



Native American Technical Advisory Committee (NATAC)


Minutes for June 17, 2024


Time: Start 1:00 pm **End:** pm **Place:** Virtual meeting

Chair: Shelly Begay, Health Care Authority (HCA) Cabinet Tribal Liaison

Committee Members Call In: Dana Flannery, Medicaid Director, Medical Assistance Division (MAD); Elisa Walker-Moran, MAD Deputy Director; Deputy Secretary Kyra Ochoa, HSD; Shelly Begay, Tribal Liaison OOS; Theresa Belanger, MAD Tribal Liaison; Brandi Reano, BHSD Tribal Liaison; Ezra Bayles, Taos Pueblo; Lena Gachupin, Iris Reano and Anthony Yepa, Kewa Pueblo; Emily Haozous, Ft. Sill Apache; Leonard Montoya, Ohkay Owingeh; Racheal Pyne, Picuris Pueblo; April Ruben, Laguna Pueblo; Dr. Yolandra Gomez, Jicarilla Apache; Michele Morris, Navajo Nation; Patricia Wade, ISD; Ray Tafoya, IAD; Marisa Vigil, ISD; Stephanie Moore-Combs, ISD; Annabelle Martinez, Deputy Director BHSD; Heidi Capriotti, Deputy Director, MAD; Alanna Dancis, Medical Director, MAD; Charles Canada, MAD; Kajzia Gachupin, Jemez Pueblo; Niki Kozlowski, ISD Director; Randall Morgan, Alb. Area IHS; Melissa Schechter, visitor.

Guest speakers: Charles Canada, Special Projects Officer, HCA; Marisa Vigil, Senior Deputy Director, ISD.

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Invocation/Introductions  Native American Technical Advisory C		Completed	All	Completed
II. Review/approval of March 11, 2024 minutes	Motion to approve March 11, 2024, minutes; minutes approved with no changes. Michele Morris suggested to include under Goals to include “traditional health” so it would read “leverage purchasing power and partnerships to create innovative policies and models of comprehensive health and <i>traditional health</i> care coverage that improve the health and well-being of New Mexicans and the workforce.”	Completed	All	Completed
III. Billable Services for Tribes – Alanna Dancis, Medical Director MAD <ul style="list-style-type: none"> CHR/CHW billing Billing for Traditional Healing 	Alanna Dancis provided updates on the CHR/CHW reimbursement. You can now bill for CHR services. It can retro back to July 1, 2023. The LOD #121 (attached in follow-up action box) and State Plan Amendment (SPA) are both posted. Reimbursement is for Fee for Service and managed care. Providers can enroll as individuals as community-based organizations or as health care entities (hospitals/clinics). You bill on a CMS 1500. The scope of work for the CHR/CHW is very similar to the scope of work with the CHW department at DOH. You don’t need an order from the doctor. There are standing orders (under Alanna’s name). There is a maximum of	Clarification was given that CHRs do NOT have to contract with MCOs in order to get paid. DOH is developing a billing training.	Alanna Dancis	Next NATAC

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>5 hours per day and 8 hours per member/per month. Alanna will put together a one-pager to explain it. In order to get reimbursed, you have to become a Medicaid provider first and complete a PPA – Provider Participation Agreement (335). You don't have to have been a Medicaid provider back to July 1, 2023. CHR's will need to work with each MCO to get enrolled as a provider. The rate is \$60/hour. If the CHR goes over 8 hours per member/per month, they may deny anything over 8 hours for that individual.</p> <p>CHR's are requesting formal training on billing.</p> <p>Transportation and personal care services are non-covered.</p> <p>What if someone is a CPSW and a CHR/CHW? CPSW's are reimbursed at the OMB rate and have more stringent criteria than CHR/CHW's.</p> <p>Lena asked why the billing she submitted is not being paid at the OMB rate. Lena and Theresa will meet and work with the Benefits and Reimbursement Bureau (BRB).</p> <p>On April 3, 2024, the Centers for Medicare/Medicaid (CMS) had a Tribal Listening Session on Traditional Healing reimbursement. Four states have been asking for reimbursement on this – AZ, OK, OR, NM. Theresa went over the key components to CMS traditional health care practices and the key components proposed under NM's 1115 Waiver. CMS is proposing reimbursement at the OMB rate. (See slide deck under invocation/introductions above.) At the national level CMS is starting to process high numbers of waivers for similar proposals. They are using a template for states at this time. NM had a proposal that was the most distinct. CMS would like to have a path forward in the next few months on traditional healing reimbursement. Under CMS these services would be provided through IHS and Tribal 638s. The practitioners would be vetted through them as well and paid by them. Under managed care, the reimbursement would be from the MCO through the member to the practitioner.</p> <p>We need to reach out to Tribal leaders and discuss this – either through a formal Tribal consultation or a Tribal listening session, soon. We have been waiting for our NATAC meeting to discuss this. Theresa opened the floor for discussion.</p> <p>Comments:</p> <ul style="list-style-type: none"> • “We are very sensitive on how we discuss this. I can't see that even happening on my reservation. A lot of things that are being requested are private between the medicine man and the individual. Things happen in the family's home; we as tribal members don't know what is 	 Final LOD 121 CHW and CHR Benefit.pdf		

