HEALTH CARE AUTHORITY

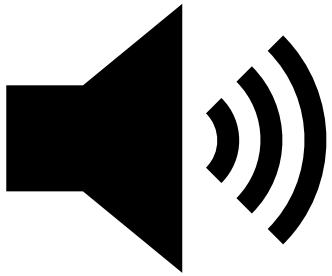
JUST HEALTH PLUS STAKEHOLDER MEETING

JULY 14, 2026

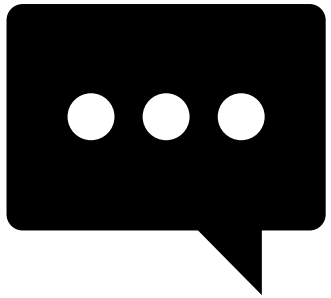
INVESTING FOR TOMORROW, DELIVERING TODAY.

WELCOME JUST HEALTH PLUS STAKEHOLDER MEETING

All participants will be muted while presenters are speaking.



Turn up audio



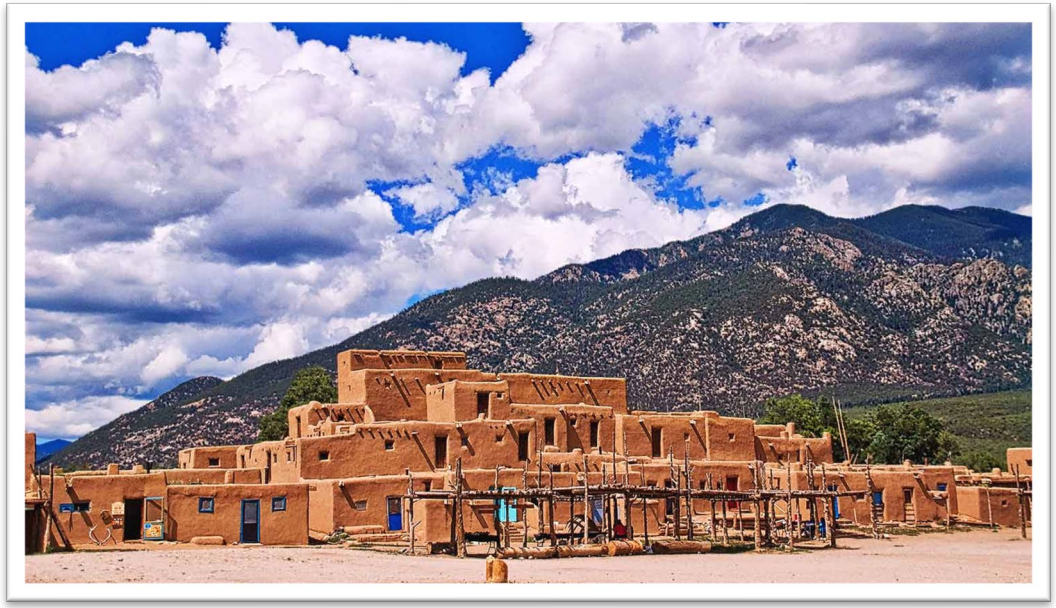
Use chat feature to ask questions or share feedback

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**.



A cloudy morning looking over Taos Pueblo

Photo provided by elpueblolodge.com

Learn more: About Taos Pueblo at Taospueblo.com

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.

