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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 23-0008

This file contains the following documents in the order listed:

NM - Submission Package - NM2021MS0001O - (NM-23-0008) - Health Homes

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

August 15, 2023

Lorelei Kellogg
Acting Medicaid Director, NM Human Services Department
NM Human Services Department, Medical Assistance Division
PO Box 2348
2025 S. Pacheco Street
Santa Fe, NM 87504

Re: Approval of State Plan Amendment NM-23-0008

Dear Lorelei Kellogg,

On May 18, 2023, the Centers for Medicare & Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA), NM-23-0008, to remove the High Fidelity Wrap-a-round (HFW) language from the Health Home SPA since it will now be a part of a new 1115 to prevent duplication of services.

We approve New Mexico State Plan Amendment (SPA) NM-23-0008 with an effective date(s) of June 30, 2023.

If you have any questions regarding this amendment, please contact Dana Brown at Dana.Brown@cms.hhs.gov or via phone at 410-786-0421.

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

NM - Submission Package - NM2021MS0001O - (NM-23-0008) - Health Homes

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NM2021MS0001O | NM-23-0008 | MIGRATED_HH.CareLink NM

Package Header

Package ID NM2021MS0001O

SPA ID NM-23-0008

Submission Type Official

Initial Submission Date 5/18/2023

Approval Date 08/15/2023

Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: NM Human Services Department, Medical Assistance Division

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NM2021MS0001O | NM-23-0008 | MIGRATED_HH.CareLink NM

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SPA ID NM-23-0008
Submission Type Official
Initial Submission Date 5/18/2023
Approval Date 08/15/2023
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NM-23-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	6/30/2023	NM-21-0005
Health Homes Population and Enrollment Criteria	6/30/2023	NM-21-0005
Health Homes Payment Methodologies	6/30/2023	NM-21-0005

Submission - Summary

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Approval Date 08/15/2023

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives

In April 2016, New Mexico Human Services Department (HSD), with CMS approval, initiated the CareLink New Mexico Health Home Program (CLNM HH) to provide coordinated care in two rural New Mexico counties. In April 2018, CMS approved the expansion of Health Home services to eight additional counties, including rural and urban counties and a Native American Pueblo. Within this expansion, HSD piloted a high fidelity wraparound (HFW) model with two providers for the most vulnerable children and adolescents (SPA ID NM-18-002) approved by CMS on July 3, 2018. In February 2021, HSD updated the Health Home Model to include Substance Use Disorder (SUD) as an additional eligibility criterion for Health Home Services and received CMS approval April 15, 2021.

HSD would like to remove HFW from the service array provided through the Health Home model. HSD expanded access to HFW to children and adolescents statewide through our 1115 waiver. Both of the current providers will have the option to continue providing the services; however, the reimbursement for services will no longer be part of the capitated per-member per-month (PMPM) rate cell and the children receiving HFW will not be members of the Health Home to avoid any duplication of services.

The goals for this change include:

- Continue to provide HFW to vulnerable children and adolescents throughout the State.
- Expand access to HFW through an enhanced base of available providers.
- Ensure no duplication of service in the health home.

All other areas of the health home SPA will remain the same.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	$-4318311
Second	2024	$-16635987

Federal Statute / Regulation Citation

Section 2703 (P.L. 111-148, ACA)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NM2021MS0001O | NM-23-0008 | MIGRATED_HH.CareLink NM

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Package ID	NM2021MS0001O	**SPA ID**	NM-23-0008
Submission Type	Official	**Initial Submission Date**	5/18/2023
Approval Date	08/15/2023	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NM - Submission Package - NM2021MS0001O - (NM-23-0008) - Health Homes

CMS-10434 OMB 0938-1188

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NM2021MS0001O | NM-23-0008 | MIGRATED_HH.CareLink NM

Package Header

Package ID	NM2021MS0001O	**SPA ID**	NM-23-0008
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Superseded SPA ID	NM-21-0005 System-Derived		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

MIGRATED_HH.CareLink NM

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

In April 2016, New Mexico Human Services Department (HSD), with CMS approval, initiated the CareLink New Mexico Health Home Program (CLNM HH) to provide coordinated care in two rural New Mexico counties. In April 2018, CMS approved the expansion of Health Home services to eight additional counties, including rural and urban counties and a Native American Pueblo. Within this expansion, HSD piloted a high fidelity wraparound (HFW) model with two providers for the most vulnerable children and adolescents (SPA ID NM-18-002) approved by CMS on July 3, 2018. In February 2021, HSD updated the Health Home Model to include Substance Use Disorder (SUD) as an additional eligibility criterion for Health Home Services and received CMS approval April 15, 2021.

HSD is removing the high fidelity wraparound from the service array provided through the Health Home model. HSD expanded access to HFW to children and adolescents statewide through our 1115 waiver. Both of the current providers will have the option to continue providing the services; however, the reimbursement for services will no longer be part of the capitated per-member per-month (PMPM) rate cell and the children receiving HFW will not be members of the Health Home to avoid any duplication of services.

The goals for this change include:
- Continue to provide HFW to vulnerable children and adolescents throughout the State.
- Expand access to HFW through an enhanced base of available providers.
- Ensure no duplications of service in the health home.

All other areas of the health home SPA will remain the same.

