Medicaid Advisory Committee - MAC Meeting
Monday, November 8, 2021
MINUTES

Time: Start-1:07 pm End-3:41 pm Location: GoTo Meeting

Chair: Larry A. Martinez, Presbyterian Medical Services

Recorder: Alysia Beltran, Medical Assistance Division

Committee Members
Sylvia Barela, Santa Fe Recovery Center
Jeff Bustamante, BeWellNM
Ruby Ann Esquibel, LFC
Kurt Rager, Lutheran Advocacy Ministry NM
Gary Housepian, Disability Rights NM
Tracie Collins, NM DOH
Kristina Leeper, NMMIP
Meggin Lorrino, NM Association for Home & Hospice Care
Rick Madden, Family Physician
Rodney McNease, UNMH
Travis Renville, NDC
Nancy Rodriguez, NM Alliance of School-Based Health Care
Laurence Shandler, Pediatrician
Dale Tinker, NM Pharmacists Association
Vicente Vargas, NM Health Care Association
Brian Blalock, NM CYFD
Troy Clark, NM Hospital Association
Eileen Goode, NM Primary Care Association
Katrina Hotrum-Lopez, NM ALTSD
Sharon Huerta, BCBSNM
Liz Lacouture, PHS
Ellen Leitzer, Senior Citizens Law Office
Carol Luna-Anderson, The Life Link
Sireesha Manne, NM Center on Law & Poverty
Carolyn Montoya, UNM College of Nursing
Sharon Finarelli, NM Alliance of Health Councils
Buffie Ann Saavedra, AARP
Latha Shankar, WSCC
Russ Toal, OSI
Anthony Yepa, Indian Pueblos Council

Absent Members:
Sylvia Barela, Santa Fe Recovery Center
Kristina Leeper, NMMIP
Travis Renville, NDC
Brian Blalock, NM CYFD
Ellen Leitzer, Senior Citizens Law Office
Buffie Ann Saavedra, AARP
Tracie Collins, NM DOH
Rick Madden, Family Physician
Nancy Rodriguez, NM Alliance of School-Based Health Care
Troy Clark, NM Hospital Association
Sharon Finarelli, NM Alliance of Health Councils
Russ Toal, OSI

Staff & Visitors Attending:
Nicole Comeaux, State Medicaid Director
Lorelei Kellogg, HSD/MAD Deputy Director
Alicia Salazar, HSD/MAD
Bill Wuestenhagen, HSD/MAD
Carlos Ulibarri, HSD/MAD
Cathy Salazar, Parents Reaching Out
Colin Baillio, OSI
Donna Lopez, HSD/ MAD
Ellen Pinnes,
Gretchen Kinder,
Jeanette Gurule, HSD/ MAD
Jim Jackson,
Linda Gonzales, HSD/MAD Deputy Director
Adrienne Smith,
Annabelle Martinez, HSD/MAD
Bob Chouinard, Bamboo Health
Carolyn Griego,
Charles Canada, HSD/ MAD
Cynthia Romero, HSD
Dr. Mark Epstein, True Health NM
Everet Apodaca, HSD/MAD
Hazel Mella, HSD/BHSD
Jeff Clark, HSD/MAD
John Padilla, HSD/MAD
Elisa Moran-Walker, HSD/MAD Deputy Director
Alicia Bernal, HSD/MAD
Annie Jung
Bryce Pittenger, HSD/OOS
Carrie Brunder, Zia Strategies
Christina Kupferschmidt, HSD/ MAD
Dominic Griego, Molina Health Care
Dr. Romero,
Gina DeBlassie,
Janis Gonzales, ECECD
Jesse Clifton, DRNM
Julie Lovato, HSD/ MAD

Karen Wiley, NMDVR
Kathy Smith,
Lauren Reichelt,
Luisiana Tegan, AmeriHealth Caritas
Mary Eden, PHS
Michelle Welby,
Morgan Chavez, BCBSNM
Nicolas Cordova, NM Poverty Law
Sahar Hassanin, OSI
Sarah Koob,
Susie Kimble,
Tracy Townsend, UHC
Wade Carlson, CYFD

Kathy Leyba, HAD/MAD
Kim Carter, HSD/ MAD
Laurie Kraw, HSD
Maria Kniskern, HSD/ MAD
Melodee Koehler, HSD/ MAD
Mike Nelson,
David Nater,
Quinn Lopez, WSCC
Sam Brandt, X-Ray NM
Shelly Begay, HSD/ OOS
Tallie Tolen, HSD/ MAD
Trey LaFleur, Molina Healthcare
Waymond Morris,