JUST HEALTH PLUS

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

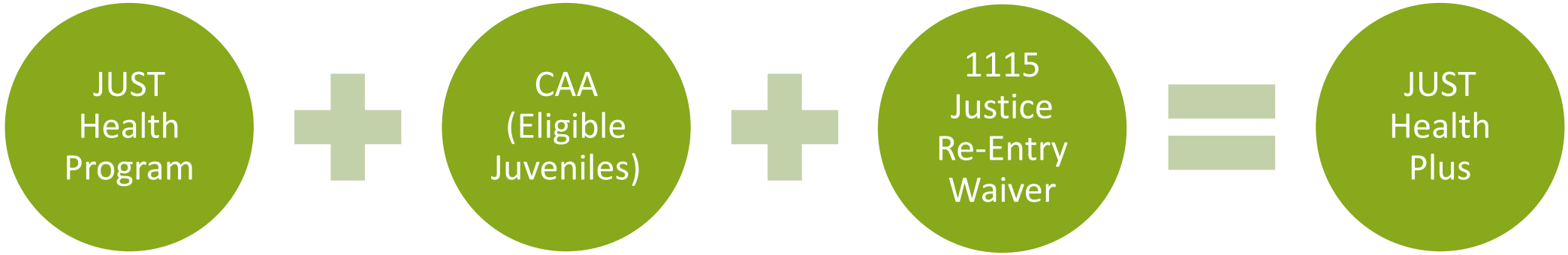
- First implemented in 2015
- Medicaid enrollment is paused while incarcerated and restarted when released.
- Medicaid presumptive eligibility and ongoing application assistance are available while incarcerated.
- MCO Justice Liaisons shall provide Transition of Care Assessment and Plans as individuals return to their communities
- With member's approval MCOs provide Level 2 Care Coordination after release

JUST HEALTH PLUS

- Builds upon JUST Health by:
- Supporting carceral facilities with implementing new and or enhanced re-entry processes and services
- Medicaid covers certain services during the 90-day pre-release period to facilitate continuity of care.
- Enables carceral facility providers to bill Medicaid for covered services provided 90 days prior to release
- Enables community providers to partner with carceral facility to provide pre-release covered services during the 90 days pre-release period and bill Medicaid for services rendered

STATUS OF JUST HEALTH PLUS

WHAT IS JUST HEALTH PLUS?



- 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.

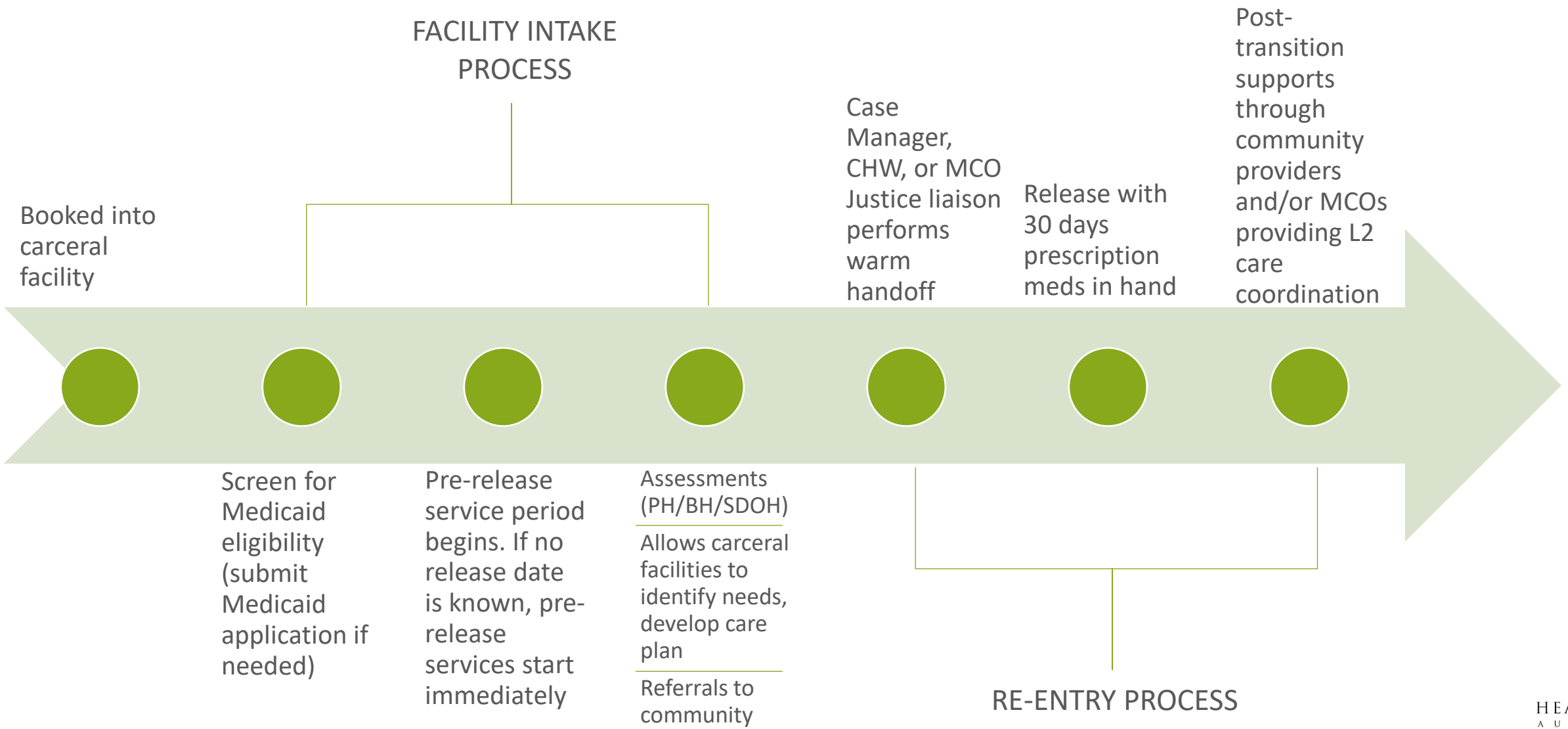
- CMS Requirement
- Targeted Case Management 30 days pre-release through 30 days post-release.
- EPSDT screening and diagnostics 30 days pre-release or as soon as feasible immediately post-release (i.e., within one week).

