DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland   21244-1850

State Demonstrations Group

December 20, 2024

Dana Flannery
Medicaid Director, Medical Assistance Division
New Mexico Human Services Department
State Capitol
Room 400
Santa Fe, NM 87501

Dear Director Flannery:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Health-Related Social Needs (HRSN) infrastructure protocol for the New Mexico Turquoise Care section(a) 1115 demonstration (Project Number 11-W00285/6). We have determined the infrastructure protocol is consistent with the requirements outlined in the demonstration Special Terms and Conditions (STC) and are therefore approving it. A copy of the approved protocol is enclosed and will be incorporated into the STCs as Attachment N.

We look forward to our continued partnership on the New Mexico Turquoise Care section 1115(a) demonstration. If you have any questions, please contact your project officer, Sandra Phelps at Sandra.Phelps@cms.hhs.gov.

Sincerely,

Angela D. Garner
Director
Division of System Reform Demonstrations
State Demonstrations Group

Enclosure

cc: Dana Brown, State Monitoring Lead, Medicaid and CHIP Operations Group

Attachment N

New Mexico Turquoise Care 1115 Demonstration HRSN Protocol for Infrastructure Planning

Nutrition Interventions for Pregnant Members and Medical Respite (Short-term post-hospitalization housing with room and board)

In compliance with STC #10.6 of the Turquoise Care 1115 Demonstration, the New Mexico Health Care Authority (HCA) is submitting an HRSN Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for Nutrition Interventions for Pregnant Members and for Medical Respite (Short-term post-hospitalization housing with room and board) to CMS for review and approval.

I. Proposed uses of HRSN infrastructure (provider capacity-building) expenditures, including the type of entities to receive funding, the intended purpose of the funding, the projected expenditure amounts, and an implementation timeline.

HCA's HRSN program allows qualifying Medicaid members to receive evidence-based clinically appropriate services, including nutrition supports for pregnant members and medical respite services. Over the course of the Turquoise Care 1115 demonstration, HCA is authorized to spend up to $99.474M on infrastructure investments necessary to support the development and implementation of these HRSN services. All expenditures will be subject to State budget availability. This section outlines the proposed uses of HRSN infrastructure expenditures, types of entities that will receive funding, intended purposes of funding, projected expenditure amounts, and implementation timeline.

A. Implementation Timeline and Approach

1. Timeline for disbursement of infrastructure funding

HCA intends to begin awarding infrastructure funds to eligible entities no sooner than July 1, 2025 (DY 13). HCA will use a phased approach to disbursing infrastructure funds to ensure providers beginning their participation at different times have sufficient infrastructure and capacity. HCA will also align the timing of the application and disbursement of infrastructure funding with HCA's planned expansion to (1) up to 10 medical respite sites; (2) nutrition supports for pregnant members with clinical risk factors beyond diabetes; and (3) family members of pregnant individuals. HCA will fund both medical respite and nutrition supports service categories as needed to support Turquoise Care implementation goals.

2. Approach to infrastructure funding applications and disbursements

HCA, either directly or via existing or contracted fiscal relationships, will conduct the following activities:

- Determine the need for additional provider capacity in FFS and Turquoise Care MCO provider networks.

- Conduct outreach and education to eligible entities regarding infrastructure funding opportunities.

- Develop the infrastructure funding application(s) and application process.

- Review applications against eligibility criteria and funding availability.

- Award infrastructure funding to eligible entities.

- Disburse funding to awarded entities.

- Monitor infrastructure funding uses and implementation progress of awardees.

- Monitor for fraud, waste and abuse.

- Ensure infrastructure funding awards are reported appropriately under the HRSN Infrastructure MEG on the CMS 64.

HCA will develop a process to evaluate and approve applications for funding requests from eligible entities. HCA may permit applications on a rolling basis (which may be most appropriate for future providers of medical respite services) or set a specific application window in which entities can plan to apply and receive funding. HCA will develop standardized criteria to support evaluation of HRSN funding applications and requests, including but not limited to:

- The entity has submitted a complete application and budget request for one of the allowable activities described below;

- The entity has submitted a justification for the need for funding;

- The entity has demonstrated the ability to provide or support the provision of HRSN services, if supported by infrastructure funding;

- The entity attests to non-duplication of other federal, state or local funding; and

- The entity agrees to contract as a Medicaid FFS provider and as a Turquoise Care MCO provider, if offered an MCO provider contract.

