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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 24-0010

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

NM - Submission Package - NM2024MS00030 - (NM-24-0010) - Administration; Health Homes

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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

January 08, 2025

Dana Flannery
Director
New Mexico Health Care Authority
Medical Assistance Division
2025 South Pacheco Drive
Santa Fe, NM 87504

Re: Approval of State Plan Amendment NM-24-0010

Dear Director Flannery,

On December 06, 2024, the Centers for Medicare & Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-24-0010 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15. Additionally, updates assurance in accordance with federally mandated quality reporting requirements for the Health Home Core Set(s).

We approve New Mexico State Plan Amendment (SPA) NM-24-0010 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Dana Brown at Dana.Brown@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

NM - Submission Package - NM2024MS00030 - (NM-24-0010) - Administration; Health Homes

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CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NM2024MS00030 | NM-24-0010 | MIGRATED_HH.CareLink NM

Package Header

Package ID	NM2024MS00030	SPA ID	NM-24-0010
Submission Type	Official	Initial Submission Date	12/6/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: New Mexico Health Care Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NM2024MS00030 | NM-24-0010 | MIGRATED_HH.CareLink NM

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Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NM-24-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Providers	12/31/2024	NM-21-0005
Health Homes Monitoring, Quality Measurement and Evaluation	12/31/2024	NM-21-0005
Reporting	12/31/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NM2024MS00030 | NM-24-0010 | MIGRATED_HH.CareLink NM

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives New Mexico is submitting this SPA to align with CFR changes.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Section 2703 (P.L. 111-148, ACA)
42 CFR Part 437

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NM2024MS00030 | NM-24-0010 | MIGRATED_HH.CareLink NM

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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.

This view was generated on 1/13/2025 2:35 PM EST

NM - Submission Package - NM2024MS0003O - (NM-24-0010) - Administration; Health Homes

Summary Reviewable Units Versions Analyst Notes Approval Letter Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188

Health Homes Providers

MEDICAID | Medicaid State Plan | Administration, Health Homes | NM2024MS0003O | NM-24-0010 | MIGRATED_HH.CareLink NM

Package Header

Package ID	NM2024MS0003O	SPA ID	NM-24-0010
Submission Type	Official	Initial Submission Date	12/6/2024
Approval Date	01/08/2025	Effective Date	12/31/2024
Superseded SPA ID	NM-21-0005		
	User-Entered		

Types of Health Homes Providers

Designated Providers

Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards

Physicians

Clinical Practices or Clinical Group Practices

Describe the Provider Qualifications and Standards

Each CareLink NM Health Home must meet the following criteria. Criteria apply to all HH providers, regardless of provider type:

1. Registered Medicaid Provider in the State of New Mexico;
2. Have Comprehensive Community Support Services (CCSS) Certification from the State of New Mexico;
3. Meet the State standards and requirements as a Behavioral Health Organization;
4. Employ the following staff:
 - CareLink NM Health Home Director
 - Health Promotion Coordinator
 - Care Coordinator(s)
 - Community Liaison
 - Clinical Supervisor(s)
 - Certified Peer Support Workers and/or Certified Family Peer Support Workers and/or Youth Peer Support Workers
 - Medical Consultant
 - Psychiatric Consultant
 - Other optional staff may include but is not limited to: pharmacist, nutritionist, nurse, physical therapist or exercise specialist, traditional practitioners, licensed alcohol and drug abuse counselors (LADAC) and certified alcohol and drug abuse counselors (CADC);
5. Demonstrate the ability to meet all data collection, quality and reporting requirements described in this SPA, including the Core Sets of Health Home Quality Measures for Medicaid and others as defined by the State;
6. Be approved by New Mexico Health Care Authority through the application process;
7. Be able to provide primary care services for adults and children or have a MOA with at least one primary care practice in the area that serves children and one that serves adults;
8. Have established member referral protocols with area hospitals, residential treatment facilities, specialty providers, schools, and other community resources;
9. Be able to provide Naloxone for in-agency use;
10. Provide Medication-Assisted Treatment (MAT) or have a MOA with a MAT provider;
11. If providing or referring to MAT, services must be accompanied by a provision for or referral to counseling services and behavioral therapy;
12. Provide Intensive Outpatient services or have a MOA with at least one IOP provider.

