

# Exhibit A. Home and Community Based Services Spending Plan Proposal Detail

Below is a working table for New Mexico Human Services Department (HSD) to use during the internal discussions regarding the home- and community-based services (HCBS) Spending Plan activities and responses to Centers for Medicare & Medicaid Services' (CMS') request for additional information. This table can be inserted into the Spending Plan and Narrative once finalized (currently there is placeholder for this table as Attachment A). HSD can also re-prioritize the activities as Phase 1, 2, and 3. The updated Spending Plan will focus on Phase 1 (seeking approval now for these) and HSD can use the next quarterly report submission in January 2022 to seek approval for Phase 2 activities, then Phase 3 activities, etc. The activities can be categorized into one of three buckets (i.e., Phases):

- Phase 1 - activities that are ready to implement and have known estimated expenditures (i.e., wait list removals, provider rate increases, needs assessment).
- Phase 2 - activities that are still being analyzed and/or need further identification of estimated expenditures.
- Phase 3 – activities that still need to be further developed internally and with stakeholders.

Number	Phase	Activity	Efforts to Expand, Enhance, or Strengthen HCBS	Estimated Expenditures	Administrative in Nature
<b>Workforce Proposals</b>					
W.1	Phase 1	Contract for Statewide Needs Assessment and HCBS Provider Capacity Study	Expand, Enhance, Strengthen. This assessment will allow the state to determine key focus areas where we need to incentivize and support expansion of HCBS provider networks.	Year 1: \$500,000 (\$250,000 State Funds)	Yes

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W.2	Phase 1	Temporary Economic Recovery Payment	<p>Enhance. For Community Benefit, these payments will be given to current providers to help offset costs related to the PHE, including but not limited to PHE, increased wages and employment incentives, training, and increased liability insurance. This will help ensure that NM has an adequate provider base and workforce to care for our disabled and elderly members.</p> <p>For 1915 c waiver providers, payments will be also be used to offset costs related to PHE, hiring and retention of direct service providers increased wages, training and support. The payments will provide funding to support the current waiver system.</p>	<p>Year 1: \$165,000,000 (\$19,300,000 state funds)</p> <p>Year 2: \$110,000,000 (\$29,000,000 state funds)</p> <p>Year 3: \$55,000,000 (\$14,500,000 state funds)</p>	No
W.3	Phase 2	Training Program <ul style="list-style-type: none"> <li>• Training Unit</li> <li>• Statewide training program</li> <li>• Pediatric Simulation Lab</li> </ul>	<p>Enhance. Pilot would establish training unit within Government Resource Center. Nursing students: provide targeted training to nursing students in the care of medically fragile children and young adults. Training will be in the form of home-based clinical internships and in-service. The training program will ensure an adequate provider network for the Medically Fragile Waiver program. The Center will develop expertise in high needs areas such as ABA provision and facilitate certification of providers to increase skilled HCBS providers statewide. Center will</p>	<p>Year 1: \$7,000,000 (\$3,500,000 state funds)</p> <p>Year 2: \$4,200,000 (\$2,100,000 state funds)</p>	Yes

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			also develop online repository of training and tools for parents, families, and caretakers to assist them in taking care of members with IDD etc.		
W.4	Phase 2	School-based Investments	Expand. This expansion would strengthen the existing school based services delivery to children with an IEP and IFSP as a result of increased staffing, training, technology, and infrastructure investment. This proposal would support the expansion of the delivery of Medicaid reimbursable services in the schools beyond those children with an IEP or IFSP. NM is seeking guidance on if this will meet the criteria outlined in Appendix B of the SHO letter.	Under development.	Yes
W.5	Phase 2	Grant Program to Increase HCBS Workforce	Expand/Enhance. Creates opportunity for provider to seek funding for the purposes of loan repayment, sign-on bonuses, training, and certification costs - creating financial incentives to expand the number, retention rates, and expertise/skills of the HCBS workforce.	Under development.	No
W.6	Phase 2	Development Funding for Caregiver Cooperative	Expand. Request funding to continue development of the Caregiver Cooperative Initiative to provide incubation and infrastructure support to cooperatives focused on high quality caregiving. This initiative will not only bring focus on the importance of caregivers	Year 1: \$58,000 (\$6,800 state funds) Year 2: \$298,000 (\$78,500 state funds)	No

