

**SPA 24-0015, Consolidated Appropriations Act (CAA)
Public Comments**

Public Comment:

From: Pacheco Ortiz, Michelle <MiPachec@phs.org>

Sent: Thursday, March 13, 2025 5:08 PM

To: HCA-madrules <HCA-madrules@hca.nm.gov>

Cc: Armstrong, Heather <harmstron2@phs.org>; blacour@phs.org

Subject: [EXTERNAL] PHP Comments for SPA 24-0014

Good Afternoon,

Thank you for providing the opportunity to comment on the proposed State Plan Amendment for TCM and Targeted Case Management (TCM) services and screening and diagnostic services (consistent with Early and Periodic Screening, Diagnostic, and Treatment [EPSDT]) to eligible justice-involved youth in accordance with Section 5121 of the Consolidated Appropriations Act, 2023 (CAA). Please see attached comments from Presbyterian Health Plan.

Please let me know if you have questions.

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Language	PHP Comment	State Response
The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.	Please confirm that EPSDT/Assessments/Targeted Case Management (TCM) included herein (State Plan Amendment), will be billed as fee for service via BHSD?	Screenings and diagnostics consistent with EPSDT provided pre-release will be billed FFS via Medicaid. Screenings and diagnostics provided in the post-release period will continue to be a part of MCO responsibilities under EPSDT for eligible youth, as it is today. Targeted Case Management (TCM) pre-release will be billed FFS via Medicaid. TCM post-release falls under MCO

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		responsibilities that already exist in the Turquoise Care Contract under Care Coordination Level 2 and JUST Health Transition of Care requirements. HCA will release future guidance via Policy Manual on post-release TCM, to align with current contract requirements.
...eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release...	Will exceptions be made for Children in State Custody (CISC) youth ages 17 y/o age or younger (COE 066/086) to support transitions of care for Presbyterian Health Plan (PHP) as dedicated Managed Care Organization (MCO), recognizing that many CISC youth require terms of release such as Treatment Foster Care (TFC) or Residential Treatment (RTC) for mental health or substance use treatment. Example, when released Member is within post-released 30-day period, and would require MCO assistance in identifying/receiving approval of higher level of care.	The purpose of the CAA Section 5121 SPA is to provide TCM to all eligible juveniles exiting incarceration. This applies to Children in State Custody. TCM support for these transitions can include providing a warm hand-off to other facilities, such as Treatment Foster Care or Residential Treatment Centers. The MCO can work with the State's public institutions throughout this transition to fulfill these responsibilities.
Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services.	Recommend facility provider(s) implement HCA standardized APHRA (assessment plan health risk assessment) for Transition of Care (TOC) to encourage continuity and successful warm hand-off to MCO Care Coordinator after 30 day post-release TCM. Following warm hand-off, MCO or delegates of Care Coordination would be able to follow-through with 60/90 day APHRA TOC touchpoint requirements if implemented.	HCA appreciates the recommendation and is considering approaches that will allow for alignment with current assessments to ensure a warm handoff.
If another case manager is involved upon release or for case management after the	<ul style="list-style-type: none"> Will MCO receive notification of the pending release in alignment with 	<ul style="list-style-type: none"> HCA is working on updating the MCOs with release

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<p>30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.</p>	<p>the 30-day reinstatement in order to prepare for assignment/enrollment?</p> <ul style="list-style-type: none">• As mentioned above, non-CISC youth examples include treatment recommendations for higher levels of care. This may restrict or delay prior-authorization reviews or delays in Care Management/Care Coordination warm hand-off. Is there a point in time (10-15 days) prior to release that Member will fall on MCO enrollment roster to assist with transitions.	<p>information to align with the CAA 30-day reinstatement requirement. However, data may be limited due to gaps in facility reporting. HCA and the State’s public institutions are planning to notify MCOs in advance of the pre-release period so they are aware of who will be appearing on the roster.</p> <ul style="list-style-type: none">• Individuals will be enrolled into Managed Care at release.
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