3. Monitoring and Oversight

HCA will monitor to ensure that any HRSN infrastructure fund disbursements are consistent with the Turquoise Care 1115 demonstration STCs. HCA will ensure that any HRSN infrastructure funding is subject to program integrity and standards, including:

- Participating in federal or state audit processes. HCA, either directly or via existing or contracted fiscal relationships, will conduct audits as needed to ensure that infrastructure funds are being spent on allowable items and are being documented and reported on appropriately.

- Taking action to address non-compliance. HCA will ensure that action is taken to address any identified non-compliance with HRSN infrastructure funding parameters. If the funding recipient has failed to demonstrate appropriate performance, HCA may impose corrective action (e.g., caps on funding, discontinuation of funding and/or recoupment of funding). HCA will provide notice to any funding recipient prior to initiating corrective action. HCA will report any instances to CMS as part of the quarterly 1115 reporting.

- Ensuring non-duplication of funds. HCA will monitor for funding irregularities and potential duplication of funds.

- Monitoring for fraud, waste and abuse. HCA, either directly or via existing or contracted fiscal relationships, will actively monitor all HRSN infrastructure disbursements for instances of fraud, waste and abuse. HCA will suspend and/or terminate infrastructure funding in cases of confirmed fraud, waste and/or abuse and report such instances to CMS. The state reserves the right to recoup funding as necessary.

- Monitoring participation of providers awarded infrastructure funding in the Turquoise Care MCO networks and FFS to ensure access to HRSN services.

B. Eligible Entities

The following entities may be eligible to apply for and receive HRSN infrastructure funding:

Medical Respite:

- Entities that are preparing to have the capacity to deliver medical respite HRSN services (or preparing to partner with future providers of medical respite services), including FQHCs/RHCs, hospitals, counties, community-based organizations, social service organizations, traditional health care providers, case management providers, housing and shelter providers, tribal providers, and Urban Indian Organizations.

- Medical respite providers in New Mexico that have the capacity to deliver peer-to-peer training and implementation supports to future medical respite providers.

- Entities that are preparing to support the delivery of medical respite, including state, city, county and local governments, community-based organizations, or other entities that support medical respite contracting, implementation, invoicing, and service delivery.

- State agencies, local government, or contracted partners to facilitate setup, operation, and ongoing oversight of medical respite programs.

Nutrition Supports for Pregnant Members:

- Entities that are preparing to have the capacity to deliver nutrition supports to pregnant members, including food and nutrition service providers, food pantries, and non-profit community-based organizations.

- Entities that are preparing to support the delivery of nutrition supports to pregnant members, including primary care providers, OB/GYN providers and midwives, state, city, county and local governments, community-based organizations, or other entities that support nutrition supports contracting, implementation, invoicing and service delivery.

- State agencies, local government, or contracted partners to facilitate setup, operation, and ongoing oversight of nutrition supports programs.

All entities must (1) demonstrate financial stability; (2) be capable of providing or supporting the provision of medical respite and/or nutrition supports for pregnant members; and (3) be willing to provide documentation to HCA in support of implementation progress required by any infrastructure funding award.

C. Intended Purpose of HRSN Infrastructure Funding

HCA may claim federal financial participation (FFP) in infrastructure investments to support the development and implementation of HRSN services across the following domains:

- Technology

- Workforce development

- Development of business or operational practices

- Stakeholder engagement and outreach

HCA intends to provide infrastructure funding to eligible entities for the following activities:

1. Technology

Eligible entities can leverage HRSN infrastructure funding to support a range of technology needs, including those that support the use of New Mexico's statewide Findhelp closed-loop referral platform and other community information exchange priorities. Entities may apply for infrastructure funding to procure IT infrastructure, data platforms, and systems needed to enable:

- Communication across support partners for HRSN services (e.g., communication among clinically-integrated partners for medical respite).

- Authorization of HRSN services, including any food as medicine "prescription."

- Documentation of eligibility for HRSN services and tracking enrollment.

- Closed loop referral to HRSN services.

- Electronic medical records that include plans of care.

- Participation in the HIE.

- HRSN service delivery.

- HRSN service billing to FFS and to Turquoise Care MCOs.

