

Native American Technical Advisory Committee (NATAC) Meeting Minutes September 16, 2024

Time: Start 1:00-3:40 p.m. Place: Virtual meeting

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

Recorder: Theresa Belanger, Native American Liaison, NM Medicaid

Attendees: Alanna Dancis (MAD), Annabelle Martinez (BHSD), April Ruben (Laguna Pueblo), Brandi Reano (BHSD), Elisa Walker-Moran (Deputy Director MAD), Dana Flannery (Medicaid Director), Idella Star (Mescalero Apache Tribe), Lena Gachupin (Kewa Pueblo), Racheal Pyne (Picuris Pueblo); Ray Tafoya (IAD), Ezra Bayles (Taos Pueblo), Emily Haozous (Ft. Sill Apache, Anthony Yepa (Kewa Pueblo), Randall Morgan (AAIHS), Dr. Yolandra Gomez (Jicarilla Apache)

Staff & Visitors Attending: Nicole Kaufman and Charles Greenburg, Mercer

DISCUSSION ITEM	OUTCOME	FOLLOW-UP AC- TION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLE- TION DATE
I. Introductions				
II. Review of prior meeting minutes	No changes requested to the June 17, 2024 meeting minutes	None	N/A	N/A
III. Medicaid Forward – Nicole Kaufman and Charles Greenburg (Mercer)	A special NATAC meeting on Medicaid Forward was held August 13, 2024. For those that missed the meeting, Mercer offered a quick summary. Medicaid Forward was introduced through House Bill 400 in 2023. HCA to study the feasibility of a Medicaid Forward Plan. The plan would leverage the Medicaid program to expand Medicaid coverage through an income-based expansion. It would be for individuals	None	N/A	Completed
	 Under the age of 65 and not otherwise eligible for Medicaid Income exceeds 133% of the Federal Poverty Level No income limits The feasibility study is also looking at a sliding scale for premiums and cost sharing for those eligible. The plan would adhere to the Indian Health Care Improvement Act (IHCIA) protections. 			
	The feasibility study will be presented to the legislature in October and determine next steps for the Medicaid Forward plan.			

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	Question: Will plan be available to immigrant population not here legally? Answer: No, it would not be available to that population.			
	Question: What is the implication for eligibility for Tribal members who cross state lines? Answer: The same Medicaid rules would apply. Residency would have to be in NM.			
	Comment: There are a lot of provider shortages in NM, especially in rural NM. It is a crisis situation.			
IV. Traditional Health Care Practices (THCP) – Dana Flannery	CMS has engaged with Tribes for the past decade on a pathway for Medicaid reimbursement for THCP. Four states AZ, NM, CA, and OR have waivers under CMS review for traditional healing reimbursement. CMS is working with IHS for a path forward. HCA had a Tribal listening session July 30, 2024. HCA submitted info from the listening session to CMS. MAD is now waiting for the special terms and conditions (STC) from CMS. IHS, Tribal facilities (like 638s) and possibly Urban Indian Health Centers (UIOs) could provide THCP for eligible members. HCA is waiting for the terms from CMS. A Tribal consultation on THCP is scheduled for September 23, 2024.	Develop work plan and work group with interested par- ties. Determine budget for roll out in 2025	Theresa Bel- anger/Dana Flan- nery	Ongoing
	Timeline was shared regarding all the meetings/listening sessions that have been held on THCP beginning in March 2024 through September 2024.			
	*This is purely an optional reimbursement model for Tribal facilities that are interested in providing this benefit.			
	Dana went over the CMS proposed framework and NM's draft framework.			
	If NM decides to include UIOs, it would not be a 100% FMAP but would involve state general funds and must be included in the Medicaid budget.			
V. Billable services for Tribes – Dr. Alanna Dancis	CHW/CHR benefit launched. Alanna plans to set up a series of 6 meetings (pre-enrollment, enrollment, credentialing, billing, scope of work & documentation) with Tribes for technical assistance. Half the meeting would be a presentation, and the other half would be office hours for questions. Comment: Yes, that would be valuable. We could go to various sites for the trainings. Comment: It is important for CHRs to come together for these meetings and hold it at different sites. The CHRs also have a quarterly meeting that has a set schedule. Comment: You may want to consider doing training at the sites since the Tribal communities have a lot of diversity in what they want to achieve in their community. Everyone has their own idea on how they want this to be. Individual trainings may be better. Comment: There are more players involved with this other than CHRs – there are billers, accountants, etc. that need to be involved in these meetings. There was consensus from all commenters that the face-to-face meetings should occur at various Tribal communities. Comment: First have a meet and greet to get everyone familiar with each other.	Let Theresa know if you are interested in hosting a CHR meeting in your community Loop in Devona Quam with DOH in these meetings.	Theresa Belanger	Ongoing