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

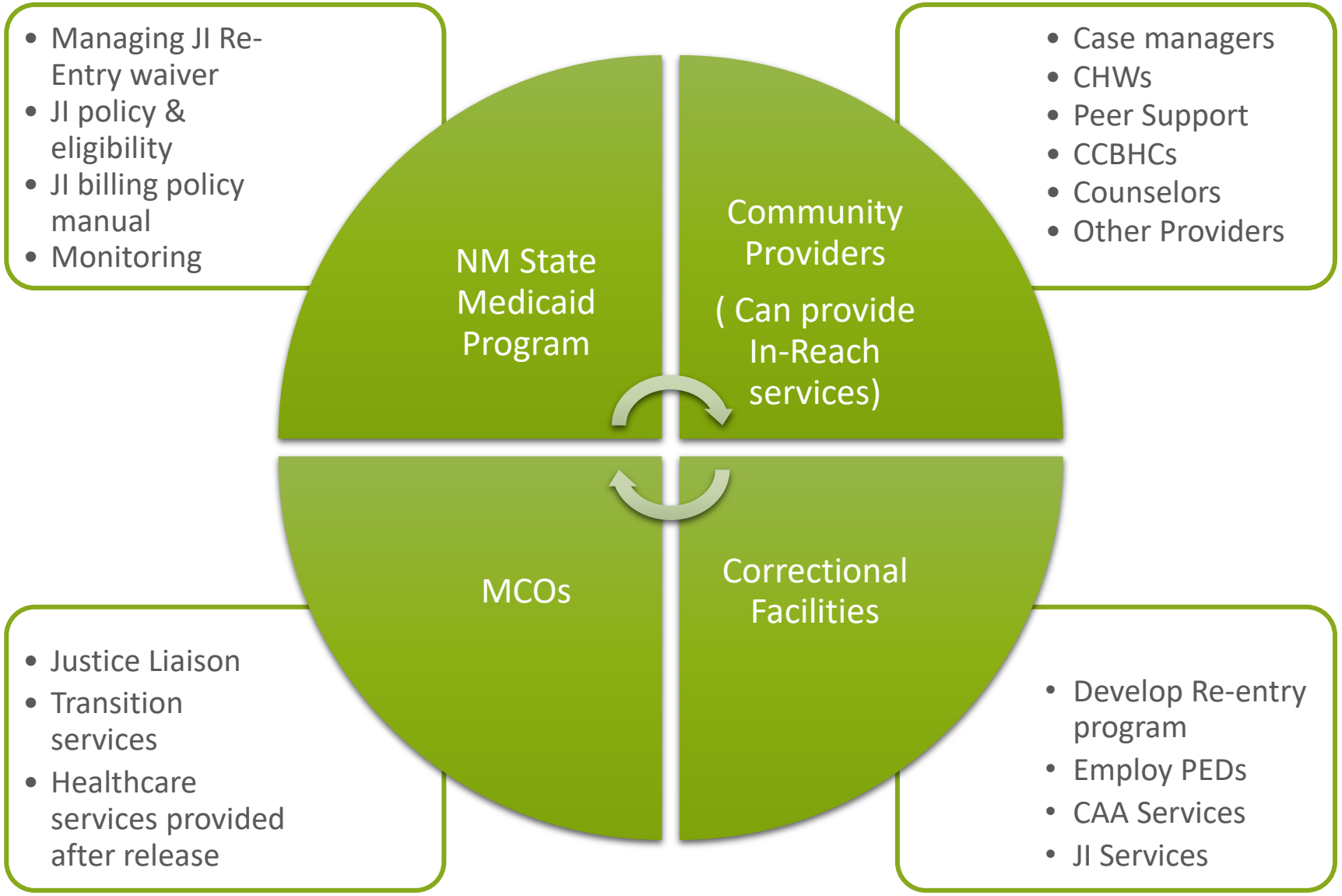
JUSTICE RE-ENTRY WAIVER OBJECTIVES AND GOALS

