

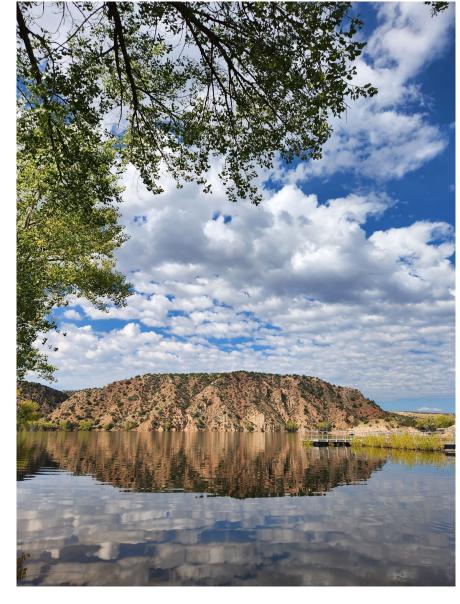
JUSTICE INVOLVED 1115 WAIVER
NEW MEXICO JUSTICE RE-ENTRY FACILITIES STAKEHOLDER MEETING
MARCH 28, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

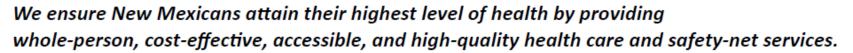
On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

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



A cloudy morning looking over Santa Cruz Lake photo by Jessica Gomez

MISSION





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.

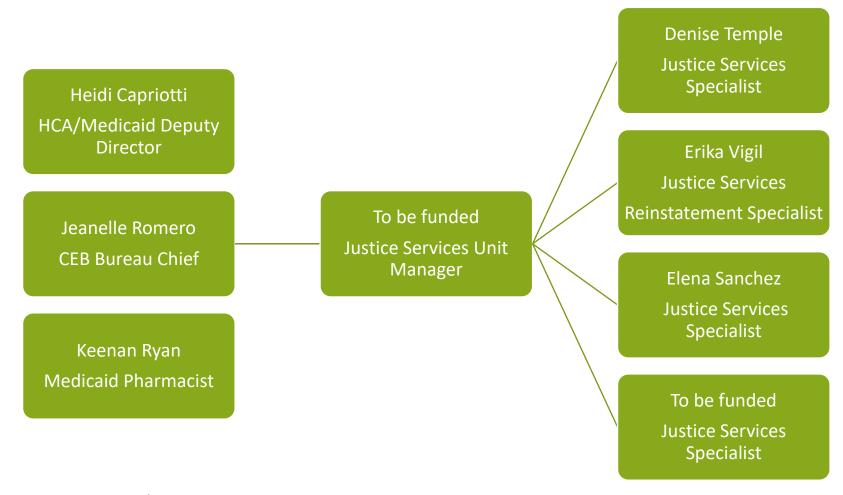
AGENDA

- Purpose of this stakeholder meeting
- Status of Justice Re-entry Waiver Program
- Status of CAA Requirements for Justice Involved Youth
- Next Steps

Appendix A: Capacity Building Categories

Appendix B: Definitions

WELCOME, MEET OUR TEAM



Under the HCA/ Medical Assistance Division (MAD), the Justice Services unit, within the Communications and Education Bureau, was created this year to implement the 1115 and CAA programs.



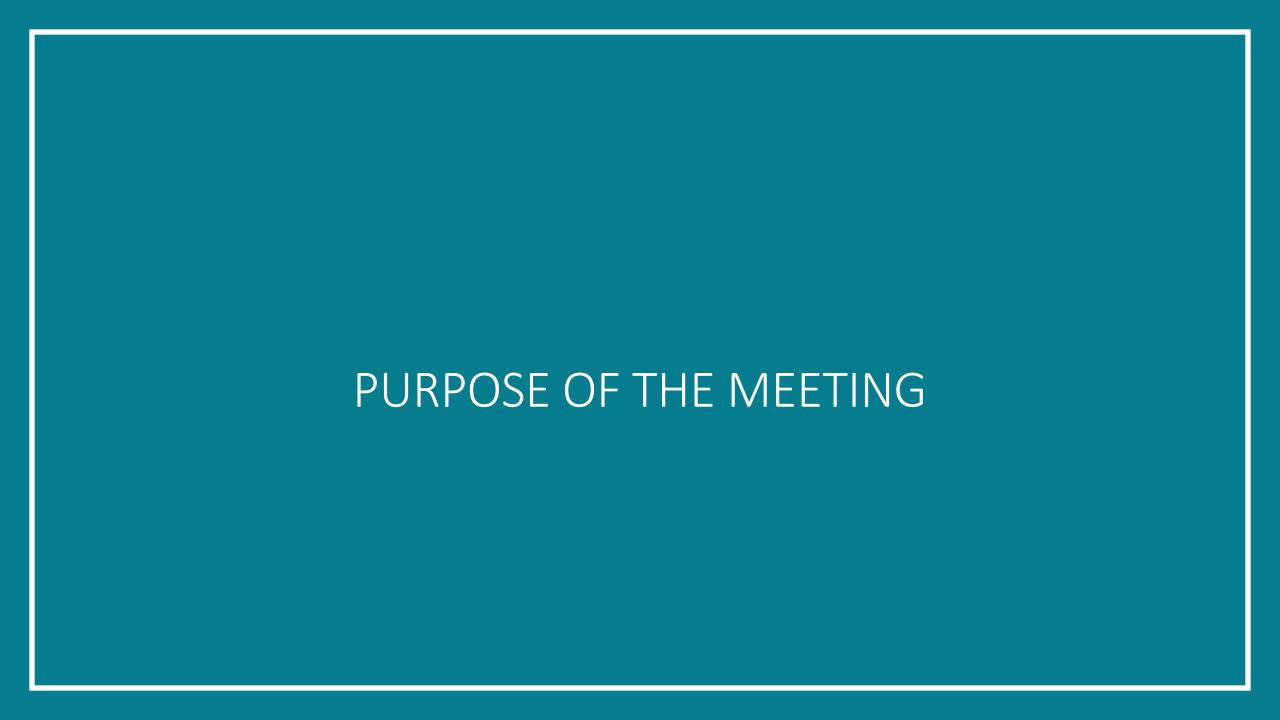
WHAT IS YOUR ROLE IN THE JUSTICE RE-ENTRY INITIATIVE?