General Assurances

- [ ] The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- [ ] The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- [ ] The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- [ ] The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- [ ] The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- [ ] The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NM2021MS0001O | NM-23-0008 | MIGRATED_HH.CareLink NM

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Categories of Individuals and Populations Provided Health Home Services

The state will make Health Home services available to the following categories of Medicaid participants

- [ ] Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- [ ] Medically Needy Eligibility Groups

Health Homes Population and Enrollment Criteria

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Population Criteria

The state elects to offer Health Homes services to individuals with:

- [ ] Two or more chronic conditions
- [ ] One chronic condition and the risk of developing another
- [ ] One serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition:

The existing SMI and SED criteria were developed and approved by the Behavioral Health Collaborative, a statutorily-created body that includes 15 cabinet-level agencies as well as the Governor's office. The addition of OUD and other SUD for eligibility for HH services is in accordance with the "Program Description and Implementation" described in the 1115 continuation waiver. The state is also implementing initiatives to improve existing SUD services. SUD diagnosis criteria for children and adolescents are included in the "Criteria for Severe Emotional Disturbance Determination" approved by the Behavioral Health Collaborative described above and found in Attachment A; SUD criteria align with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, described as follows: a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
The term "SUD-eligible individual" means an individual who satisfies all of the following:

1. Is an eligible individual with chronic conditions;
2. Is an individual with a substance use disorder;
3. Has not previously received HH services under any other State plan amendment approved for New Mexico.

All HH providers have been serving adults and children with SMI, SED, and co-occurring diagnoses.

Health Homes Population and Enrollment Criteria

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Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:

- (•) Opt-In to Health Homes provider
- ( ) Referral and assignment to Health Homes provider with opt-out
- ( ) Other (describe)

Describe the process used:

Enrollment in CLNM Health Homes is voluntary. Members must affirmatively agree to opt-in to the Health Home program by signing an opt-in form. Which is retained in the members' record. Members are asked to remain in the Health Home program for one year unless they meet the criteria to opt-out sooner.

Potentially eligible beneficiaries, both in managed care and fee-for-service, are identified by MCOs for managed care Members or Medical Assistance Division (MAD) for fee-for-service based on claims and utilization data that indicates potential eligibility. The Health Homes providers identify through their own electronic health records and community outreach based on partners, referral networks and practitioners providing primary and behavioral health care services, as well as SUD screening and treatment services.

If a current Health Home member or prospective member is receiving high fidelity wraparound services, they will not be eligible for the health home to ensure no duplication of services occurs.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NM2021MS0001O | NM-23-0008 | MIGRATED_HH.CareLink NM

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Payment Methodology

The State's Health Homes payment methodology will contain the following features

- [ ] Fee for Service
  - [ ] Individual Rates Per Service
  - [ ] Per Member, Per Month Rates
  - [ ] Fee for Service Rates based on
    - [ ] Severity of each individual's chronic conditions
    - [ ] Capabilities of the team of health care professionals, designated provider, or health team
    - [ ] Other

      Describe below

      Cost analysis
  - [ ] Comprehensive Methodology Included in the Plan
  - [ ] Fee for Service Rates based on
    - [ ] Severity of each individual's chronic conditions
    - [ ] Capabilities of the team of health care professionals, designated provider, or health team
    - [ ] Other

      Describe below

      Cost analysis
  - [ ] Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

Described below

- [ ] PCCM (description included in Service Delivery section)
- [ ] Risk Based Managed Care (description included in Service Delivery section)
- [ ] Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Health Homes Payment Methodologies

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Agency Rates

Describe the rates used

- ○ FFS Rates included in plan
- ◉ Comprehensive methodology included in plan
- ○ The agency rates are set as of the following date and are effective for services provided on or after that date

Health Homes Payment Methodologies

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Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
    - the frequency with which the state will review the rates, and
    - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description

To support Health Homes, a per member per month (PMPM) care management cost was developed separately for each provider based on modeling estimated enrollment, staff salaries and benefits and administrative costs providers incurred during the initial enrollment phases. The PMPM included an allowance for a 5% per annum dropout rate.

The two Health Homes who implemented HFW pilots were assigned separate projections and rates for the population. This rate cell will be eliminated and the Member receiving wraparound services will be disenrolled from the Health Home and will continue receiving the services under a different authority.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NM2021MS0001O | NM-23-0008 | MIGRATED_HH.CareLink NM

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Assurances

☐ The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved

Under managed care, MCO make monthly payments to Health Homes for enrolled members. Although the PMPM was developed based on staffing and administrative costs of the Health Home, current capitated rates paid by the State to MCOs include care coordination or case management activities as the primary function under the federal authority under which Centennial Care operates. Health Home care coordination activities are similar in scope to Centennial Care coordination activities factored into the current MCO capitated rate. Currently under managed care, members assessed with SUD, SMI or SED diagnoses are assigned to the most intensive levels of care coordination. To ensure there is no duplication of payment, Health Home PMPM payment is evaluated against care coordination funding included in the capitated rated. The State monitors payments between the MCO and the Health Homes by evaluating encounter data submitted by MCO as well as MCO Health Home reporting.

☐ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

☐ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

☐ The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
Attachment C - Tables	11/19/2019 6:31 PM EST	

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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