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			throughout the state but will also provide living wages to the caregivers, making it viable career option.	Year 3: \$800,000 (\$211,000 state funds)	
W.7	Phase 2	Faculty endowments for Nursing Schools	Expand.	Under development.	Yes
<b>Infrastructure Proposals</b>					
I.1	Phase 1	Behavioral Health Community Based Services Economic Recovery and Network Establishment Investment	Enhance. One-time infrastructure payments to behavioral health (BH) facilities. Making investments in infrastructure to facilitate incorporation of HCBS into interoperable electronic health records (EHRs). Covering individual tele-communications start-up costs (e.g., equipment, internet connectivity activation costs). Temporary percentage increase in payments to BH network scaled down over 3 years.	Year 1: \$93,000,000 (\$11,000,000 state funds)	No
I.2	Phase 2	Adult Day Care Site Funding	Enhance.	Year 1: \$500,000 (\$58,500 state funds) Year 2: \$250,000 (\$65,800 state funds) Year 3: \$250,000 (\$66,000 state funds)	No
I.3	Phase 2	School-based Services Infrastructure Investments	Enhance. Support school-based services furnished to children with disabilities through investments in equipment and training for school health teams (i.e.,	Under development.	yes

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			district nurse manager, school nurse, SBHC, school counselor, parahealth professionals providing services through IEP). This would include, on a pilot basis, the delivery of free care rule reversal services.		
I.4	Phase 3	Supportive Housing Units <ul style="list-style-type: none"> <li>• Purchase regional group homes</li> <li>• Purchase low income housing for eligible seniors</li> <li>• Evaluate and establish contracting arrangements with provider networks</li> </ul>	Strengthen. Supportive housing units with sliding scale rent requirements and associated provider resources that are convenient and easily accessible would enable greater independence and peace of mind for families that loved ones have living independently have easy access to needed supports.	Phase 1: \$8,000,000 (\$4,000,000 state funds) Phase 2: \$1,500,000 (\$750,000 state funds) Phase 3: \$450,000 (\$225,000 state funds)	No (Capital investment)
I.5	Phase 2	Mi Via Program Changes	Enhance. Create infrastructure for corporate Employers of Record (EORs) similar to corporate guardianship provided through the New Mexico Developmental Disabilities Planning Council (DDPC) increasing access to self-direction. Will require review of the EOR current system and development of contracted agencies to provide EOR services.	Under development.	No
I.6	Phase 2	Preadmission Screening and Resident Review	Expand. Assessment and development of specialized services.	Under development.	No

**Navigation Proposals**

Number	Phase	Activity	Efforts to Expand, Enhance, or Strengthen HCBS	Estimated Expenditures	Administrative in Nature
N.1	Phase 1	Supports Waiver Outreach and Education Campaign	Strengthen. Development of outreach and public service announcements about the Supports Wavier including but not limited to mail campaigns, commercials, social media.	Year 1: \$1,000,000 (\$500,000 state funds)	Yes
N.2	Phase 1	Member Level Technology Investment	Strengthen. Proposal will increase remote support and enabling technology utilization among HCBS members particularly in rural areas. Proposal also ensures that HCBS (MLTSS) members have the technology that they need to self-direct their services.	Year 1: \$6,200,000 (\$725,000 state funds)	No
N.3	Phase 1	Upgrading Critical Incident Management Reporting Systems <ul style="list-style-type: none"> <li>• Implement improvements to quality measurement, oversight and improvement activities</li> <li>• Implement CAHPS or other care survey</li> <li>• Adopt and implement new HCBS quality measures</li> </ul>	Enhance. Implement a comprehensive incident management reporting system; will require assessment of current system, upgrades/enhancements to systems, training for users	Year 1: \$1,226,000 (\$144,000 state funds) Year 2: \$368,000 (97,000 state funds) Year 3: \$368,000(\$97,000 state funds)	Yes
N.4	Phase 1	No Wrong Door Activities	Enhance. Improve access to HCBS through non-administrative NWD activities such as establishing toll free phone lines, developing informational websites and automating screening and	Year 1: \$3,500,000 (\$410,000 state funds) Year 2: \$2,000,000 (\$527,000 state funds)	No