Answer our poll:

Who are you representing?

- County jail or detention center
- State prison facility
- County juvenile correctional facility
- Tribal or Pueblo jail
- Correctional healthcare entity
- County Health and Human Services Department
- Managed Care plan
- Community Behavioral Health provider
- Community Health Care Worker
- Other



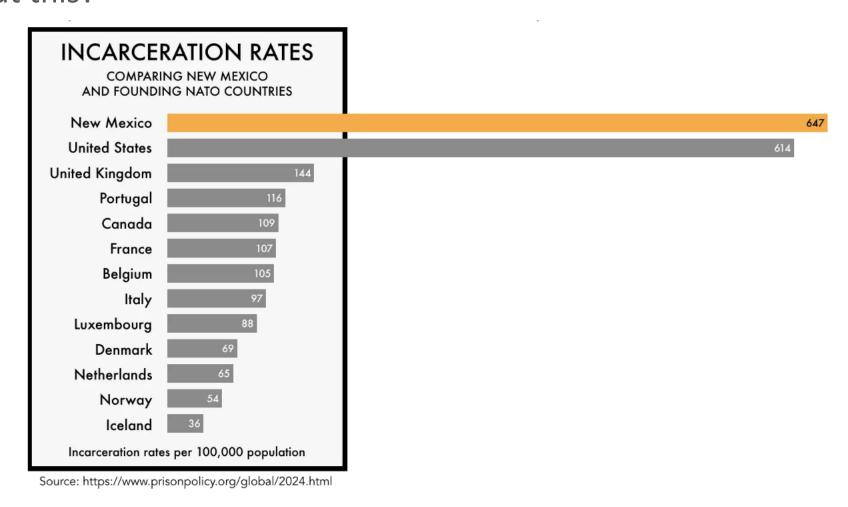


PURPOSE OF THE MEETING

- Inform the group of the Justice Re-entry 1115 waiver demonstration progress
- Provide insight on how the implementation strategy
- **CAA requirements** and implementation approach
- Explain pre-release services and tiered and phased-in approach with NMCD and implementation timeline in alignment with CAA requirements
- You are all key partners in helping us implement these initiatives!

JUSTICE-INVOLVED POPULATIONS BACKGROUND

New Mexico's 2024 incarceration rates stand out internationally. What can we do about this?



JUSTICE INVOLVED POPULATION (2020 CENSUS)

NEW MEXICO STATISTICS

NM Population*	2,117,522
NM Medicaid Population**	838,153
Total incarcerated average daily population (ADP)***	11,246
NMCD (11 facilities)	5, 573
County adult detention centers (26 facilities)	5,484
State CYFD Juvenile Justice (4 facilities)	100
County Juvenile detention centers (4 facilities)	89

^{*2020} US Census Data NEW MEXICO: 2020 Census

^{**}Feb. 2025 population data from HCA Score Card New Mexico Human Services Department - Social Impact

