



HEALTH CARE
AUTHORITY



JUST HEALTH PLUS
STAKEHOLDER MEETING

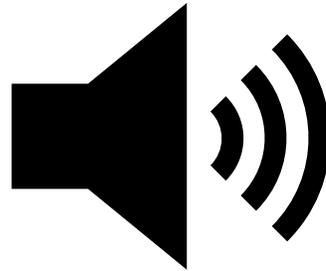
JANUARY 13, 2026

INVESTING FOR TOMORROW, DELIVERING TODAY.

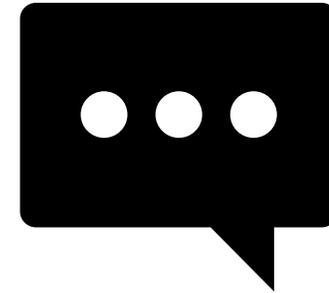
WELCOME JUST HEALTH PLUS STAKEHOLDER MEETING



All participants will be muted while presenters are speaking.



Turn up audio



Use chat feature to ask questions or share feedback

Presentation will be recorded and captioned. Presentation will be available on the HCA website under [Justice Initiatives – New Mexico Health Care Authority](#)

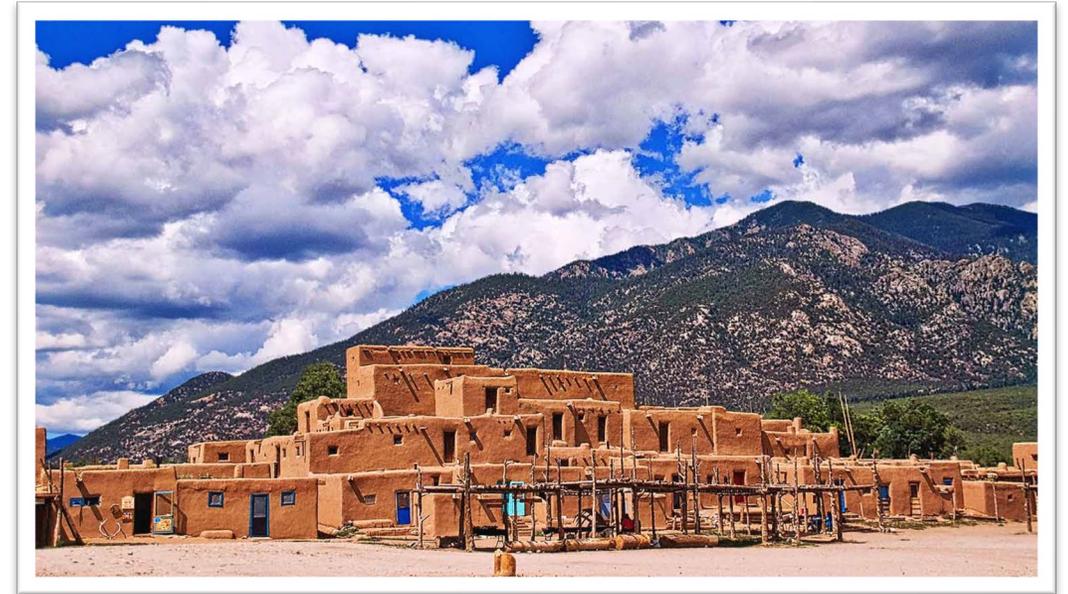


BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico**.

Learn more: About Taos Pueblo at [Taospueblo.com](https://www.taospueblo.com)



A cloudy morning looking over Taos Pueblo

Photo provided by elpueblolodge.com



HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.



HEALTH CARE
AUTHORITY

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



BUILD the best team in state government by supporting employees' continuous growth and wellness.



ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

AGENDA

- Purpose of this Stakeholder Meeting
- What is JUST Health Plus
- Status of JUST Health Plus
- Future phase-in of additional correctional facilities
- Services for eligible juveniles
- Questions and challenges
- Next Steps



WHO ARE YOU REPRESENTING?

Take our poll to share
which type of organization you represent.



PURPOSE OF THIS STAKEHOLDER MEETING

PURPOSE OF THE MEETING

- **Inform** the group of the Justice Re-entry 1115 waiver demonstration progress.
- Explain **implementation** alignment with **CAA requirements**.
- Explain **future** program phase-in **expectations**.
- **Provide insight** on roles and responsibilities for **JUST Health Plus**.
- Have a **collaborative** discussion with the group.
- You are all key **partners** in helping us implement these life changing initiatives!