New Mexico Justice Reentry Demonstration Objectives and Goals	
	**Objective 1**: Increase coverage and ensure continuity of coverage for individuals who are incarcerated **Goal**: Ensure eligible individuals are enrolled in Medicaid and receive re-entry services prior to release
	**Objective 2**: Cover and ensure 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
	**Objective 3**: Develop network of community providers to provide continuity of care pre-post release. **Goal**: Strengthen community-based supports to prevent costly and avoidable emergency department visits or inpatient hospitalizations.
	**Objective 4:** Connect 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
	**Objective 5:** Ensure cross-system collaboration **Goal**: Assist counties with implementation of the program and educate on Medicaid billing requirements

JUSTICE INVOLVED RE-ENTRY FRAMEWORK



PARTNERS INVOLVED IN RE-ENTRY SERVICES



JUSTICE RE-ENTRY DELIVERY SYSTEM

Direct Medicaid Billing for Pre-Release JUST Health Plus Services

Payment Model	Provider Billing	Implementation Updates
• Fee-for-Service during pre-release • Direct Medicaid billing • No MCO billing before release	• Correctional providers bill Medicaid directly • Community providers bill directly or as rendering providers under a correctional facility's Medicaid group	• Summer 2026: new correctional provider type 462 and specialties • JI Provider & Billing Manual available https://www.hca.nm.gov/wp-content/uploads/New-Mexico-Justice-Involved-Demonstration-Policy-and-Billing-Manual-Final-HCA_.pdf • Turquoise Claims portal displays incarceration and pre-release eligibility information

MEDICAID BILLING

Medicaid Billing Options for Carceral Facilities

Internal Billing Team and Revenue Cycle Management (RCM) Software

-Carceral facility provider or its healthcare vendor bills in-house

- Uses Medicaid-capable billing software or submits claims directly to Medicaid

Outsourced Billing Agency

-Third-party billing company submits claims and manages denials

-Facility/provider focuses on service delivery

Clearinghouse-Based Billing

-Provider submits claims through a clearinghouse that connects to Medicaid

-Edits claims, routes to Medicaid, tracks remittances

Full Integrated Certified Electronic Health Record (EHR) and Billing

-One system handles clinical services and Medicaid billing

JUST HEALTH PLUS MEDICAID SERVICE LEVEL TIERS

Service Level Tier 1 209	Service Level Tier 2 210	Service Level Tier 3 211	CAA 211	CAA + Service Level Tier 1 212	CAA +Service Level 2 213
• Case Management • MAT services + counseling • 30 days prescription meds in hand Mandatory	• Case Management • MAT services + counseling • 30 days prescription meds in hand • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services	• Case Management • MAT services + counseling • 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	• Targeted Case management • EPSDT Diagnostic Services	• Targeted Case management • EPSDT Diagnostic Services • Case Management • MAT services + counseling • 30 days prescription meds in hand	• Targeted Case management • EPSDT Diagnostic Services • Case Management • MAT services + counseling • 30 days prescription meds in hand • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health worker (CHW) Services
90 Days	**90 Days**	**90 Days**	**30 Days** **CAA Required Services**	**90 Days**	**90 Days**

