Care Includes

- Care coordination services for
 - chronic medical and behavioral health conditions
 - assistance with transportation
 - lodging if needed for distant medical services
 - scheduling specialty appointments
- All MCOs offer traditional healing benefits for NA members
- Centennial Care Member Rewards

HSD Native American Liaison Report

Centennial Care

- ▶ Centennial Care provides more opportunity for innovation and partnership than traditional fee-for-service, such as:
 - Transportation Services (Pueblo of Jemez)
 - Durable Medical Equipment (Pueblo of Zuni)
 - Optometry and Audiology Services (Pueblo of Zuni)
 - Reimbursement for translation (Navajo Area IHS)
 - Partnerships pending with Tribal CHRs for health assessments.

HSD Native American Liaison Report

See Addendum B

INCOME SUPPORT DIVISION

The Income Support Division (ISD) assists eligible low-income families through cash, food, medical, energy assistance, and supportive services so they can achieve self-sufficiency. Currently ISD determines and maintains eligibility for Native American participants.

MOU's with Pueblos, Tribes and Nations

- ISD out stationed workers at five tribal locations across NM
 - Zuni, Acoma-Canoncito-Laguna (ACL) IHS, Albuquerque IHS, Mescalero IHS, Southwestern Indian Polytechnic Institute (SIPI)
- Food Distribution Program on Indian Reservations (FDPIR)
 - Eight Northern Indian Pueblo Council (ENIPC), Five Sandoval Indian Pueblo (FSIP), Zuni, Acoma, Navajo Nation (Teec Nos Poz; Ft. Defiance; Mexican Springs; Kirtland; Crownpoint.)
- TANF
 - Zuni, Navajo, and Kewa (In Process)

HSD Native American Liaison Report

CHILD SUPPORT ENFORCEMENT DIVISION

CSED is in full support of tribes and pueblos wishing to develop and operate their own Tribal Child Support IV-D Programs and will provide technical assistance upon request to tribes and pueblos across New Mexico.

- Navajo Nation IV-D (JPA since 1993)
- Pueblo of Zuni IV-D Program
- Mescalero Apache Tribe IV-D Program

CSED has a dedicated attorney from the Albuquerque North Office that is licensed to practice in Acoma, Isleta, and Laguna Pueblos and has a dedicated child support legal assistant that handles a total of 334 active cases for Acoma, Isleta, and Laguna Pueblos.

General Services Agreements or MOUs are in the process of negotiation with the Pueblo of Zia and the Pueblo of Laguna.

BEHAVIORAL HEALTH SERVICES DIVISION

BHSD helps ensure access to mental health and substance abuse services by reducing the uninsured gap in New Mexico and augmenting Medicaid funding for behavioral health services. BHSD is the federally designated adult mental health authority and substance abuse single state agency.

Total non-Medicaid funding for NA Programs: \$3,417,157.00

- State General Funds (SGF)-Mental Health (B500) - \$40,000
- Native American Services Fund (B600) - \$362,606
- Substance Abuse Prevention Treatment (SAPT) - Block Grant Fund (B800) - \$1,410,155
- SGF-Mental Health-Jail Diversion Fund (BA80) - \$94,935
- SGF-Mental Health-Native American Program Fund (BA90) - \$53,164
- SGF-Substance Abuse Fund (BB10) - \$781,419
- Supportive Housing Fund (BB20) - \$24,000
- Total Community Approach (TCA)-All Services Fund (BC60) - \$154,000
- SAPT Block Grant-Prevention Fund (BD30) - \$478,298
- Veteran & Family Services - \$18,580

HSD Native American Liaison Report

COMMUNICATION, COLLABORATION and CONSULTATION

- This year over 250 HSD employees have taken the Cultural Competency Training.
- HSD has instituted department-wide training required for management staff on the HSD Consultation, Collaboration and Communication Policy and the State-Tribal Collaboration Act.
- MAD Native American Technical Advisory Committee (NATAC) - the NATAC meets with the NM Medicaid Director to communicate and problem solve on a bimonthly basis regarding Medicaid FFS and Centennial Care. Membership include IHS, Urban and tribal health centers, and representatives appointed by tribal leadership.
- BHSD - works in collaboration with the Native American Sub-Committee (NASC), Behavioral Health Purchasing Collaborative, and the Indian Affairs Department to recommend improvements for services to NA's. NASC meetings are held monthly.
- Office of the Secretary and ISD – has held two roundtable discussions with tribal leadership on Proposed Policy Re-Implementation of Work Program Requirements for SNAP Employment and Training and Able-Bodied Adults Without Dependents (ABAWD).
- HSD Secretary Earnest met with All Pueblo Council of Governors to introduce Deputies, Executive Management, Tribal Liaisons and provide information on programs.
- Secretary Earnest, in collaboration with Acoma Lt. Governor Riley, presented on the topic of 'Health' at the State-Tribal Collaboration Summit.

Centers for Medicare and Medicaid Services (CMS) has awarded a SIM grant to the New Mexico Department of Health and the Human Services Department. The grant, endorsed by Governor Martinez, is to be used jointly to design a plan for integrating primary care and public health to improve the health of New Mexicans

Concepts informing the design include:

- Patient-centered care (medical home model)
- Reducing health inequities
- Community engagement
- Patient-Centered Medical Homes
- Outcomes-based payment models
- All-Payer Claims Database
- Health Information Technology

Native American Stakeholder Committee

Tribes, Pueblos, and Nations can be a part of shaping the future structure of the health system in our state. You can help by appointing a representative to the Native American Stakeholder Committee.

Contact:

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