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	 Alanna is also applying for the CMS Maternity Care Action Plan grant. There are 3 pillars on how to pay for care: Improve and expand access to midwifery care, adding doulas, nurse midwives, & improve data structure, Change the way to reimburse for maternity care. The payment model would not be a bundled rate but payment for each visit for prenatal care, Whole person care delivery, increased use of risk assessments and safety monitoring, expand oral health care. NM should hear by January 2025 what states were selected for grant. Comment: Losing the OB unit at the Santa Fe Indian Hospital was a huge blow. It was a devastating decision. Comment: We have women traveling several hours to get prenatal care in our rural areas of the state. This needs to change. Comment: UNM College of Nursing has a huge midwifery program. 	Let Alanna or Theresa know if you want to work Maternity Care initiatives.		
VI. Four Walls – Theresa Belanger	Prior to the beginning of COVID CMS allowed Tribes, Tribal organizations, and IHS to see patients outside the four walls of the clinic or hospital and to bill the OMB rate for the service. (Prior to that they couldn't unless they were an FQHC.) The current grace period is set to expire 2/2025. CMS is proposing to update the rule to allow Medicaid clinic services to be done outside the four walls of the clinic if the following three exceptions apply: • Add an exception for clinic services furnished by IHS/Tribal clinics • Add an exception for clinic services outside the four walls for the care and treatment of outpatients with BH disorders, including sub-	None	N/A	Next NATAC
	stance abuse and mental health disorders • Make an exception for clinic services furnished by BH clinics and clinic locations in rural areas Comments must be received by CMS September 9, 2024. *Even though this date has passed, it is important to comment to CMS.			

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VII. Innovative Health Programs/Justice Involved Pre-Release Services - Heidi Capriotti/Jeanelle Romero	Justice Involved Pre-Release Services – in July CMS approved the Justice Re-entry Waiver. NM has approval to reach into jails and prisons up to 90 days prior to release to provide Medicaid covered services. (Prior to this Medicaid could not pay for any services to incarcerated people). CMS approved a minimum of 3 pre-release services: • Care Management • Medication Assisted Treatment (MAT) • 30-day supply of meds upon release from incarceration (30 days up to 90 days prior to release). This includes state prisons, tribal facilities, county detection and juvenile correctional facilities. NM has been working on this proposal since December 2022. Tentative go live date is July 2025. * All services are subject to state budget availability. Jeanelle asked if any Tribal jails have reentry programs. Comment: It is hard to follow tribal members if you aren't aware they are there or are going to be released. It would be good if someone could get them on Medicaid before they are released. Another comment was made that their Tribal community has an employment program for individuals who have left incarceration. Is this okay? (Theresa will contact Taos and schedule a meeting to discuss.)	Updates to Pre- Release Services	Jeanelle Romero	Next NATAC
VIII. 1115 Waiver Updates – Dr. Alanna Dancis	 Waiver Programs approved by CMS: Justice involved pre-release services Continuous eligibility for children up to age 6 Medicaid reimbursement for home visiting to pregnant/post-partum individuals Supportive housing expansion Expanded Community Benefit slots Increase in environmental modification benefit Medical respite for homeless individuals – 2 sites in Albuquerque Legally Responsible Individuals (LRI) as caregivers Home delivered meals for pregnant members (at risk of co-occurring conditions) Home delivered meals for Agency Based Community Benefit (long term care) - 2 meals/day Question: Who will make sure that Tribal members get these services? Answer: Through an MCO if the individual is in an MCO. 	All information was sent to NATAC prior to the meeting	N/A	Completed
IX. Comments/question/up- dates	Randall Morgan - If a Tribal leader who would like to be the NM representative on Tribal Technical Advisory Group (TTAG) or if a Tribal leader has an individual they would like to recommend to be on the NM TTAG committee, please reach out to Dr. Thomas at AAIHS.	None	N/A	N/A

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	 Brandi Reano – Certified Community Behavioral Health Clinics (CCBHC) is having 2 upcoming informational sessions September 17, 2024 and September 23, 2024 (virtual meetings). Stephine Poston has an updated a Native American Resource Guide for behavioral health services. (The link was sent to NATAC previously.) stephposton@msn.com (505) 379-6172 State agencies will be at Mescalero/Ruidoso September 20 & 21 for "Cabinets in the Community" event. There will be a Q&A at the event, tables with information and freebies. There is a virtual Tribal consultation scheduled for Monday, September 23, 2024 at 1:30 pm on THCP. NATAC was sent the information to join. 			

Respectfully submitted:		
	Theresa Belanger	November 18, 2024
	Recorder	Date