HEALTH CARE AUTHORITY

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CARCERAL FACILITY MILESTONE TIMELINE

Milestone 1

Intent to Participate/ Declaration of Interest

-Facilities to provide HCA with notification of intent to participate
-Review of Service Levels
-Review readiness requirements
-Pre-plan Capacity Needs/ Budget needs
-Assess current services offered and current capacity

Milestone 2

Capacity–Building Application

Facilities to provide HCA with:
-Project narrative
-Program plan
-Self-Assessment of readiness
-Implementation plan
-Proposed Budget and budget narrative
-Technical Assistance provided
-GSA Contracts drafted and executed

Due within 15 business days from receiving Intent to Participate

Milestone 3

Readiness Assessment

-Onsite Readiness assessed by HCA
-Training provided for billing Medicaid
-Technical Assistance provided
-Facility enrolls as a Medicaid Provider*

**Due within 15 business days of receiving letter of approval from HCA*

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 waiver.
- Must cover at least the same services for the same beneficiaries as required under CAA.
- 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

- **The CAA 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.**
- **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.
- **Applicable facilities if they have eligible juveniles as described above:**
  - CYFD
  - NMCD
  - Counties
  - Tribal Facilities
- **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.

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 - Women's
- Springer Correctional Center

The first Medicaid claim was successfully submitted and processed in June 2026

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

- Medication Assisted Treatment (MAT) with counseling
- Thirty Days of Medications Upon Release
- Hepatitis C Diagnosis and Treatment
- 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**

WNMCF

CNMCF

STATUS OF JUST HEALTH PLUS CYFD

CYFD will begin billing Medicaid at two facilities:	• 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
Valencia County Detention Center	Contract executed. Approved to Enroll and bill Medicaid.	July 2026
Santa Fe County Detention Center	Contract executed. Pending approval to Enroll and bill Medicaid.	July 2026
Socorro County Detention Center	Contract executed. County building capacity. Approaching Milestone 3.	August 2026
Bernalillo County Youth Services Center	Contract executed. Approaching Milestone 3.	2026
Bernalillo County Metropolitan Detention Center	Intent to Participate: Submitted; Pre-Readiness & Capacity Budget Applications: Submitted; Contract pending final execution.	Winter 2026

Status of Cohort One:

- County Cohort One facilities submitted pre-readiness assessments to support planning for program implementation, identified capacity-building needs, proposed project plans and negotiated budgets. HCA provided technical assistance.

STATUS OF JUST HEALTH PLUS

COUNTY DETENTION CENTERS — COHORT ONE

- In May and June 2026, HCA conducted readiness and technical assistance visits at Socorro, Valencia and Santa Fe County Detention Centers to support implementation of the Just Health Plus program and assess operational readiness.

- **Overview of Site Visit Activities**
  - **Facility Tour**
  - **Intake Process**
  - **Re-entry Process**
  - **Healthcare**
  - **MAT Services**
  - **MCO engagement**