JUST HEALTH PLUS

JUST HEALTH AND JUST HEALTH PLUS

JUST HEALTH

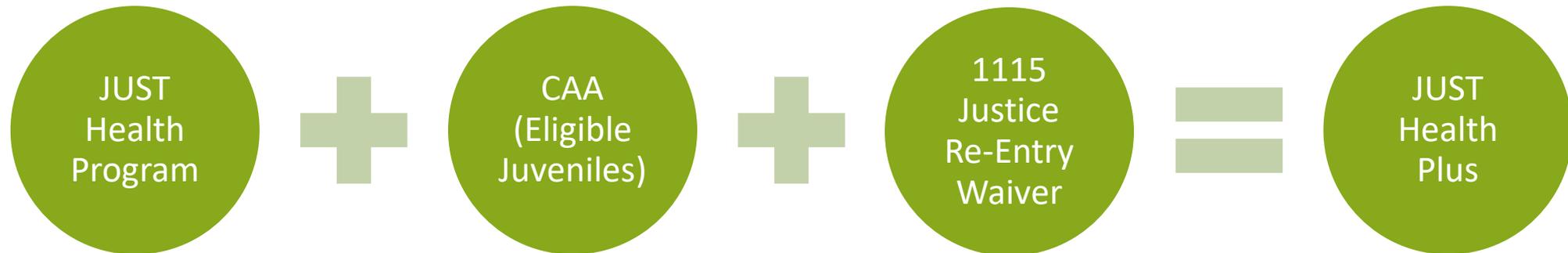
- Medicaid enrollment is paused while incarcerated and restarted when released.
- Medicaid presumptive eligibility and ongoing application assistance are available while incarcerated.
- MCO Justice Liaisons support Medicaid members with transition of care planning as they return to their communities.

JUST HEALTH PLUS

- Builds upon JUST Health by supporting facilities in implementing new or enhanced re-entry processes and services.
- Emphasizes continuity of care post-release.
- Provides Medicaid-reimbursable services within carceral facilities in the 90 days prior to release.



WHAT IS JUST HEALTH PLUS?



Look for more information on the
Justice Initiative web page

www.hca.nm.gov/justice-initiatives/



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INTRODUCING JUST HEALTH PLUS LOGO



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JUSTICE RE-ENTRY WAIVER MILESTONES

New Mexico Justice Reentry Demonstration Milestones and Goals



Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated
Goal: Ensure eligible individuals are enrolled in Medicaid and receive re-entry services prior to release



Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community
Goal: Ensure medication and medical resource continuity upon reentry



Milestone 3: Promoting continuity of care
Goal: Strengthen community-based supports to prevent costly and avoidable emergency department visits or inpatient hospitalizations.



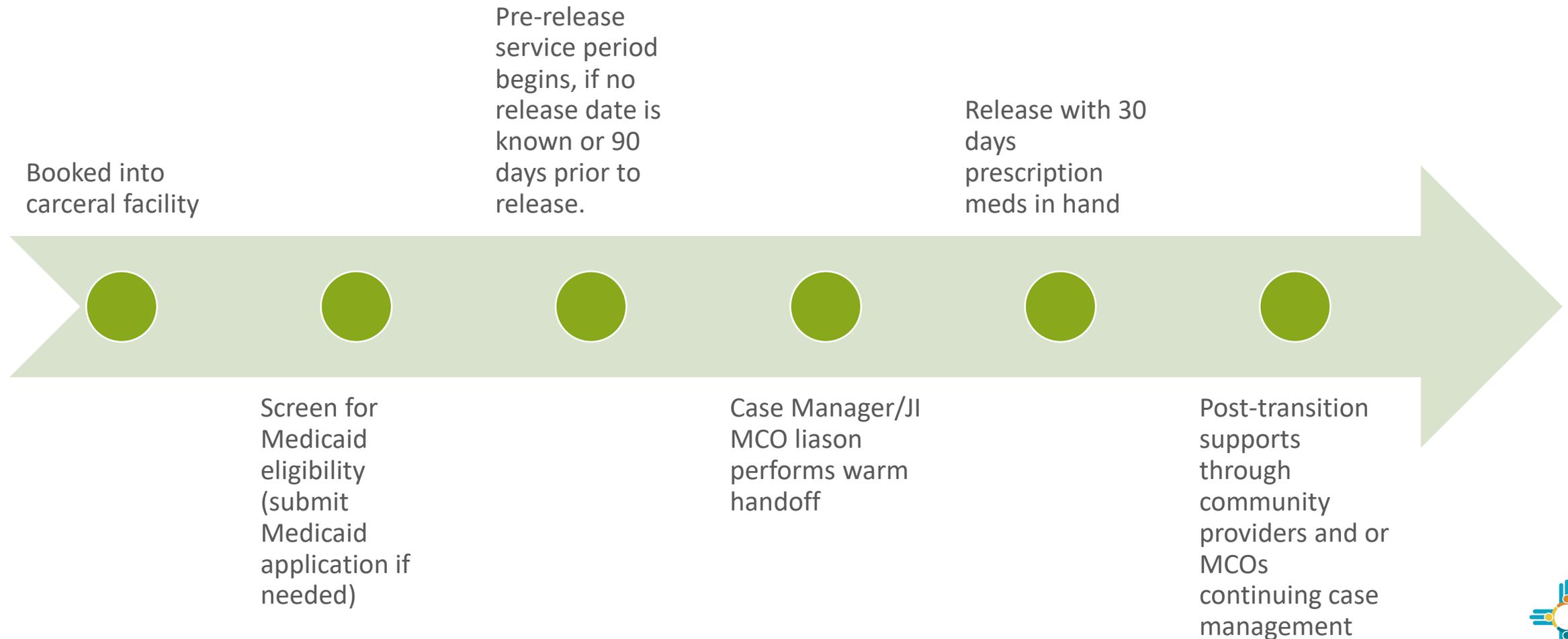
Milestone 4: Connecting to services available post-release to meet the needs of the reentering population
Goal: Improve the physical and behavioral health of individuals upon community reentry
Goal: Reduce recidivism
Goal: Decrease the number of formerly incarcerated individuals who face housing insecurity



