

Public Comment Summary for the 1115 Demonstration Amendment

Comment Overview

The Human Services Department (HSD) received comments from 26 entities related to its Draft 1115 Demonstration Amendment (released on February 28, 2019) through multiple public comment opportunities that included two public hearings, email submissions, and voicemail comments. Comments were submitted from Centennial Care members and providers, members of the general public, tribal representatives, provider organizations, legal advocates, advocacy groups, non-profit organizations, and health care management entities. All commenters expressed support for the proposals in the demonstration amendment.

There were 11 letters with comments submitted on behalf of organizations expressing strong support to proposals in the demonstration. The letters submitted were from tribal representatives, provider organizations, legal advocates, advocacy groups, non-profit organizations, and health care management entities.

HSD Response: Many dedicated organizations, advocates, stakeholders and community members have contributed to the review and comment process for the draft amendment application. HSD appreciates and acknowledges those efforts and the valuable input of these entities. In addition, HSD appreciates the commenters' support for the policy initiatives set forth in the demonstration amendment. Feedback will continue to be incorporated throughout the demonstration amendment process.

Summary of Comments by Proposal

The summary of comments that follows is organized by subject area. Throughout the public input process, HSD presented the full scope of proposed demonstration modifications, including the removal of co-payments and premiums, reinstatement of retroactive eligibility, increasing the number of community benefit slots, and expanding the number of areas that can be served by the Centennial Home Visiting (CHV) Pilot Program.

1. Removal of co-payment requirements (21 comments received)

All commenters expressed support for the removal of co-payments. Commenters speaking in support of the removal of co-payments expressed concern that these changes raise barriers to coverage and care, and would financially burden Medicaid enrollees. One commenter mentioned that additional financial hardship does not accomplish stated purpose of the Medicaid program to provide coverage in the best interest of recipients. Another commenter mentioned that co-payments are not cost-effective and would harm health outcomes in New Mexico.

Comments from tribal organizations were also supportive of the removal of co-payments.

HSD Response: HSD appreciates the commenters' strong support of this demonstration proposal. The language stands as proposed.

2. Removal of premium requirements (21 comments)

All commenters expressed support for the removal of premiums. Commenters speaking in support of the removal of premiums expressed concern that any imposition of even modest premium amounts for patients at low income levels will likely cause increased churn in the Medicaid population, resulting in patients accessing services more episodically, at risk to their own health and at higher more expensive levels of care. Another commenter mentioned that when financial barriers are put between Medicaid beneficiaries and the services and medications they need, it can lead to foregoing needed care and financial insecurity.

Comments from tribal organizations were also supportive of the removal of premiums.

HSD Response: HSD appreciates the commenters' strong support of this demonstration proposal. The language stands as proposed.

3. Reinstate Retroactive Eligibility (17 comments)

All commenters expressed support for the reinstatement of retroactive eligibility. Commenters speaking in support of this proposal expressed concern that Medicaid is a vital safety net for families in poverty and on the brink of poverty. Many commenters mentioned that retroactive eligibility protects people and providers from financial harm by ensuring that medical bills are paid, even while an application for Medicaid is pending.

Comments from tribal organizations were also supportive of reinstating retroactive eligibility.

HSD Response: HSD appreciates the commenters' strong support of this demonstration proposal. The language stands as proposed.

4. Increase the number of Community Benefit slots by 1,500 (14 comments)

All commenters expressed support for increasing the number of community benefit slots by 1,500. Many commenters noted that these slots will allow HSD to continue providing Community Benefit services to individuals who lose Medicaid due to age or other factors, to assist in transitioning members to nursing facilities if it becomes necessary to do so, and to add new members receiving long-term supports in their communities.

Comments from tribal organizations were also supportive of this increase.

HSD Response: HSD appreciates the commenters' strong support of this demonstration proposal. The language stands as proposed.

5. Expand to Centennial Home Visiting (CHV) Pilot Program (12 comments)

All commenters expressed support for proposed expansion of the CHV Pilot Program. Commenters expressed the importance of expanding the reach of these important services by removing restrictions on the number of sites and the number of people served. One commenter asked that HSD focus the CHV pilot program in communities with the greatest need, including those facing the highest rate of Adverse Childhood Experiences. One commenter asked HSD to provide more culturally and linguistically responsive home visiting guided by strengthening integrational relationships and incorporating teachings on traditional stories, beliefs, and practices that help promote healing and community wellness. Additionally, commenters expressed that home visiting is an effective way to improve the health and well-being of young children and their parents.

Comments from tribal organizations were also supportive of the expansion of the CHV pilot program.

Response: HSD appreciates the commenters' support of this demonstration proposal. HSD recognizes the importance of culturally and linguistically responsive home visiting. NM Stat § 32A-23B-1 (2016), the Home Visiting Accountability Act, provides definitions for standards-based home visiting programs. HSD has adopted this definition to align the CHV pilot program with the existing programs governed by the Home Visiting Accountability Act with an adaptation to reflect more stringent requirement of evidence-based program that is recognized by the federal MIECHV project. The service agencies are expected to deliver the program curriculum with fidelity and with an oversight from the program-founding organizations and MCOs to assure adherence to program standards.

6. Miscellaneous Comments (3 comments)

Additional comments were received from stakeholders for the state to consider. One commenter asked that the state remove limits on certain services in the Self-Directed Community Benefit (SDCB). One commenter asked the state to add new service benefits that harness caregiver support to achieve better quality of life and longer lengths of stay in the community, while providing savings to the state. One commenter asked the state to develop technology-enabled coaching supports and evidence-based protocols specifically designed for lay caregivers who are not living with, but who are heavily engaged in, supporting a loved one.

Response: HSD appreciates these comments; however, the comments are best addressed through review of contractual requirements with and monitoring of MCOs and review of the agency's internal procedures and processes. HSD did not amend the final application to incorporate these recommendations at this time.