Site visit at Santa Fe County Adult Detention Facility 6/01/2026

COUNTY DETENTION CENTER DECLARATION OF INTEREST

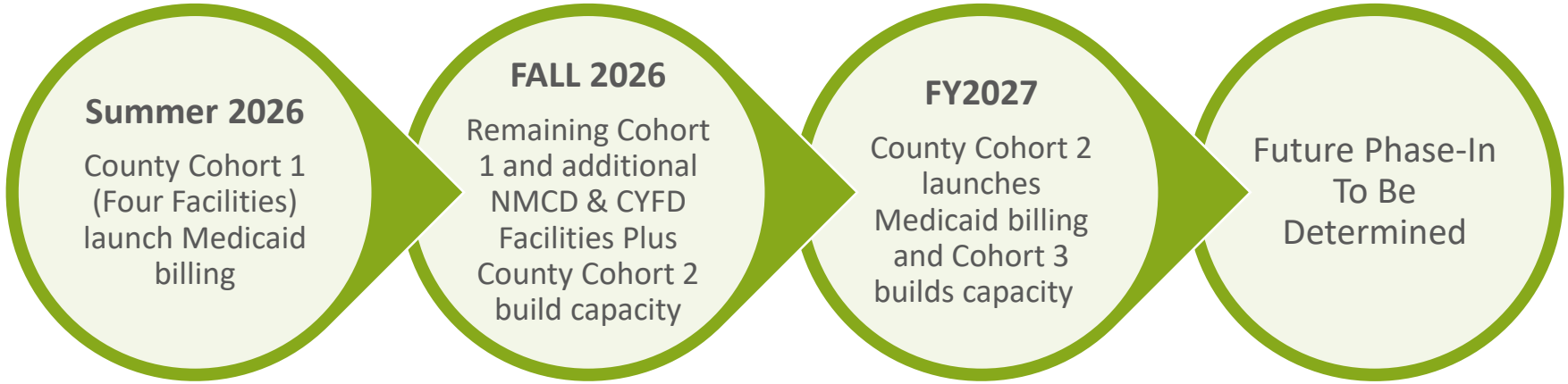
- HCA held a County Detention Center stakeholder meeting on April 1, 2026 for Cohort 2.
- HCA discussed the opportunities to work with Medicaid under the 1115 Demonstration Waiver and CAA services for Justice-involved juveniles and young adults.
- We requested that each county fill out a Declaration of Interest form to indicate their interest, preferred timeline, and current provision of services.
- We requested that each county fill out a survey to help us identify current services and cost of services counties are currently providing.
  - Exploring MOUD and HCV Availability in Carceral Facilities
- Thirteen counties responded to the request and indicated their interest in applying in FY27.

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 One and Two:



- Bernalillo County Youth Services Center
- Santa Fe CDC
- Valencia CDC
- Socorro CDC

- Bernalillo County Metro Detention Center builds capacity
- Additional NMCD and CYFD facilities launch
- Second cohort of county detention centers build capacity

- Cohort 2 expected to launch Medicaid billing sometime in FY27 depending on readiness.
- Cohort 3 of county and tribal detention facilities expected to build capacity in FY27

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; using those assessments to develop a program proposal and submitting a proposed budget.
  - Funding is awarded based on the facility's program plan and proposed budget within the allowable use categories up to a maximum amount based on facility average daily population.
- Readiness is determined by HCA based on the following four focus areas:
  - Timely Medicaid application and enrollment process is in place
  - Clear responsibilities and processes for providers, facilities, and third-party contractors
  - Delivery of mandatory services under Service Level One
  - Billing capabilities
  - Adequate oversight, staffing, and program management