The provider is required to maintain the following care coordination ratios for all CLNM HH members. The range of ratios of care coordinators to members is dependent on severity of case, as follows, with a recommended average of 1:61:

Lowest level: 1:51-100

Higher level: 1:30-50

Rural Health Clinics

Describe the Provider Qualifications and Standards

Each CareLink NM Health Home must meet the following:

1. Registered Medicaid Provider in the State of New Mexico;
2. Have Comprehensive Community Support Services (CCSS) Certification from the State of New Mexico;
3. Meet the State standards and requirements as a Behavioral Health Organization;
4. Employ the following staff:
 - CareLink NM Health Home Director
 - Health Promotion Coordinator
 - Care Coordinator(s)
 - Community Liaison
 - Clinical Supervisor(s)
 - Certified Peer Support Workers and/or Certified Family Peer Support Workers and/or Certified Youth Peer Support Workers
 - Medical Consultant
 - Psychiatric Consultant
 - Other optional staff may include but is not limited to: pharmacist, nutritionist, nurse, physical therapist or exercise specialist, traditional practitioners, licensed alcohol and drug abuse counselors (LADAC) and certified alcohol and drug abuse counselors (CADC);
5. Demonstrate the ability to meet all data collection, quality and reporting requirements described in this SPA, including Core Sets of Health Home Quality Measures for Medicaid and others as defined by the State;
6. Be approved by New Mexico Health Care Authority through the application process;
7. Be able to provide primary care services for adults and children or have a MOA with at least one primary care practice in the area that serves children and one that serves adults;
8. Have established member referral protocols with area hospitals, residential treatment facilities, specialty providers, schools, and other community resources.
9. Be able to provide Naloxone for in-agency use;
10. Provide Medication-Assisted Treatment or have a MOA with a MAT provider;
11. If providing or referring to MAT, services must be accompanied by a provision for or referral to counseling services and behavioral therapy;
12. Provide Intensive Outpatient services or have a MOA with at least one IOP provider.

The provider is required to maintain the following care coordination ratios for all CLNM HH members. The range of ratios of care coordinators to members is dependent on severity of case, as follows, with a recommended average of 1:61:

Lowest level: 1:51-100

Higher level: 1:30-50

Community Health Centers

Community Mental Health Centers

Describe the Provider Qualifications and Standards

Each CareLink NM Health Home must meet the following:

1. Registered Medicaid Provider in the State of New Mexico;
2. Have Comprehensive Community Support Services (CCSS) Certification from the State of New Mexico;
3. Meet the State standards and requirements as a Behavioral Health Organization;
4. Employ the following staff:
 - CareLink NM Health Home Director
 - Health Promotion Coordinator
 - Care Coordinator(s)
 - Community Liaison
 - Clinical Supervisor(s)
 - Certified Peer Support Workers and/or Certified Family Peer Support Workers and/or Certified Youth Peer Support Workers
 - Medical Consultant

- Psychiatric Consultant
 - Other optional staff may include but is not limited to: pharmacist, nutritionist, nurse, physical therapist or exercise specialist, traditional practitioners, licensed alcohol and drug abuse counselors (LADAC) and certified alcohol and drug abuse counselors (CADC);
5. Demonstrate the ability to meet all data collection, quality and reporting requirements described in this SPA, including the Core Sets of Health Home Quality Measures for Medicaid and others as defined by the State;
 6. Be approved by New Mexico Health Care Authority through the application process;
 7. Be able to provide primary care services for adults and children or have a MOA with at least one primary care practice in the area that serves children and one that serves adults;
 8. Have established member referral protocols with area hospitals, residential treatment facilities, specialty providers, schools, and other community resources;
 9. Be able to provide Naloxone for in-agency use;
 10. Provide Medication-Assisted Treatment or have a MOA with a MAT provider;
 11. If providing or referring to MAT, services must be accompanied by a provision for or referral to counseling services and behavioral therapy;
 12. Provide Intensive Outpatient services or have a MOA with at least one IOP provider.

The provider is required to maintain the following care coordination ratios for all CLNM HH members. The range of ratios of care coordinators to members is dependent on severity of case, as follows, with a recommended average of 1:61:

Lowest level: 1:51-100

Higher level: 1:30-50

Home Health Agencies

Case Management Agencies

Community/Behavioral Health Agencies

Describe the Provider Qualifications and Standards

Each CareLink NM Health Home must meet the following:

1. Registered Medicaid Provider in the State of New Mexico;
2. Have Comprehensive Community Support Services (CCSS) Certification from the State of New Mexico;
3. Meet the State standards and requirements as a Behavioral Health Organization;
4. Employ the following staff:
 - CareLink NM Health Home Director
 - Health Promotion Coordinator
 - Care Coordinator(s)
 - Community Liaison
 - Clinical Supervisor(s)
 - Certified Peer Support Workers and/or Certified Family Peer Support Workers and/or Certified Youth Peer Support Workers
 - Medical Consultant
 - Psychiatric Consultant
 - Other optional staff may include but is not limited to: pharmacist, nutritionist, nurse, physical therapist or exercise specialist, traditional practitioners, licensed alcohol and drug abuse counselors (LADAC) and certified alcohol and drug abuse counselors (CADC);
5. Be approved by New Mexico Health Care Authority through the application process;
6. Be able to provide primary care services for adults and children or have a MOA with at least one primary care practice in the area that serves children and one that serves adults;
7. Have established member referral protocols with area hospitals, residential treatment facilities, specialty providers, schools, and other community resources;
8. Be able to provide Naloxone for in-agency use;
9. Provide Medication-Assisted Treatment or have a MOA with a MAT provider;
10. If providing or referring to MAT, services must be accompanied by a provision for or referral to counseling services and behavioral therapy;
11. Provide Intensive Outpatient services or have a MOA with at least one IOP provider.

The provider is required to maintain the following care coordination ratios for all CLNM HH members. The range of ratios of care coordinators to members is dependent on severity of case, as follows, with a recommended average of

1:61:
 Lowest level: 1:51-100
 Higher level: 1:30-50

Federally Qualified Health Centers (FQHC)

Describe the Provider Qualifications and Standards

Each CareLink NM Health Home must meet the following:

1. Registered Medicaid Provider in the State of New Mexico;
2. Have Comprehensive Community Support Services (CCSS) Certification from the State of New Mexico;
3. Meet the State standards and requirements as a Behavioral Health Organization;
4. Employ the following staff:
 - CareLink NM Health Home Director
 - Health Promotion Coordinator
 - Care Coordinator(s)
 - Community Liaison
 - Clinical Supervisor(s)
 - Certified Peer Support Workers and/or Certified Family Peer Support Workers and/or Certified Youth Peer Support Workers
 - Medical Consultant
 - Psychiatric Consultant
 - Other optional staff may include but is not limited to: pharmacist, nutritionist, nurse, physical therapist or exercise specialist, traditional practitioners, licensed alcohol and drug abuse counselors (LADAC) and certified alcohol and drug abuse counselors (CADC);
5. Demonstrate the ability to meet all data collection, quality and reporting requirements described in this SPA, including the Core Sets of Health Home Quality Measures for Medicaid and others as defined by the State;
6. Be approved by New Mexico Health Care Authority through the application process;
7. Be able to provide primary care services for adults and children or have a MOA with at least one primary care practice in the area that serves children and one that serves adults;
8. Have established member referral protocols with area hospitals, residential treatment facilities, specialty providers, schools, and other community resources;
9. Be able to provide Naloxone for in-agency use;
10. Provide Medication-assisted Treatment or have a MOA with a MAT provider;
11. If providing or referring to MAT, services must be accompanied by a provision for or referral to counseling services and behavioral therapy;
12. Provide Intensive Outpatient services or have a MOA with at least one IOP provider.

The provider is required to maintain the following care coordination ratios for all CLNM HH members. The range of ratios of care coordinators to members is dependent on severity of case, as follows, with a recommended average of 1:61:

Lowest level: 1:51-100
 Higher level: 1:30-50

Other (Specify)

Provider Type	Description
IHS or Tribal 638 Clinics	Each CareLink NM Health Home must meet the following: <ol style="list-style-type: none"> 1. Registered Medicaid Provider in the State of New Mexico; 2. Have Comprehensive Community Support Services (CCSS) Certification from the State of New Mexico; 3. Meet the State standards and requirements as a Behavioral Health Organization; 4. Employ the following staff: <ul style="list-style-type: none"> • CareLink NM Health Home Director • Health Promotion Coordinator • Care Coordinator(s), including a care coordinator to serve the SUD population

Provider Type

Description

- Community Liaison
 - Clinical Supervisor(s)
 - Certified Peer Support Workers and/or Certified Family Peer Support Workers and/or Certified Youth Peer Support Workers
 - Medical Consultant
 - Psychiatric Consultant
 - Other optional staff may include but is not limited to: pharmacist, nutritionist, nurse, physical therapist or exercise specialist, traditional practitioners, licensed alcohol and drug abuse counselors (LADAC) and certified alcohol and drug abuse counselors (CADC);
5. Demonstrate the ability to meet all data collection, quality and reporting requirements described in this SPA, including the Core Sets of Health Home Quality Measures for Medicaid and others as defined by the State;
 6. Be approved by New Mexico Health Care Authority through the application process;
 7. Be able to provide primary care services for adults and children or have a MOA with at least one primary care practice in the area that serves children and one that serves adults;
 8. Have established member referral protocols with area hospitals, residential treatment facilities, specialty providers, schools, and other community resources;
 9. Be able to provide Naloxone for in-agency use;
 10. Provide Medication-Assisted Treatment or have a MOA with a MAT provider;
 11. If providing or referring to MAT, services must be accompanied by a provision for or referral to counseling services and behavioral therapy;
 12. Provide Intensive Outpatient services or have a MOA with at least one IOP provider.