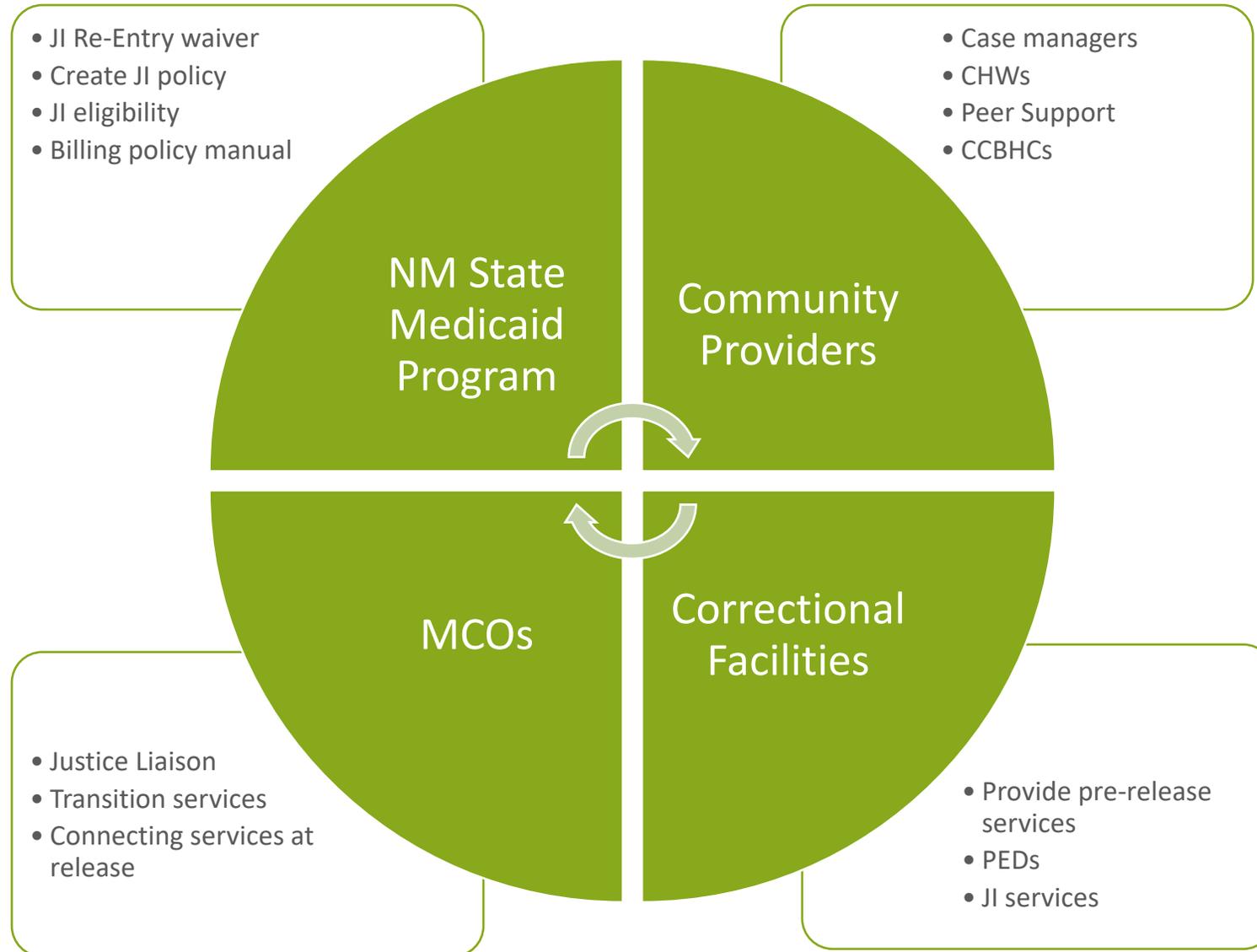
Milestone 5: Ensuring cross-system collaboration
Goal: Assist counties with implementation of the program and educate on Medicaid billing,
Goal: Partner with additional jail and county detention centers