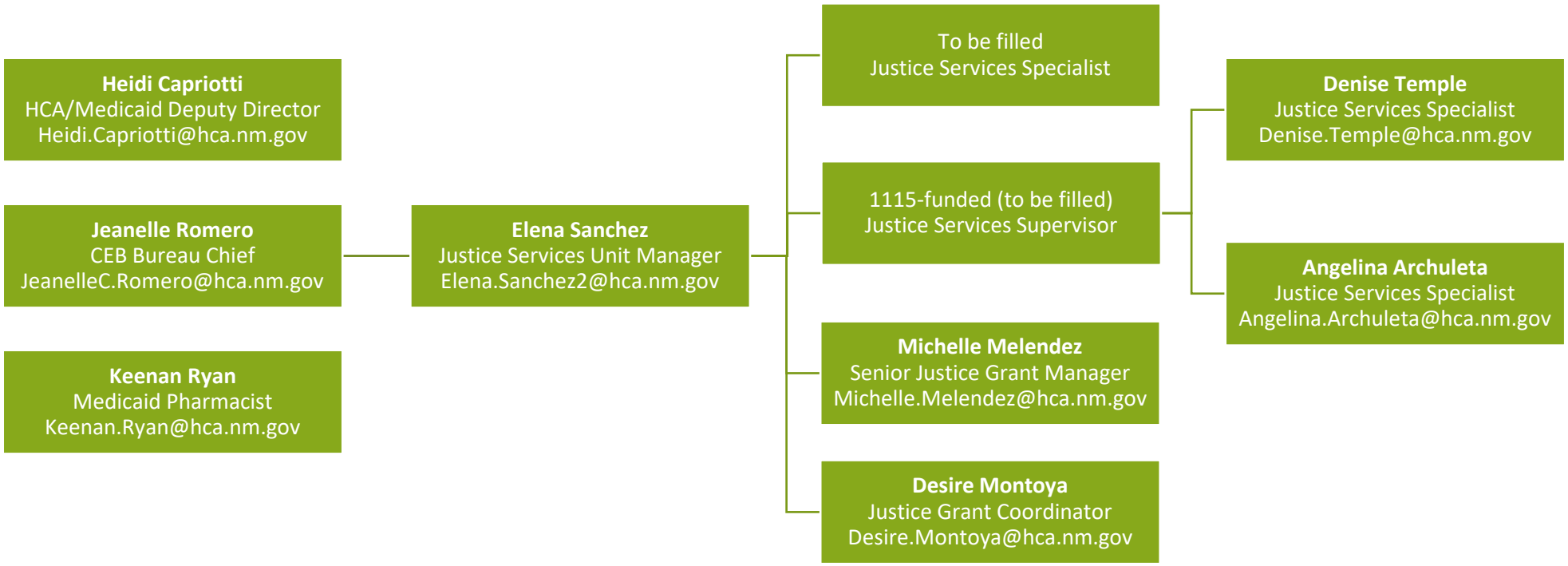
ESTIMATED FUTURE 1115 PHASE-IN

ALLOWABLE USES OF CAPACITY FUNDING

- Hiring of Staff for up to 12 months
- Contracting with consultants and trainers
- Purchase or enhancement of technology and IT Services
- Adoption of Certified Electronic Health Record Technology
- Purchase of Medicaid-capable Billing Systems
- Development of Protocols and Procedures
- Additional Activities to Promote Collaboration
- Planning for the provision of services, such as the 30-days of meds in hand requirement
- 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

- Receive applications from Cohort 2 county facilities and execute capacity building contracts
- Continue partnership with NMCD to identify next facilities to implement JUST Health Plus
- Continue collaborating with County Cohort 1 to assess readiness, address remaining implementation needs, and support counties as they move toward implementation.
- Continue partnership with CYFD to expand coverage under the 1115 waiver.
- Complete HCA Medicaid Enterprise System changes – implemented Summer 2026; ongoing refinements are addressing identified issues and improving system performance.
- Finalize service delivery monitoring approach and reporting templates.
- Approve the New Mexico Register and New Mexico Administrative Code (NMAC).
- Develop resource packets to help facilities integrate JUST Health Plus into re-entry and service processes.
- Continue supporting carceral providers in completing Medicaid enrollment to enable reimbursement for covered services.

QUESTIONS AND CHALLENGES

HCA NEEDS TO HEAR FROM YOU!

Please complete this short 5-question survey after the presentation.

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 pop up after the presentation, or you can scan the QR code.

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NEXT STEPS

PARTNERS

- If you are a provider, consider providing Medicaid-billable in-reach services to incarcerated members pre-release.
- Review your organization's Medicaid enrollment and billing status to determine readiness to provide reimbursable JUST Health Plus services.
- Connect with your local county detention facility or community partners to discuss opportunities for collaboration and referral pathways.
- Ensure data-sharing and communication processes are in place (where appropriate and compliant with privacy requirements) to facilitate coordination between correctional facilities and community providers.
- Explore the JUST Health Plus website for more information; additional content will be published soon. Justice Initiatives – New Mexico Health Care Authority
- Monitor communications from the Health Care Authority for implementation guidance, policy updates, and training resources.
- Contact Elena Sanchez at Elena.Sanchez2@hca.nm.gov or 505-670-7038 for questions or feedback.

NEXT STAKEHOLDER MEETING

JUST HEALTH PLUS

Next JUST Health Plus Quarterly Stakeholder Meeting

WHEN: Thursday, October 8, 2026, 1:00 p.m.

WHERE: Online (Zoom)

Register in advance for this meeting:

Meeting Registration - Zoom

SCAN ME

QUESTIONS

INVESTING FOR TOMORROW, DELIVERING TODAY.