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>happening. It is a hush-hush thing. It is like HIPAA; traditional healing practices are very private. My Tribe may not accept this.”</p> <ul style="list-style-type: none"> • “This is a very sensitive subject. I think we should have a Tribal consultation. Some leaders grasp Medicaid, and some don’t. There is a misunderstanding between Medicaid and Medicare. It should be brought out in simple terms with visual information.” • “I think it’s good for intent for reimbursement based upon a traditional practice that people are speaking of. It applies to some Tribes verses other Tribes in varying degrees. You are trying to reimburse a service that is reimbursable in a traditional sense already. It is a good thing to discuss but there are some reservations that would come internally with Tribal leadership vs. traditional practitioners. It is going to be a logistical issue internally with Tribes. The idea needs to be discussed, and it would benefit some members in some families in some Tribes. It may not be accepted in other communities. I don’t mind the discussion and bringing it up would be beneficial. Some groups will not want to participate at all.” • “Obviously this is unique for Tribes to hear what the state is thinking. I would support a listening session and a Tribal consultation to follow thereafter. Did CMS approve Arizona’s waiver yet? Would that information be shared with the group? Would this group want to consider this if AZ gets approval on their waiver request? How does the Tribal leader and the traditional practitioner’s view work together? What is the meant by Tribal facility or Tribal program? Not all Natives are enrolled in Turquoise Care. What about them? Once everything gets posted we can provide comments. We may want to develop a sub-group. <p>Dana – AZ is in the same circumstance we are with CMS. AZ proposed to have traditional healing through IHS/Tribal 638s. Even if this gets approved by CMS, Tribes do NOT have to use it. It IS optional.</p> <p>Shelly – A Tribal consultation is a closed meeting between Tribal leaders and state leadership. A tribal listening session is more open to others’ comments.</p>			
<p>IV. Waiver updates, Health Care Authority updates, Medicaid Forward, Mental Health Parity – Dana Flannery, Medicaid Director</p>	<p>Approved 1115 Waiver updates:</p> <ul style="list-style-type: none"> • Continuous eligibility for children up to age 6 • Home Visiting Models • Supportive housing expansion slots • Expansion of Community Benefit slots • Legally responsible individuals as caregivers 	<p>Completed</p>	<p>Dana Flannery</p>	<p>Next NATAAC</p>