JUSTICE INVOLVED RE-ENTRY FRAMEWORK



PARTNERS INVOLVED IN RE-ENTRY SERVICES



JUSTICE RE-ENTRY DELIVERY SYSTEM

FEE-FOR-SERVICE (FFS)

- Pre-release services rendered will be billed FFS
- Enrolled Medicaid providers bill Medicaid directly for services rendered to members
- JI Provider & billing manual
[New-Mexico-Justice-Involved-Demonstration-Policy-and-Billing-Manual-Final-HCA .pdf](#)
- **Coming soon – Spring 2026**
 - Provider type for correctional facility providers.
 - Bill fee for service

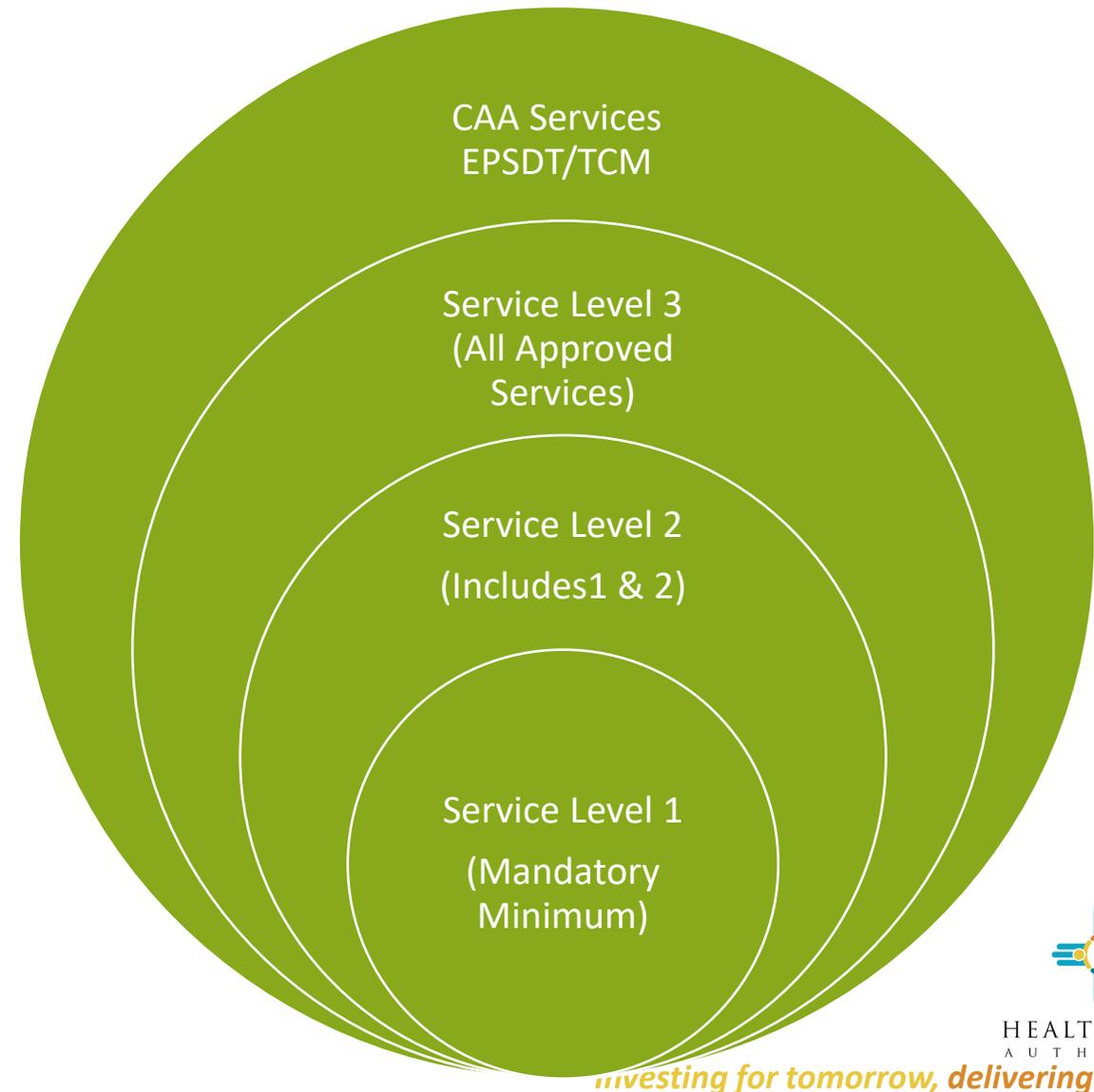
MANAGED CARE

- (MCOs) Managed Care organizations are health plans that provide care to Medicaid eligible members.
- Health plans emphasis is on care coordination, fiscal responsibility, and innovative payment structures via capitation.
- Medicaid members pick a health plan to provide their services.
- Providers bill the health plan for services rendered