The provider is required to maintain the following care coordination ratios for all CLNM HH members. The range of ratios of care coordinators to members is dependent on severity of case, as follows, with a recommended average of 1:61:
Lowest level: 1:51-100
Higher level: 1:30-50

Kewa Pueblo Health Corporation, the State's Tribal 638 HH provider, serves only Native Americans, but serves all Tribal members.

Health Homes Providers

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Teams of Health Care Professionals

Health Teams

Health Homes Providers

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Provider Infrastructure

Describe the infrastructure of provider arrangements for Health Home Services

The CareLink NM Health Homes serve as the lead entity and have memoranda of agreement (MOA) with partnering primary care practices (adult and child), local hospitals, residential treatment centers, IOP, and MAT service providers, and other specialty providers. The MOA describe standards and protocols for communication, collaboration, referral, follow-up, and other information necessary to effectively deliver services without duplication. An example is a behavioral health entity that has a MOA with a primary care physician or a MAT provider. New Mexico Medicaid's MCOs are required to contract with all Health Homes to ensure continuity of care and support to MCO members in receiving Health Home services, including members with dual eligibility. This process includes HH establishing MOA with a variety of providers to ensure a sufficient number of primary care providers are available for each MCO. MOA are not required if the partner providing primary care is part of the same organization operating in the same or another location.

Supports for Health Homes Providers

Describe the methods by which the state will support providers of Health Homes services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

Description

Before Health Home providers began delivering services for the SMI- and SED-target population, the team developed and delivered training programs for a year to ensure providers were prepared to deliver services, including the following:

1. A collective learning platform for shared information exchange on relevant topics with the participation of all CLNM providers and access to extensive resource documents. Programming for the eight in-person day long sessions included:
 - Areas of responsibility to determine fit: CLNM population; staffing; care coordination levels; use of IT; services; reimbursement; application process;
 - The six core services; Comprehensive Care Management, Care Coordination, Prevention and Health Promotion, Comprehensive Transitional Care, Individual and Family Support Services, and Community and Social Support Service Referrals and Peer and Family Support Specialist Programming and CLNM policies.
 - Developing memorandums of agreement; review of evaluation criteria & quality reporting; and population health management;
 - Trauma informed care: historical trauma & adult trauma; trauma in children;
 - Collaboration with the New Mexico Medicaid MCOs; nursing facility level of care;
 - Cost reporting, membership forecasting, and the development of the PMPMs;
 - Review of CLNM information technology;
 - i) NMSTAR: registration/activation; assessment; service plan; service tracking; referrals; quality reporting;
 - ii) Prism Risk Management system;
 - iii) Emergency Department Information Exchange (EDIE);
 - iv) Billing and start up IT activities;
 - Readiness criteria and preparing for the onsite review;
 - A training specifically on care coordination is ready for training of new staff;
 - When SUD was added to the member eligibility criteria ASAM training was initiated and all staff underwent training on SUD, its neurophysiological changes and stigma.
 - Trainings for evidence-based and promising practice programs and services will include (but are not limited to) the following: Naloxone use and overdose prevention to include awareness of polysubstance use, harm reduction, SBIRT, and Seeking Safety. Additional trainings for those agencies who wish to implement Intensive Outpatient services within their agency will be provided.

For providers interested in delivering Medication Assisted Treatment, New Mexico Project ECHO's Behavioral Health and Addiction program is a robust system developed and sponsored by the University of New Mexico to connect community providers with specialists at centers of excellence in real-time collaborative sessions. The ECHO program partners with the State's MCO and delivers trainings covering a wide range of behavioral health issues, include MAT. Providers may also present specific cases to the team's addiction specialists for consultation. Attachment B is an announcement from Project ECHO for a health care provider training on opioid services.