- HRSN program oversight, monitoring and reporting, including for activities beyond HRSN infrastructure (e.g., reporting on HRSN services delivered, monitoring to ensure members receive the services for which they were authorized, activities to prevent fraud, waste and abuse across the HRSN program).

- Eligibility determination for other federal, state and local programs including Supplemental Nutrition Assistance Program (SNAP) and/or Women, Infants and Children (WIC).

- Eligible entities may also apply for technology-related infrastructure funding to:

  o Modify existing systems (e.g., community information exchange) to support HRSN.

  o Develop an HRSN eligibility/services screening tool.

  o Integrate data platforms/systems/tools.

  o Onboard new, modified, or existing systems.

2. Workforce development

HCA will consider applications from eligible entities for the following activities:

- Training provided by a technical assistance organization to support one or more HRSN

providers.

- Technical assistance provided by an experienced provider of HRSN services (e.g., training for future medical respite providers by current medical respite providers, including the development of "roadmaps" and provider toolkits).

- Supporting the costs of recruiting, hiring and training new staff to provide HRSN, and salary and fringe benefits for staff that will have a direct role in overseeing, designing, implementing and/or executing HRSN responsibilities, time limited to 18 months.

- Supporting the costs to obtain necessary certifications, training, technical assistance and or education for staff participating in one or both HRSN services.

- Supporting the costs of participation in privacy/confidentiality training or technical assistance related to HRSN service delivery.

- Supporting the costs to produce training materials for HRSN services.

3. Development of business or operational practices

HCA will consider applications from eligible entities for the following activities:

- Training for the use of new, modified or existing systems.

- Training on contracting with and billing Turquoise Care MCOs and Medicaid FFS for HRSN services.

- Training and technical assistance on HRSN program and roles/responsibilities.

- Administrative items necessary to perform HRSN duties and/or expand HRSN service delivery capacity (e.g., initial month of lease payments for new or an extension of existing office spaces needed to support HRSN operations).

- Costs of office furnishings, supplies, and equipment that support the delivery of HRSN services (e.g., computers, desks, chairs, etc.).

- Procurement of administrative supports to assist implementation of HRSN.

- Development of polices/procedures related to:

    o MCO participation

    o HRSN referral, service delivery workflows, and care plans

    o Billing/invoicing

    o Data sharing/reporting

    o Program oversight/monitoring

    o Evaluation

    o Privacy and confidentiality.

4. Conducting stakeholder engagement and outreach

HCA will consider applications from eligible entities for activities that include:

- Production of materials and online content necessary for marketing, outreach, training and/or education related to HRSN.

- Translation of materials.

- Planning for and facilitation of community-based outreach events to support awareness of and engagement in HRSN services.

- Planning for and facilitation of learning collaboratives or stakeholder convenings for HRSN.

- Registration and costs associated with participation in key webinars or conferences necessary for participant learning and technical assistance (e.g., attendance at the National Healthcare for the Homeless annual Conference and Policy Symposium).

- Convening and/or participating in stakeholder forums directly associated with HRSN services.

- Community engagement activities necessary to support HRSN program implementation and go-live (e.g., stakeholder forums, roundtables).

- Administration or overhead costs associated with outreach, education or convening directly tied to HRSN services.

- Supporting the costs of developing partnerships among key stakeholders (e.g., convening hospitals with future provider sites for medical respite), including the development of MOUs and other agreements necessary to document partnership agreements.

D. Projected Expenditure Amounts:

HRSN infrastructure expenditures will begin no sooner than DY 13 (CY 2025). HCA estimates the following infrastructure expenditure amounts by allowable use category over the Turquoise Care demonstration. HCA used the annual infrastructure spending amounts articulated in the demonstration STCs and an analysis of anticipated need across the state to develop the estimates below. HCA anticipates that the percentage of spend by permissible spend categories will stay relatively constant across the demonstration years (DYs). As allowed by the STCs, any unused amounts will rollover to the subsequent DY.

Allowable Provider Capacity-Building Category	Expected Amount	Percentage of Capacity-Building Spend
Technology	$39.790M	40%
Workforce Development	$34.816M	35%
Operations and Business Practices	$14.921M	15%
Stakeholder Engagement and Outreach	$9.947M	10%
Total	$99.474M	100%