Kathy Slatter-Huff, HSD/MAD
Kristen Borders-Wood, HSD/MAD
Lori Pena, HSD/MAD
Marilyn Bennett, New Vistas
Michael McGroy, X-Ray NM
Missi Currier, EDCLC
Neal Bowen, HSD/BHSD
Roy Burt. HSD/MAD
Samantha Storsberg, HSD/BHSD
Sun Vega,
Tania Colon, TAHP
Vivian Ulibarri, HSD/ MAD
Jane Wishner, GOV

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
1. Welcome	**Chairperson Larry Martinez welcomed all attendees**	None	Larry Martinez, MAC Chairperson	Completed
2. Meeting Protocols	**Director Nicole Comeaux presented an overview of meeting protocols** Everyone should be getting used to the different platforms at this point. Some friendly reminders during today's meeting: please mute microphones when you're not speaking; update your name and email address under attendees; Committee Members can ask questions throughout the presentation; the chat function will be utilized for public comments throughout the presentation; there will also be an open comment period at the end of the presentation for others to speak and give their public comment; presenters, please remember to indicate when to transition slides; and this meeting is being recorded and will be available for the public at a later date.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
3. Introductions	**Director Nicole Comeaux led the introductions** Director Nicole Comeaux preformed roll call of all Committee Members.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
4. Meeting Agenda Approval	**Chairperson Larry Martinez provided overview of agenda** The agenda for this meeting was approved by all Committee Members in attendance with no recommended changes.	None	HSD/MAD Director's Office	Completed

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5. Minute Approval	**Chairperson Larry Martinez motioned to approve August 2021 meeting minutes** The minutes from the August 9, 2021 meeting were approved by the committee.	Finalized minutes will be posted on the HSD website.	HSD/MAD Director's Office	Completed
6. Budget Projections	**Deputy Director, Elisa Walker-Moran presented on Budget Projections** **Medicaid Budget Agenda** We are going to go over the Public Health Emergency Update, Enrollment, Fiscal Year (FY) 21 Lag Model, FY 22 Trend Model, FY 23 Trend Model, and the Risk Factors in the Budget. **Medicaid Budget Projection & Assumptions** This budget projection is produced quarterly by the economists at Medical Assistance Division (MAD). This projection is only updated with the managed care cost lines. We conducted a thorough update for the June projection which was used for the budget submission for FY 23. Some of the assumptions are the Public Health Emergency (PHE) was extended to January 16, 2022. Therefore, we will receive the Federal Medical Assistance Percentage (FMAP) for one more quarter through March 31, 2022. We begin with what is built into the projection, the three-month roll off starting in April 2022. **H.R. 5376, Build Back Better Act (as of 10/28/21)** The Build Back Better Act requires states to keep individuals enrolled in Medicaid after the PHE ends. There is a continuous enrollment requirement until September. One thing proposed in this bill is the phase down FMAP. Since the PHE has been extended, we do receive the 6.2 percent through the first quarter of Calendar year (CY) 2022, then it will decrease to three percent in the second quarter, followed by one and a half percent in the third quarter, and expiring in the fourth quarter at the end of the year. We also receive an extra three percent for the Adult Expansion population. Currently we receive 90 percent for this population, and they are proposing we receive 93 percent, through CY 2025. These additional FMAP do assist us with the Maintenance of Effort (MOE) roll off, but it does not completely compensate for the increase in cost for these members being on Medicaid. What is built into the projection is rolling off members who are income ineligible based on the most recent income data. This sets a cadence that states weren't directed towards previously of when we will have to start to reassess individuals on the population and then roll-off the individuals that are no longer eligible for Medicaid. This will begin on April 1, 2022 and it seems to decouple that from the PHE. Another thing that the bill	None	Elisa Walker-Moran Deputy Director, Medical Assistance Division, Human Services Department	Completed