2. A Steering Committee comprised of HCA management, MCO management (including medical directors), CYFD Behavioral Health Department management, a Native American Liaison, State Administrative Services Organization for information technology, and University of New Mexico Psychiatry department to oversee

the application, administration, oversight, and policy development of the Health Home program and providers. The Steering Committee offers operational support through members' respective organizations;



3. The Children, Youth and Families Department provides the required training for certified Family Peer Support Workers. The Children, Youth and Families Department also provides required training for Certified Peer Support Workers and Certified Youth Peer Support Workers.

4. A monthly meeting of the CLNM Directors along with the BHSD CLNM Program Manager work together for planning and to resolve issues and improve processes.

Other Health Homes Provider Standards

The state's requirements and expectations for Health Homes providers are as follows

1. Registered Medicaid Provider in the State of New Mexico;
2. Have Comprehensive Community Support Services (CCSS) Certification from the State of New Mexico;
3. Meet the State standards and requirements as a Behavioral Health Organization;
4. Employ the following: a) Health Home Director with three years' experience with the Health Home population ; b) Health Promotion Coordinator - Relevant bachelors level degree, experience developing and delivering curriculum; c) Care Coordinator - Licensed as a registered nurse or behavioral health practitioner, or have a Bachelor's or Master's level degree and two years of experience or as approved through waiver by the CLNM Steering Committee; d) Community Liaison - multilingual and experienced with resources in the local community including family and caregiver support services; e) Clinical Supervisor(s) – independently licensed professional who has experience with adults and children; f) Peer Support Workers – certified by the State; g) Family Peer Support Workers – certified by the State; h) Youth Peer Support Workers certified by the state; i) physical health consultant, either MD, DO, CNP or CNS; and j) Psychiatric Consultant, MD or DO Board certified in psychiatry. Either the consulting MD/PCP or the consulting psychiatrist must have the ability to consult with an addiction specialist or UNM's Project ECHO, which connects community providers with specialists at centers of excellence in real-time collaborative sessions;
5. Demonstrate the ability to meet all data collection, quality and reporting requirements described in this SPA, including the Core Sets of Health Home Quality Measures for Medicaid;
6. The Health Home must be approved by New Mexico through the Health Home application process;
7. The Health Home must have the ability to provide primary care services for adults and children or have a MOA with at least one primary care practice in the area that serves children and one that serves adults;
8. The CareLink NM Health Home must have established member referral protocols with area hospitals and residential treatment facilities.

Name	Date Created	
Attachment A - SMI Criteria Checklist	11/19/2019 12:18 PM EST	
Attachment B - Project ECHO Opioid Recruitment Flyer	11/19/2019 12:18 PM EST	

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Administration, Health Homes | NM2024MS00030 | NM-24-0010 | MIGRATED_HH.CareLink NM

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Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

The State identifies people who affirmatively enroll in a Health Home. For these individuals, we are examining total claims costs from our MMIS data warehouse for the two years preceding Health Home enrollment and comparing them to total costs after enrollment in Health Home. We are categorizing those costs by (1) those for which we ultimately expect to realize savings, such as emergency department visits, inpatient admissions, and residential treatment; and (2) all other outpatient and pharmaceutical costs we expect to initially increase. We will also analyze cost data by contrasting those with fewer than three comorbid conditions with those with three or more comorbid conditions. A third contrast will examine costs for those with a substance use disorder compared to those without a SUD diagnosis.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

1. CLNM Health Home providers are using certified Electronic Health Records (EHR) for the Health Home program. These systems provide the most current technology to both office and field staff;
2. Designated providers are required to work within the NMStar system designed specifically for collecting data for Health Homes members.
3. Health Home providers use the EDIE system to receive notifications when members are admitted to hospitals;
4. Health Home providers use the PRISM risk management system to help inform member's health, medication, and hospital usage history and diagnoses;
5. Providers, particularly those in rural areas, use telehealth services.
6. Providers may access University of New Mexico's Project ECHO program to connect with specialists at centers of excellence in real-time collaborative sessions. Health Home providers may also access Project ECHO training and educational seminars;
7. All Health Home providers have participated in operational initiatives planning and problem-solving initiatives with HCA and MCO's to integrate systems data and resolve issues.

Health Homes Monitoring, Quality Measurement and Evaluation

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Quality Measurement and Evaluation

- The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

Medicaid State Plan Administration

General Administration

Reporting

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Package Header

Package ID	NM2024MS00030	SPA ID	NM-24-0010
Submission Type	Official	Initial Submission Date	12/6/2024
Approval Date	01/08/2025	Effective Date	12/31/2024
Superseded SPA ID	New		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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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