NEW MEXICO'S JI IMPLEMENTATION STRATEGY

- **Facilities can phase-in “Service Levels”**
 - Statewide phase-in, for example: Mandatory services initially and remaining services phased-in based on state budget authorization.
 - Based on individual facility readiness, for example: NM could allow facilities to opt-in to service levels beyond the mandatory services.
 - Note: Facilities who have CAA eligible participants can add CAA Service benefits to the service level your facility is approved to provide.



CORRECTIONAL FACILITY PROVIDER

Service Level Tier 1	Service Level Tier 2	Service Level Tier 3	CAA	CAA + Service Level Tier 1	CAA +Service Level 2
<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescription 	<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescription • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services 	<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescription • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services • Prescribed Drugs • Medical Equipment and Supplies • Physical and Behavioral Health Clinical Consultation • Family Planning Services 	<ul style="list-style-type: none"> • Targeted Case management • EPSDT Dignostic Services 	<ul style="list-style-type: none"> • Targeted Case management • EPSDT Dignostic Services • Case Management • MAT • 30 days perscription 	<ul style="list-style-type: none"> • Targeted Case management • EPSDT Dignostic Services • Case Management • MAT • 30 days prescription • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services

Mandatory

90 Days

90 Days

90 Days

30 Days

90 Days

90 Days



MILESTONE TIMELINE

Milestone 1 Intent to Participate

- Facilities to provide HCA with notification of intent to participate
- Review of Service Levels
- Anticipated go-live readiness
- Pre-planning Budget
- Summary of services offered and current capacity

Milestone 2 Capacity Application

- Facilities to provide:
- Project narrative
 - Program plan
 - Budget plan
 - Implementation plan
 - Attestation Template
 - Main Budget Template
 - Implementation Narrative

Due within 15 business days from receiving Intent to Participate

Milestone 3 Readiness Assessment

- Facility enrolls as a Medicaid Provider
- Training provided for billing Medicaid
- TA provided
- Onsite Readiness

**Award letter and budget approval based on facility readiness, implementation plan, and execution*

Due within 10 business days from receiving Capacity Application

Milestone 4 Progress Report

- (post go-live)
- Attestation of final completion of compliance requirements and identification of any issues or gaps

Due within 60 days of go-live date



SERVICES FOR ELIGIBLE JUVENILES

ALIGNMENT WITH THE CAA REQUIREMENTS

The CAA has requirements for eligible juveniles in public institutions up to age 21, and former foster care youth up to age 26

CAA Required Services

- Targeted Case Management 30 days pre-release through 30 days post-release.
- EPSDT screening and diagnostics 30 days pre-release or as soon as feasible immediately post-release (i.e., within one week).

CAA Intersection

- CMS allows states to cover the CAA required services under the 1115.
- Must cover at least the same services for the same beneficiaries as required under CAA.
- State plan amendment required to attest to State Operational Plan effective January 1, 2025.
- Significant alignment surrounding required procedures and policies to integrate carceral services within broader Medicaid systems and processes.



SERVICES FOR ELIGIBLE JUVENILES

If your facility has adjudicated, eligible juveniles:

- **Certain Medicaid-eligible juveniles are eligible for pre- and post-release services:**
 - Targeted Case Management (30 days pre- and post-release)
 - Screening and Diagnostics (30 days pre-release)
- **Eligible juveniles include those who are (1) Medicaid eligible, (2) adjudicated, and (3) under 21 or under 26 in the former foster care Medicaid eligibility category.**
 - Only applicable for youth who are within 30 days of release to the community.
- **These requirements apply regardless of a facility's participation in JUST Health Plus; however, participating in JUST Health Plus will help a correctional facility satisfy the requirements.**
- **Applicable facilities (if they have eligible juveniles as described above):**
 - CYFD: In progress
 - NMCD: In progress
 - Counties: In progress for Cohort 1 facilities; HCA will work with other counties individually
- **Flexibilities, if needed:**
 - Provide the services but not bill Medicaid.
 - Services that cannot be provided pre-release may be provided post-release; HCA will work with facilities to determine feasibility.