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	outlines is the post-partum Medicaid extension from 60-days to 12-months as a mandatory Medicaid benefit. **Public Health Emergency Update** **6.2% FMAP Extension Timeline** This is the seventh PHE extension, and each extension is for 90-days. All of our projections are built on Center for Medicare and Medicaid Services (CMS) guidance, our requirement on the MOE, based on receiving the 6.2 percent so, every quarter we meet, and it is subject to change. **Duration of FMAP Increases** This chart is a progression of the FMAP. We now have the final Federal Fiscal Year (FFY) 23 FMAPs. Previously, we were using the preliminary. The FFY 23 FMAP will not change, but it did affect what we submitted in the FY 23 budget request, because we had built in a slightly higher FMAP. The FMAP came in slightly lower, so that increased our General Fund (GF) request. **Medicaid FMAP and 6.2% Increase Impact** For the FFY 22 FMAP, we did receive the 6.2 percent increase. For State FY 22, right now we have three quarters of the 6.2 percent, and one quarter without the 6.2 percent, which is the last quarter for FY 22. For every dollar the state invests, we receive about $4.34 from the Federal Government. For FFY 23, for the State FY23 blend, we expect to decrease to $3.57 return on every dollar because there is no more 6.2 percent in State FY23. **Historical NM FMAP Medicaid and EFMAP (CHIP)** This is a visual representation of what the FMAP and the blended rate has done over time. **Medicaid 6.2% Increased Match: MOE Requirement** This shows you the MOE population. As a condition of receiving the 6.2 percent, we are obligated to keep individuals on Medicaid, unless the members voluntarily disenroll themselves, leave the state, or pass away. Currently our MOE population is just over 290 thousand individuals, based on preliminary income data. There are about 85 thousand individuals that could be income ineligible. There are about 64 thousand individuals that we had built into the projection, to roll-off. The population as of September 2021, was about 951 thousand individuals, which include full benefit and partial benefit.			

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	Maintenance of Effort Populations Our population has continued to grow, and what you saw in the last slide is trying to give a sense of how significate that growth is. What we have outlined as the MOE population based on the data we have, will again have to be assessed at the end of the PHE, and we will follow all the federal rules around redeterminations and renewals for this entire population. When we speak about the MOE population in its entirety, there are two large groups within that population. Group one, is the population that we know is will no longer be eligible, based on the income data, or other eligibility criteria. Group two is the population that we have continued to extend renewal dates for; Medicaid eligibility is 12-months, we contact members to renew eligibility, and to validate information. During the PHE, if members failed to complete that renewal process, we have not terminated these members, and we continue to extend them in three-month increments. **National Association of Medicaid Directors (NAMD) Ask Letter** NAMD as well as the other four public policy organizations, that are listed at the top of the letter that is imaged on this slide, wrote to Health and Human Services (HHS) and Congress and had been organizing with our own Congressional Delegation from NM and others to help Congress understand the impact of this cliff-off of federal revenue at the end of the PHE. We have a very large population that has come on as the result of the MOE requirement and stayed on. We pay a member per month (MPM) capitation rate to our MCOs. Our average MPM cap rate is about $600.With the 6.2 percent federal revenue has sustained our budget need. We are asking that July 1, 2022, NAMD sunset the Medicaid MOE requirement to provide states with certainty for budgeting and enrollment projection stability and, for many states to align with the beginning of the fiscal year. **FY21, FY22 & FY23** **Budget overview of 3-Month MOE Roll-Off** **Medicaid Budget update: Expenditures** This projection is built off a three-month MOE roll-off. For FY21, and with data through September 30, 2021, we are over just about $7.3B expenditure projection. We increased the projection by about $32M. We have reviewed contract costs and made sure they were reflecting correctly on the program versus the admin projection. FY22, the projection is about $7.8B with an increase of $164M from the previous projection. Most of the increase is because of the extension of the PHE. FY23, the projection is just over $7.9B which is an increase of $107M from the previous projection. **Medicaid Budget Update: Revenues**			