Number	Phase	Activity	Efforts to Expand, Enhance, or Strengthen HCBS	Estimated Expenditures	Administrative in Nature
			assessment tools, and conducting marketing and outreach campaigns.		
N.5	Phase 1	Public Facing Central Registry	Enhance. Would contract to build, install and maintain a comprehensive LTSS enrollment system that accepts and processes new applications for LTSS services, links functional assessments with applications, monitors and reports on the status of all pending applications, communicates with local Medicaid financial eligibility offices, sends notifications to applicants on the status of their applications, and formally transfers approved applications to the appropriate entities such as case managers, managed care plans, and state agencies.	Year 1: \$4,000,000 (\$468,000 state funds) Year 2: \$2,000,000 (\$526,000 state funds)	No
N.6	Phase 2	Revolving Trust	Under development.	Under Development.	Yes
N.7	Phase 2	Establish an HCBS Ombudsman Program	Strengthen. This proposal would establish an ombudsman program and give it the authority to serve residents transitioning from a long-term care facility to a home care setting, and there are opportunities to provide ombudsman services to clients of managed care and dual integration programs.	Under Development.	No
N.8	Phase 2	Closed Loop Referral System	Strengthen. Platform would enhance care coordination for HCBS members by allowing for a resource directory of services as well as enabling care	Under Development	No

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			teams to know if following a referral, service was received and what the result of intervention was.		
<b>Services Proposals</b>					
S.1	Phase 1	Add Community Benefit Slots	Expand. There are currently a large disabled and elderly New Mexicans on the Community Benefit Central Registry. NM increased our CB slots for those who are not otherwise Medicaid eligible by 1,500 in 2019. To date, we have almost filled all of those 1,500 slots and currently have less than 200 available. Adding CB slots will enable us to provide HCBS to more New Mexicans in need of those services.	Year 1: \$12,088,496 (\$1,414,354 state funds) Year 2: \$30,695,500 (\$8,082,125 state funds) Year 3: \$46,020,240 (\$12,140,139 state funds)	No
S.2	Phase 1	Add Home- and Community-Based Waiver Slots	Expand. There are currently 4207 persons on the Department of Health Central Registry. The State intends to allocate all 4207 to the DD waivers DDW or Mi Via over a 3-year period. Addition of 1915c waiver slots provides New Mexicans with developmental disabilities home and community-based services, allowing them to safely stay in their home and meaningfully live in their communities	Year 1: \$15,516,334 (\$1,815,411 state funds) Year 2: \$26,628,750 (\$7,011,350 state funds) Year 3: \$36,758,189 (\$9,696,810 state funds)	No
S.3	Phase 1	High Fidelity Wraparound Expansion	Expand. Proposal would expand HFW statewide increasing access to this approach to help children and families achieve success at home, in school, and in the community.	Year 1: \$3,600,000 (\$424,000 state funds) Year 2: \$3,600,000 (\$955,000 state funds)	No

Number	Phase	Activity	Efforts to Expand, Enhance, or Strengthen HCBS	Estimated Expenditures	Administrative in Nature
				Year 3: \$3,600,000 (\$955,000 state funds)	
S.4	Phase 1	Assistive Technology Increase	Strengthen. Increasing budgets for assistive technology to address functional needs, promote independence, and/or support community integration.	Year 1: \$314,000 (\$37,000 state funds)	No
S.5	Phase 1	Environmental Modifications Increase	Strengthen. For the Community Benefit, and 1915 c waivers, during the PHE, construction and material costs have increased. An increase in funding limits for environmental modifications will help ensure that members at risk of institutionalization can continue to safely age in their homes.	Year 1: \$884,000 (\$104,000 state funds)	No
S.6	Phase 1	Transition Services Increase	Enhance. For the Community Benefit, NM has had a successful system in place to move members who reside in nursing facilities back to their communities. (see data in our Spending Plan) An increase in the overall limit for Community Transition Services will ensure that NM can continue to support these rebalancing efforts and bring members out of facilities.	Year 1: \$123,000 (\$14,000 state funds)	No
S.7	Phase 1	Medically Fragile Waiver Specialized Medical Equipment Increase	Enhance. Increase of limit from \$1,000 to \$1,200 per ISP year allows MFW participants to receive specialized medical equipment that allows them to safely live in their homes and communities.	Year 1: \$480,000 (\$120,000 state funds)	No

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			Specialized Medical Equipment covers equipment not otherwise covered by the state plan.		
S.8	Phase 2	Covering Meals for Enrollees Residing Independently	Expand. Proposal would seek to expand home delivered meals as a new waiver service under the 1915(c) waiver for frail elderly.	Year 1: \$1,590,000 (\$186,000 state funds)	No
S.9	Phase 2	Habilitative Services Expansion	Expand. Proposal would look to increase coverage of habilitative services that promote social skills to support community integration.	Under development.	No
S.10	Phase 2	Intensive Case Management Services for Children in State Custody	Expand. NM is evaluating expanding service array for Children in State Custody to include ICM with a focus of keeping children in community-based settings.	Year 1: \$10,000,000 (\$1,170,000 state funds)	No