CORRECTIONAL FACILITY PROVIDER

Service Level Tier 1	Service Level Tier 2	Service Level Tier 3	CAA	CAA + Service Level Tier 1	CAA +Service Level 2
<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescription 	<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescription • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services 	<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescription • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services • Prescribed Drugs • Medical Equipment and Supplies • Physical and Behavioral Health Clinical Consultation • Family Planning Services 	<ul style="list-style-type: none"> • Targeted Case management • EPSDT Diagnostic Services 	<ul style="list-style-type: none"> • Targeted Case management • EPSDT Diagnostic Services • Case Management • MAT • 30 days prescription 	<ul style="list-style-type: none"> • Targeted Case management • EPSDT Diagnostic Services • Case Management • MAT • 30 days prescription • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services

Mandatory

90 Days

90 Days

90 Days

30 Days

90 Days

90 Days



STATUS OF JUST HEALTH PLUS

STATUS OF JUST HEALTH PLUS NMCD PILOT COHORT

Three NMCD facilities are part of the pilot that started July 1, 2025:

- Central NM Correctional Facility
- Western NM Correctional Facility
- Springer Correctional Center

The JUST Health Plus pilot facilities are approved to cover the following services (Service Level Two):

- Medication Assisted Treatment (MAT)
- Thirty Days of Medications Upon Release
- Hepatitis C Diagnostic and Treatment Services
- Case Management (CM)
- Certified Peer Support Worker Services
- Community Health Worker Services



NMCD POST READINESS ASSESSMENT

- HCA conducted site visits at the three NMCD pilot facilities in December 2025 to inform ongoing program implementation and systems updates.
- **Overview of Site Visit Activities**
 - Intake Process and Classification
 - Re-entry Process
 - Healthcare
 - MAT Services
 - MCO engagement



HCA received federal approval to bill for certain pre-release services for eligible juveniles. Children, Youth and Families Department(CYFD) and HCA have been coordinating on the following.....

CYFD can begin billing Medicaid at two facilities, as soon as systems are ready:

- Youth Development and Diagnostic Center
- John Paul Taylor Center

Services in the first stage of implementation include:

- Targeted Case Management
- EPSDT Screenings and Diagnostics

The second stage of implementation for CYFD will include 1115 Demonstration Service Level Two Services.

- Contingent on assessment of CYFD readiness and HCA systems readiness.



STATUS OF JUST HEALTH PLUS

COUNTY DETENTION CENTERS — COHORT ONE

County Detention Center	Status	Estimated Go-Live Date
Bernalillo County Metropolitan Detention Center	Intent to Participate: Submitted. Pre-Readiness & Capacity Budget Application: Submitted.	April–June 2026
Valencia County Detention Center	Intent to Participate: Submitted. Pre-Readiness & Capacity Budget Application: Submitted.	April–June 2026
Santa Fe County Detention Center	Intent to Participate: Submitted. Pre-Readiness: Submitted.	April–June 2026
Socorro County Detention Center	Intent to Participate: Submitted. Pre-Readiness & Capacity Budget Application: Submitted.	April–June 2026
Bernalillo County Youth Services Center	Intent to Participate: Submitted.	April–June 2026

- **Status of Cohort One:**
 - On January 7, 2026, County Cohort One facilities submitted pre-readiness materials to support planning for program implementation and identifying capacity-building needs related to services for justice-involved individuals.
 - HCA is currently reviewing materials and will meet with each county facility to discuss their submission and proposed budget for capacity funding.
 - JUST Health Plus contracts are in development