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	In FY21, our GF need is almost $908M, which is a change of $3.2M from the last projection. FY22, our GF need is almost $1.1B, which is a change of $33M. Our projection shortfall is $54M. FY23, our need above the FY22 approbation, our need is $280M. **FY2023 Expansion Requests** These are some of the expansion requests that have been built into the FY23 projection. We have built in the post-partum with the extension from three-months to 12-months and starts April 1, 2022. This will impact very minimally FY22. We have built in the High-Fidelity Wraparound cost as a result of the Kevin S. There are other Kevin S requirements that have not been built in at this point because, we are still doing the analysis. We have built in a GME expansion, and the Maternal Child Health code changes. On the Admin side, we have also included a Primary Care Council Expansion amount. **FY2023 MAD Shortfall Drivers** These are the primary drivers of what is pushing our FY23 request. Our FY23 shortfall is $280M. The majority of the driver is because we have a lower FMAP for FY23. $202M of this is directly from the FMAP, and not from any changes in our program. We have an existing shortfall in FY22, and part of this shortfall is from the 6.2 percent expiring. There are some other changes in the MAD program; increases in Managed Care costs, increases in medical care costs, higher enrollment, and the expansion items. The Health Care Affordability Fund is built into this projection, but in terms of revenue, it doesn't affect our GF because we do represent it as another revenue transfer. **Federal Revenue Supporting Medicaid Program** This slide is a visual to explain that our GF need is changing because of the Federal Funds are expiring. **Enrollment Projection Assumptions 3-Month MOE Roll-Off** **Medicaid Enrollment Projection in Context** In September, we do have just over 951 thousand beneficiaries with full benefits and partial benefits in Medicaid. We do anticipate growing to 961 thousand by December 2021. By March 2022, just before the MOE requirements ends, we will reach 969 thousand enrollees, which after this we will decline when we start rolling off members. There are almost 83 percent of members are enrolled in Managed Care. About 45 percent of New Mexicans are enrolled in Medicaid. Almost 40 percent of our beneficiaries are children. 62 percent of New Mexico children are enrolled in Medicaid. 71 percent of all newborns in New Mexico are covered by Medicaid.			

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	Medicaid Enrollment Changes All of the projection is built off everything that has been happening with the PHE, the extensions of the MOE requirements, the current unemployment and employment data, which is followed very closely, and the MOE eligibility redeterminations. **New Mexico Medicaid Enrollment** This is a visual of the Medicaid enrollment. The PHE really started to affect Medicaid in March of 2020. **Total Enrollment Projection (FFS & MCO)** **NM Medicaid Enrollment Projection FY21** By June of 2020, we did have about 937 thousand individuals on the rolls. Our enrollment from June 2020 has grown by 12.3 percent since before PHE began (2/2020). **NM Medicaid Enrollment Projection FY22** By September, we had grown to 13.9 percent. By March 2022, when the MOE expires, we have project to have grown by 16 percent. **NM Medicaid Enrollment Projection FY23** We do expect to decline to about 918 thousand individuals at the of FY 23. **Managed Care Enrollment Projection (MCO)** **NM Medicaid Managed Care Enrollment FY21** The Managed Care Enrollment projection is the primary cost driver for our projection. In FY21 by the end of June, we had 776 thousand individuals in Managed Care. We have grown about 14.4 percent in Managed Care since the PHE began. **NM Medicaid Managed Care Enrollment FY22** By September 2021, the data that was included in this projection, we had about 787 thousand individuals and have grown 16.1 percent. By March we expect to grow to about 19.4 percent and have about 810 thousand beneficiaries. Year over year growth in member months was about 459 thousand member months from FY21 to FY22. **NM Medicaid Managed Care Enrollment FY23** For FY23, as the members start to roll off, we will see a decline of about 425 thousand member months. There are some savings built into the projection for lower member months, but an increase because medical costs continue to increase.			

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	Risk Factors in the Budget **Risk Factors in the Budget: FY21 and FY22** Some of the risk factors that are built into the budget are the MOE eligibility redeterminations, workforce participation, the high fidelity wrap around, the affordability fund appropriation, which effects half the year of FY22, and the full year for FY23. Extending the post-partum Medicaid from 60-days to 12-months, extending the MOE roll-off for three-months and the Build Back Better Plan that was mentioned previously. There are a few things that have not been built in like; cost containment, the MOE roll-off for 12-months, the cost of the refugee resettlement population, Ventilator Wing in Nursing Facilities coverage, the cost of administering the COVID-19 vaccinations, and the PHE extended. The reason the Refugee population is listed as a risk is because there is a very large number of refugees residing at bases that are technically within New Mexico. We did not build in the cost for the entire population as we are working closely with Family Services, and once individuals decide to reside in New Mexico, then we will enroll them in the Medicaid program.			
7. Medicaid 2022 Priorities	**Director, Nicole Comeaux, presented on Medicaid 2022 Priorities** **MCO Procurement** There are two very significant things that will happen to the Medicaid program as we head into the Calendar Year (CY) 22. The Managed Care procurement will take place throughout CY22 and CY23. The awarded new MCO will begin their new contracts January 1, 2024. **Centennial Care 1115 Demonstration Waiver Renewal** The 1115 Demonstration Waivers are very significant undertakings and are approved in five-year increments. The current 1115 Demonstration Waiver (Centennial Care 2.0) runs through December 31, 2023, but MAD will begin the work on its extension starting January 2022. Stakeholder engagement will occur in the MAC Meetings throughout 2022. **Medicaid Strategic Planning** **Goal 1: Improve the Value and Range of Services We Provide to Ensure that Every Qualified New Mexican Receives Timely and Accurate Benefits** This outlines some of our other priorities for 2022 and 2023. We have four goals. Under each of those goals, HSD has objectives for each Division. This is not a complete list, but we thought these items impact the Division at large and are critical for you to see. We want to ensure that as the largest payer in the state, Medicaid is providing appropriate payment for services. We would like to promote primary care expansion in New Mexico. Graduate Medical Education (GME) efforts	None	Nicole Comeaux Director, Medical Assistance Division, Human Services Department	Completed