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<ul style="list-style-type: none"> • Environmental modification benefit limit increase <p>Ongoing CMS Negotiations:</p> <ul style="list-style-type: none"> • Justice involved pre-release Medicaid coverage • Medical respite for homeless individuals • Home delivered meals for pregnant members who have gestational diabetes • Home delivered meals for Community Benefit members • Additional expansion items for Supportive Housing • Traditional healing <p>Dana went over the Health Care Authority (HCA) Timeline (page 14 in attached PowerPoint). The official launch HCA is July 1, 2024.</p> <p>Under the HCA:</p> <ul style="list-style-type: none"> • From Human Services Department/HSD: Income Support Division, Behavioral Health Services Division, Child Support Services Division, Medical Assistance Division • From Department of Health/DOH: Developmental Disabilities Supports Division, Division of Health Improvement • From General Services Division/GSD: Employee Benefits Bureau • From Office of Superintendent of Insurance: Health Care Affordability Fund <p>Our email addresses will change, building signs, letterhead, envelopes, notices will be changed. All the current services received from the above list will not change. Service delivery will remain the same.</p> <p>Question: you mentioned health equity. Is this a stand-alone or integrated in everything you are doing? Dana: Health equity will be integrated in all of our programs. This is a core value. The HCA needs to look at health equity as we develop out services. Each MCO does have a health equity program.</p> <p>Upcoming changes to Centennial Care:</p> <ul style="list-style-type: none"> • Medicaid Managed Care name will change from Centennial Care to Turquoise Care • Starting July 1st Western Sky Community Care (WSCC) will no longer be an MCO. • There will be 4 MCOs – BCBS of NM, Molina Healthcare of NM, Presbyterian Health Plan, United Healthcare Community Plan <p>The question was asked when the WSCC members are supposed to transition to a new MCO – most will transfer July 1, 2024.</p>	<p>Medicaid Forward scheduled for</p>		

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	Medicaid Forward will be presented at a separate meeting for NATAAC.	8/09/2024 by Mercer		
	Dana presented on Turquoise Care and Children in State Custody (CISC) – Presbyterian is the selected MCOs to meet the needs of CISC. Native American children in state custody have the choice between an MCO or FFS. If a child is in Tribal custody, the guardian or authorized rep can make the decision of being in an MCO or FFS.	Completed	Dana Flannery	Next NATAAC
<p>V. Income Support Division - Able Bodied Adult without Dependents- ABAWD, Sun Bucks – Marisa Vigil, Senior Deputy Director, ISD</p>	<p>New Mexico is seeking a statewide waiver from ABAWD, but just portions of the state may be eligible. If the individual doesn't qualify for a waiver, they would need to work 80 hours a month (paid or voluntary work). Exemptions to ABAWD</p> <ul style="list-style-type: none"> • Younger than 18 or older than 53 • Exempt from the general work requirements • Pregnant • Living with someone under 18 in the SNAP household • Experiencing homelessness • A veteran • Experiencing physical or mental barriers to work • Age 24 or younger and were in foster care when they were 18 <p>See power point for a list of exemptions from the general work requirement.</p> <p>To apply for the waiver, NM or Tribal communities must have data that shows they have an unemployment rate over 10% or do not have enough jobs to provide employment for individuals. A Tribal Notification will be sent out about ABAWD.</p> <p>Sun Bucks – Summer Electronic Benefits Transfer (EBT) Similar to Pandemic EBT. Created to allow eligible students to get \$120 for the summer period when schools are closed. There will be a one-time issuance of \$120 per student if the child is enrolled in SNAP, TANF, or Medicaid, if a child receives free or reduced cost meals at school.</p>	Completed	Marisa Vigil	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
<p>X. Comments/questions/updates</p>	<p>Lena Gachupin would like to hear more about the RISE program. Also, the New Sunrise Regional Treatment Center (NSRTC) is working on getting opened again. Lena requested that Randall Morgan or Dr. Thomas at the next NATAAC to discuss the status of NSRTC. Theresa mentioned that Ft. Defiance has an adolescent care unit for youth. They have an inpatient adolescent care unit at Ft. Defiance Indian Hospital. It is a 16-bed facility for males/females ages 13-17. Theresa provided the contact information in the chat.</p> <p>Shiprock is also opening their Adolescent Care Unit soon.</p> <p>Charlene Nelson from AAIHS provided more information about the NSRTC. Melody Price-Yontz is working on reopening NSRTC January 2025 (?).</p> <p>Shelly Begay added that HCA and TC are in support and working with our sister agency at CYFD to provide technical assistance to NSRTC to open back up.</p> <p>Anthony Yepa thanked the NATAAC for the information provided today on programs that were new to him and others. He is requesting that CMS release the 80/20 rule.</p> <p>Next NATAAC meeting Monday, September 16, 2024.</p>	<p>Theresa will reach out to Alb. Area IHS and NSRGT to invite them to the September NATAAC to talk about their program</p>	<p>Theresa</p>	<p>Next NATAAC</p>

Respectfully submitted:

Theresa Belanger

August 23, 2024