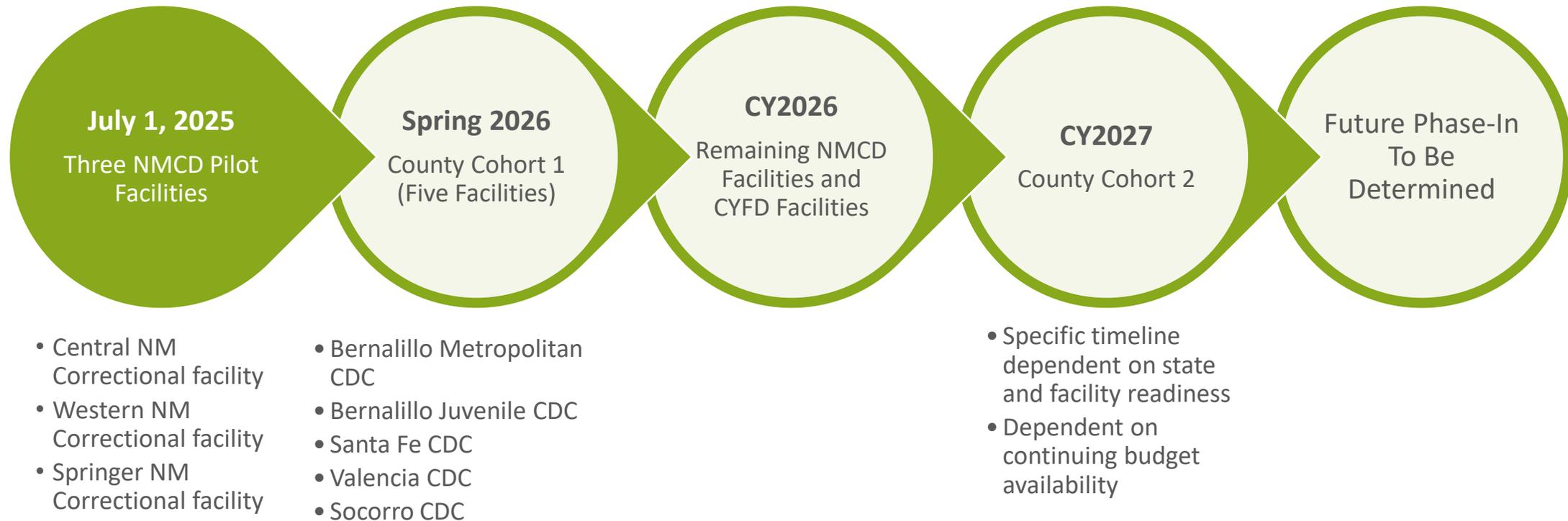


FUTURE PHASE-IN OF ADDITIONAL CORRECTIONAL FACILITIES

ESTIMATED FUTURE 1115 PHASE-IN

TIMELINE

- Based on current legislative budget appropriations, HCA projects this phase-in schedule for facilities operating at Service Level Two:



ESTIMATED FUTURE 1115 PHASE-IN

CAPACITY FUNDING AND READINESS ASSESSMENTS

- Capacity building funding:
 - Supports facilities in meeting the 1115 waiver requirements.
 - Facilities request funding by completing pre-readiness and readiness assessments and developing a proposed budget.
 - Funding is awarded based on the facility's proposed budget within the allowable use categories up to a maximum amount based on facility average daily population.
- Readiness deliverables include facility self-assessment, attestations and narratives covering:
 - Medicaid application and enrollment process.
 - Responsibilities and processes of providers, facilities, and third-party contractors.
 - Delivery of mandatory services under Service Level Two.
 - Oversight, staffing, and project management.

HCA has not yet identified facilities for future NMCD or County cohorts. Future capacity funding is subject to state budget availability.