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	remain underway with our primary care council. We want to increase the insurance options for the uninsured. Supporting NM Department of Health (DOH) in the development of Developmental Disabilities (DD) waiver revisions, which includes the supports waiver. We want to employ all federal flexibility related to the Public Health Emergency (PHE). Design and maintain a high value Managed Care Medicaid Program. There is a lot of work and revisions that we have been doing with our Managed Care Organization (MCO) partners. We also plan on implementing the American Rescue Plan Enhanced Federal Medical Assistance Percentage (FMAP) for the Home and Community Based Services (HCBS) Spending Plan. **Goal 2: Create Effective, Transparent Communication to Enhance the Public Trust** Goal two is how we engage with members externally. We want to establish regular communication channels with stakeholders. We want to keep members informed of PHE Medicaid programmatic changes. We also want to utilize Performance Measures to improve MCO performance and the outcomes on physical and behavioral health. HSD has an online score card where we publicly display where we are in trying to hold ourselves to a higher standard. Members can go online to see the significate number of measures and where the MCOs set against those measures and how we do as a program. In addition, CMS is also publishing a score card on Medicaid agencies across the country. **Goal 3: Successfully Implement Technology to Give Customers and Staff the best and Most Convenient Access to Services ad Information** We are continuing to provide requirements to out Information Technology (IT) Department on PHE programmatic and policy changes. We are integrated with the state-based Health Insurance Exchange. In the year ahead, we will be hopefully closing out Phase 2 of the implementation of the Electronic Visit Verification (EVV) system and working on implementation of the federal interoperability requirements. **Goal 4: Promote an Environment of Mutual Respect, Trust and Open Communication for Staff to Grow and Reach Their Professional Goals** We will be working with our staff in the year ahead as we work on the Medicaid Management Information System Replacement (MMISR) implementation. We want to complete the Business Transformation Council (BTC) and Organizational Change Management (OCM) effort.			
8. Provider Rate Benchmarking	**Director, Nicole Comeaux, presented on Provider Rate Benchmarking**	None	Nicole Comeaux Director, Medical Assistance	Completed

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	We have the largest market share in New Mexico when it comes to health care coverage. We have a huge responsibility to make sure providers are appropriately compensated. We started a contract for comprehensive rate review. **Overview of Work Plan** The first step of the review is to engage in a baselining effort. By April 2022, we plan to have gone through all of the codes and all of the program areas in the Medicaid program to get a clear outline of the provision of coverage. Then the second step is to increase the benchmarks by using Medicare or the regional rates if there is not a Medicare code. After we complete that phase, we will be gathering stakeholder feedback from phase one. With the feedback from the stakeholders, we will have the initial benchmarking report from the contract in April, then we will move into the final report. After the engagements, we will work with the contractor and what we will see is this over our strategic plan that says this is our priority area and this is where we need to start if there are funds available for New Mexico to raise rates for you to be appropriately compensating for services. Then we will talk about how to keep up. **Proposed Service Areas by Phase** For phase one and phase two, we want to look at the rates in groups. In phase one, these are Non-Institutional providers and phase two is Institutional. We started with Non-Institutional first because of federal opportunities that are available, and we need to understand where we should be investing those federal dollars as quickly as possible. The Non-Institutional group includes: Home and Community Based-Services (HCBS); Practitioner and Physicians, including Maternity services; and we want to focus on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services for children (this also gives us an opportunity to use the federal funds available under the HCBS Spending Plan). Finally, for the phase, we still have a lot of work in Behavioral Health in New Mexico. Phase two includes Nursing Facilities, Impatient Hospitals, and Outpatient Hospitals. **Preliminary Evaluation Criteria** This is the evaluation criteria that we are thinking about using and have presented to the Office of the Secretary. We have received feedback, so there will be some adjustments made. This outlines the stakeholder feedback approach. We will have an initial outreach. There are groups that the contractors will be reaching out to conduct interviews. We will then look at any variation in the approach that we should be considering based on provider groups and their feedback.		Division, Human Services Department-	

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9. HCBS ARPA Spending Plan	**Director, Nicole Comeaux presented on the HCBS ARPA Spending Plan** This is an opportunity from the American Rescue Plan Act (ARPA). This is money that came into the state from ARPA that is specifically for HCBS, which comes directly to the Medicaid agency. This comes in the form of an additional match. The Centers for Medicare and Medicaid Services (CMS) understands further how they will be sharing this money with Medicaid. It won't be in a lump sum, but it will come to us as reduced General Fund (GF) need for the activities that we currently allow reimbursement for in the Medicaid program. It will also result in a reduced cost for the things we invest in as part of the spending plan effort. **Section 9817** This passed in March and was supposed to be available on April 1st; however, CMS issued guidance on May 13, 2021. **Definition of HCBS** This is just a reminder of how congress decided to define HCBS in the statute. These are all the areas we can look to draw down the extra 10 percent funding on, also areas where we can reinvest the money in. Some of the critical issues we have been speaking about are Personal Care Services (PCS) and Home Health Care Services. **Requirement to Draw Funds** This slide talks about how to draw the funds and how we cannot reduce the program in any way; similar to the Maintenance of Effort (MOE) requirement with the Public Health Emergency. The funds are to be used to enhance, expand, or strengthen HCBS activities. **Examples of Activities** This is an example list of activities that CMS put out. **New Mexico HCBS Areas** We broke out the spend plan into four overarching areas. There were 31 proposals, and we are adding about three new ones as we submit our next plan. We expect to spend as much of that reinvestment in the first year as possible. In doing so, this will allow us the greatest match opportunity. **Next Steps** We have been working in close partnership with Department of Health (DOH). We will be taking this opportunity to eliminate the waitlist for the DD Waiver over the next three-years. There are three main ways	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	in which Personal Care Services (PCS) are provided through the Medicaid program. One is through EPSDT, the DD Waiver, and Community Benefit. We received partial approval plan and with our next quarterly submission, we are going to submit those two items that were just mentioned as well as a couple of others. Out next full quarterly submission is due January 16, 2022.			
10. 988 Planning and Implementation	**Director, Dr. Neal Bowen presented on 988 Planning and Implementation** **988 Planning and Implementation** 988 is a three-digit number to call nationally for BH crisis, including suicide. In New Mexico we have been working for about a year on the initial planning of using this as an opportunity to build out a more effective system for individuals going through BH crisis. The current focus is integration of the 911 with 988. The go live will be July 16, 2022 for the 988. We also need a close collaboration with 911, which requires technological upgrades and solutions. We have been reaching out to communities that have experience with BH crisis and with the current BH crisis response system across the state. **Crisis NOW Response Model** The model will look for mobile crisis teams activated by 988 rather than 911 exclusively. This is going to require different models of Mobile Crisis Response and Crisis Receiving Facilities. The Triage Centers look like they will be more adequate for more urban centers in the state, but not financially sustainable in other areas. We are looking for other models for the Frontier and Rural areas to make sure they are no more than 90-minutes for every resident in New Mexico to have a safe place to go to resolve that crisis and be inserted into an ongoing system of care.	None	Dr. Neal Bowen, Director, Behavioral Health Services Department, Human Services Department	Completed
11. 1115 Demonstration Waiver Amendment #2	**Director, Nicole Comeaux, presented on 1115 Demonstration Waiver Amendment #2** **1115 Demonstration Waiver Amendment #2** The Center for Medicare and Medicaid Services (CMS) has had some shifts in personnel and there are several states that have their 1115 Waiver expiring at the end of this calendar year. We have worked with CMS many times to work through these innovations. Bryce Pittenger has been an awesome partner on the High-Fidelity Wraparound (HFW) piece. The team has done a great job working on the Institution for Mental Disease (IMD) waiver. We are still working with CMS on the Graduate Medical Education (GME). On the COVID-19 Vaccine Coverage, they told us to not expect any changes here because they haven't released their guidance on what they intend to cover. What we	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	wanted to do was make sure we had an avenue to reimburse the vaccines for the individuals in partial benefit categories.			
12. Kevin S. Settlement Update	**BH Collaborative, Bryce Pittenger and MAD Centennial Care Contracts Bureau Chief, Kim Carter presented on Kevin S. Settlement update** **Kevin S. Settlement Commitments** Kevin S. was a lawsuit filed against HSD and Children, Youth and Families Department (CYFD), on behalf of 14 children in child welfare custody. We entered negotiation and exited the lawsuit and formed a settlement agreement. These four appendices were the focus in the agreement; Appendix A: Creating a Trauma Informed System of Care, which means the people that we serve have trauma, it is recognizing that we become traumatized in our service and it trying to prevent those effects. Appendix B: Developing more appropriate placement options, reducing congregate care, increasing kinship care and guardianships. This is about being able to identify family members, next-of-kin, and trying to place them first and foremost with relatives and family. Appendix C: Indian Child Welfare Act, this is understanding the needs of Native American Children that we serve. Appendix D: Expanding Access to Behavioral health Services and Building the Workforce. **Appendix A: Trauma-Responsive System of Care** Appendix A is about how we create a trauma-responsive system of care. A system that responds well together, not just provides trauma and performs treatment, but a system that is coordinated and responsive. Progress to date is that we created, along with Dr. John Lyons with the Praed Institute, the Child and Adolescent Needs and Strengths (CANS) tool for New Mexico. This has been approved and is good to go. This is a tool to tell providers what a child's experienced, what their needs are, what their risks are and what their strengths are. We have updated the criteria for the Serious Emotional Disorders (SED), which has passed and is published from the January 2021 collaboration. We are moving to an Individualized Planning Process (IPP), which is teen based decision making. We have built framework for training and coaching to include Trauma Responsive certificates training. We have created a coaching plan for the integration of CYFD and HSD training and coaching. The interdepartmental workgroup was developed on the Practice Model and the Quality Assurance, Improvement and Evaluation Plan. **Appendix C: Indian Child Welfare Act (ICWA)**	None	Bryce Pittenger, BH Collaborative, Human Services	Completed