ESTIMATED FUTURE 1115 PHASE-IN

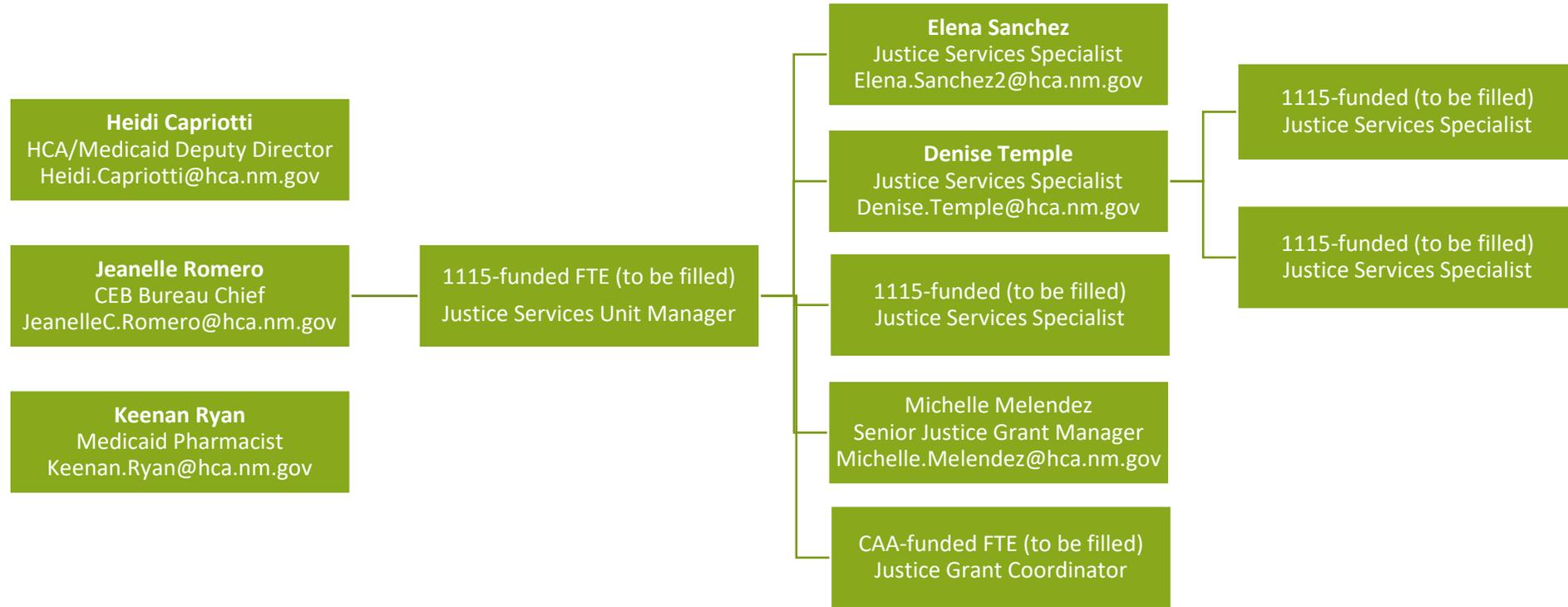
ALLOWABLE USES OF CAPACITY FUNDING

- Hiring of Staff, consultants and Training
- Technology and IT Services
- Adoption of Certified Electronic Health Record Technology
- Purchase of Billing Systems
- Development of Protocols and Procedures
- Additional Activities to Promote Collaboration
- Planning
- Other Activities to Support Provision of Pre-release Services



NEXT STEPS

MEET OUR TEAM



The Communications and Education Bureau, Justice Services Unit, implements JUST Health Plus.



NEXT STEPS

HCA

- ❑ Collaborate with County Cohort 1 to prepare for implementation and assess readiness.
- ❑ Continue partnership with CYFD to expand coverage under the 1115 waiver.
- ❑ Complete HCA Medicaid Enterprise System changes – Coming in Spring 2026
- ❑ Finalize service delivery monitoring and reporting templates.
- ❑ Approve the New Mexico Register and New Mexico Administrative Code (NMAC).
- ❑ Identify future NMCD and County cohorts.
- ❑ Develop resource packets to help facilities integrate JUST Health Plus into re-entry and service processes.
- ❑ Continue enrolling carceral providers as Medicaid billers.



STATUS OF JUST HEALTH PLUS IMPLEMENTATION

PROGRESS

- **HCA Systems Updates: In Progress – Spring 2026**
Ongoing updates to monitor projected release dates, enable providers to bill Medicaid for case management, etc.
- **Policy and Billing Guide: Complete**
Clarifies program details, covered services, and billing guidance. Posted to [Justice Initiatives web page](#).
 - In CY 2026 amendments to the JI Policy and Billing Manual
- **MCO Letter of Direction #66: Complete**
Provides guidance for MCO participation in the JUST Health Plus NMCD Pilot, including case management. The document has been shared with MCOs, including MCO Justice Liaisons.
 - <https://www.hca.nm.gov/wp-content/uploads/FINAL-LOD-66-Just-Health-Plus.pdf>
 - HCA continues to partner with MCOs on JUST Health Plus implementation
- **CYFD, NMCD, and County Workgroups: In Progress**
HCA meets regularly with CYFD, NMCD, and county partners.
- **NMCD Pilot Facility Site Visits: Complete**
HCA conducted site visits at the three NMCD pilot facilities in December 2025 to inform ongoing program implementation and systems updates.
- **Reinvestment Plan-In Progress**
HCA continues to engage with CMS regarding finalization of the required Reinvestment Plan. HCA is actively responding to CMS questions and anticipates updating the deliverable to include projections related to the first County Cohort in March of 2026.



QUESTIONS AND CHALLENGES

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HCA NEEDS TO HEAR FROM YOU!

Survey

HCA continues to work with the correctional facilities, Managed Care Organizations and other stakeholders around that state. HCA wants to hear from you. Please complete this short survey and let us know if your county correctional facility has a re-entry supports. Are there any challenges or barriers your county is facing pertaining to re-entry supports? What can HCA do to help this population transition out into the communities we live in?



The survey will include 5 questions and will pop up after the presentation.



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NEXT STEPS

PARTNERS

- ❑ Begin brainstorming how JUST Health Plus could be implemented in your facility and identify needs.
- ❑ If you are a provider, consider providing Medicaid-billable in-reach services to incarcerated members pre-release.
- ❑ Explore the JUST Health Plus website for more information; additional content will be published soon. [Justice Initiatives – New Mexico Health Care Authority](#)
- ❑ Contact Elena Sanchez at Elena.Sanchez2@hca.nm.gov or 505-670-7038 for questions or feedback.



NEXT STAKEHOLDER MEETING AND FEEDBACK

Next JUST Health Plus Quarterly Stakeholder Meeting

WHEN: April 16, 2026, 12:00 p.m.

WHERE: Online (Zoom)

Register in advance for this meeting:

<https://bit.ly/4jDUy3o>





QUESTIONS

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