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	We have collaborated with Tribes and pueblos. We have established Office of Tribal Affairs and position of Director of Tribal Affairs at CYFD. We have started to conduct ICWA out of preferred placement reviews, which means, if a child is in a non-Native home, we want to know why, and we want to get them linked to their community. We have participated in Relative Connections. We are also collaborating with National ICWA to develop systemwide training programs. The next steps, we really need to understand how to develop a procedural plan to expanding services to culturally relevant services, treatments, interventions and supports throughout the state. We are possibly going to be looking at developing the NMAC policy on cultural interventions as a component of the efforts. **Appendix D: Expanding Access to Behavioral Health Services** We have published new regulations governing medication use to ensure children in state custody are not overmedicated. Some of the next steps are we are working on some evidence-based practices that have been dictated by the settlement agreement, including functional family therapy, multisystemic therapy, trauma focused cognitive BH therapy, Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical Behavior (DBT). What's to come: MCOs will be partnering with us, Care Coordination (CC) will be coming to our individualized planning meeting. Also, HSD ride-along visits to monitor MCO CC engagement Children in State Custody (CISC). **Letter of Direction (LOD) 69: MCO Requirements for Children in State Custody** This particular LOD is tied to Appendix D. Four of the commitments from this appendix were issued on October 29, 2021 to the MCOs. The link for this LOD is at the bottom of this slide.		Kim Carter, Bureau Chief, Medical Assistance Division, Human Services Department	
13. MMISR Update	**Deputy Director, Linda Gonzales presented on MMISR Update** **Medicaid Management Information Systems Replacement (MMISR) Timeline** This gives you the high- level schedule of where we are with the yellow focusing on the procurement, the blue is the design and implementation, and the yellow, post blue is maintenance and operations. This chart shows that our System Integrator (SI), Data Services (DS) and Quality Assurance (QA) modules are in the design and implementation phase. **Unified Portal Roadmap – January 10 Launch**	None	Linda Gonzales, Deputy Director, Medical Assistance Division, Human Services Department	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	Our Unified Portal (UP) is one portion that is referred to as our Unified Public Interface. This is in addition to our Consolidated Customer Service Center (CCSC). The UP is the flip side to the Call Center to have that web-based portal aspect. It focuses on the delivery of our Health and Human Services and focusing on being unified and person centric. The UP Roadmap is highlighting our intent to start this work in January 2022. It will have 11 sprints, with the work starting in January and identifying if it needs to occur and that work will go out until October. We will start with BHSD, then Child Support, our YesNM Portal and then lastly the MAD Web portal and HSD website. This is the intent to take on the different portals that exist within the divisions of the department and to integrate them into one front-facing portal for individuals and members to be able to have access to. This is one singular place where our customers can come in and get of the access to services and benefits that they need. This won't happen phase one, but this is the goal over time.			
14. Health Coverage Options for Afghan Evacuees	**MAD Eligibility Bureau Chief, Roy Burt presented on Health Coverage options for Afghan Evacuees** **Health Coverage Options for Afghan Evacuees** CMS has been proactive with about nine states who are currently processing Afghan evacuees for potential Medicaid and other health insurance coverage options. CMS has issued two guidance letters. The first letter was issued on September 27, 2021, and within these letters, they have outlined two main categories of evacuees, Special Immigrant Visa (SIV) and Parolees. A vast majority of Afghan evacuees fall under what we call the Humanitarian Parolees group, and are qualified non-citizens with access to Medicaid, however, they would have been subject to a five-year waiting period and would have only been potentially eligible for the Emergency Medical Services category. On September 30th, there was passed a continuing resolution with enhanced protection for Humanitarian Parolees expanding their health care options. The updated guidance that was issued on November 1st allows states to cover these individuals under Medicaid. If an individual is not eligible for Medicaid, we can consider them for Refugee Medical Assistance, but a majority of them will qualify for one of our MAGI categories. The Office of Refugee Resettlement (ORR) is responsible for facilitating enrollment for benefits in New Mexico with their affiliate Lutheran Family Services (LFS). LFS is responsible for coordination and submission of applications for individuals.	None	Roy Burt, Bureau Chief, Medical Assistance Division, Human Services Department	Completed
15. COVID-19 Vaccination Workgroup	**Centennial Care Contracts Bureau, Deputy Bureau Chief Charles Canada presented on COVID-19 Vaccination Workgroup**	None	Charles Canada, Deputy Bureau Chief, Medical	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	COVID-19 One Team Vaccination Workgroup The purpose of this workgroup is to form a multidisciplinary team to develop relationships and improve communication from various departments from the state, the Centennial Care MCOs and Professional Societies. The workgroup provides a forum for stakeholders can exchange ideas, raise concerns, and develops solutions around COVID-19 vaccinations. This is also a great platform to distribute information to the participants and they can take that information and they can share it with their staff. Other states are beginning to implement this same approach that we started in April. Through the workgroup the MCOs collaborated to reach out to Primary Care Providers (PCP) to identify those who are administrating the COVID-19 vaccinations. If the PCPs are not, the workgroup would have to identify the reason and address any barriers. There has been improvement on how we collect and analyze vaccination data. Medicaid is working closely with DOH and the Centennial Care MCOs to synchronize our data collection efforts. The workgroup is focusing on promoting and tracking the booster shots, as well in childhood and adolescent vaccinations. We have been developing approaches to vaccination events, ways to engage the unvaccinated population, and how to overcome the vaccine hesitancy.		Assistance Division, Human Services Department	
16. 2022 MAC Meeting Schedule and Tentative Agenda Topics	**Director, Nicole Comeaux, presented on the 2022 MAC Meeting Schedule and Tentative Agenda Topics** **2022 MAC Meeting Schedule** The future MAC Meetings are scheduled on the second Mondays of the month, quarterly: February 14, 2022 May 9, 2022 August 8, 2022 November 14, 2022 If any changes occur, we will be in touch with you with. **2022 Tentative MAC Meeting Agenda Topics** These are tentative topics. We expect to have new news on the Public Health Emergency (PHE). We hope to show you more detailed timelines for the procurement and the waiver. We will also have Legislative activity to discuss as well as an updated budget.		Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	

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17. Public Comment	**The public had the following public comments:** Cathy Smith: Ms. Smith is a dual eligible member. Ms. Smith is having issues with non-emergency transportation with BCBS. This public comment was immediately referred to BCBSNM for assistance.	None	HSD/MAD Director's Office	Completed
18. Adjournment	The meeting adjourned at 3:41 pm.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted: Alysia Beltran — December 22, 2021

Recorder — Date