^{***}Reported by NMCD, CYFD, and NM Association of Counties

Incarcerated Individuals per County and Judicial District				
Location	District	Incarcerated Individuals	Percentage of incarcerated Individuals	Population (percentage of total state pop.)
New Mexico	Statewide	5,613*	N/A	2,114,371 (100%)
Los Alamos Rio Arriba Santa Fe	First Judicial District	247	5%	215,276 (10.2%)
Bernalillo	Second Judicial District	1,547	28%	671,586 (31.8%)
Dona Ana	Third Judicial District	382	8%	225,210 (10.7%)
Guadalupe Mora San Miguel	Fourth Judicial District	163	3%	35,083 (1.7%
Chavez Eddy Lea	Fifth Judicial District	676	12%	195,937 (9.3%)
Grant Hidalgo Luna	Sixth Judicial District	215	4%	56,753 (2.7%)
Catron Sierra Socorro Torrance	Seventh Judicial District	118	2%	46,909 (2.2%)
Colfax Taos Union	Eighth Judicial District	138	2%	50,624 (2.4%)
Curry Roosevelt	Ninth Judicial District	351	6%	66,009 (3.1%)
DeBaca Harding Quay	Tenth Judicial District	85	2%	10,791 (0.5%)
McKinley San Juan	Eleventh Judicial District	661	12%	189,472 (9.0%)
Lincoln Otero	Twelfth Judicial District	487	9%	88,864 (4.2%)
Cibola Valencia Sandoval	Thirteenth Judicial District	389	7%	261,857 (12.4%)

NEW MEXICO DISTRICTS AND COUNTY INCARCERATED DATA

The number of incarcerated persons by the Judicial District and the county in which the incarcerated person was convicted. Convictions in the Second Judicial District (Bernalillo County) comprise about 28% of incarcerated individuals, followed by the Fifth and Eleventh Judicial Districts (12% each). The number of inmates from the central counties of Bernalillo, Sandoval, and Santa Fe outpace their share of the state's population, as well as another urban center, Dona Ana County. Some counties with mid-size populations have fewer inmates that would be expected, including San Juan, Otero, Chavez, and Curry Counties.





JUSTICE RE-ENTRY WAIVER APPROVAL

- Removes the inmate exclusion to allow Medicaid to pay for select pre-release services
- Outlines parameters for pre-release services, including a minimum set of 3 pre-release services that must be offered:
 - 1. Care Management,
 - 2. Medication Assisted Treatment (MAT),
 - 3. 30-day supply of medication upon release.
 - New Mexico is approved to coverage **additional services**, such as HCV treatment.
 - Allows coverage for a period **up to 90 days** immediately prior to the individual's expected release date.
 - Offers optional **start-up funds** for planning and capacity building.
 - Requires implementation plan, readiness assessment and financial reinvestments.
 - All options are subject to state budget availability

APPROVED JUSTICE RE-ENTRY SERVICES

Service	Mandatory Services	New Mexico Approval
Care Management	X	X
Physical and Behavioral Health Clinical Consultation		X
Medication Assisted Treatment (MAT)	Х	Х
Medications and Medication Administration		Х
Treatment for HepC		Х
Laboratory and Radiology Services		X
Community Health Worker Services		X
Peer Support Services		X
Family Planning Services		X
30-day supply of all prescription medications and over-the-counter drugs	X	X
Durable medical equipment and supplies		X

All options are subject to state budget availability



JUSTICE RE-ENTRY WAIVER MILESTONES

New Mexico Justice Reentry Demonstration Milestones

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 **Goals**: Improve the physical and behavioral health of individuals upon community reentry, reduce recidivism, and 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, and partner with additional jail and county detention centers

JUSTICE INVOLVED RE-ENTRY FRAMEWORK

Incarcerated
(Pre-release service period begins)

Coordination of care, referrals, and/or links to community providers

Care Manager performs warm handoff













Care
Management
includes physical
and/or
behavioral health
assessments

Release with 30 days prescription meds in hand

Post-transition
aupports through
Community
Support
providers
continuing case
management



NEW MEXICO'S JI IMPLEMENTATION STRATEGY

- Phase-in approach of facilities over time starting with NMCD:
 - Based on state-defined cohorts: currently planning to start with NMDC facilities
 - Based on individual facility readiness, pilot begins with:
 - Central NM Correctional facility
 - Western NM Correctional facility
 - Springer NM Correctional facility
- 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.

SERVICE LEVELS AND DEFINITIONS

Service Level 1 — *Mandatory Minimum Services*

Medication Assisted Treatment

Thirty Days of Medications upon Release

Reentry Case Management

Service Level 2 — *Proposed Package for Go-live*

Medication Assisted Treatment

Thirty Days of Medications upon Release

Reentry Case Management

Hepatitis C Diagnostic and Treatment Services

Peer Supports

Community Health Worker (CHW) Services

Service Level 3— *All Approved Services*

Medication Assisted Treatment

Thirty Days of Medications upon Release

Reentry Case Management

Hepatitis C Diagnostic and Treatment Services

Peer Supports

CHW Services

Diagnostic Services, incl. Laboratory and Radiology

Prescribed Drugs

Medical Equipment and Supplies

Physical and Behavioral Health Clinical Consultation

Family Planning Services

CAA & 1115 IMPLEMENTATION PHASED IN APPROACH

Phase-in of facilities over time

- Based on state-defined cohorts, starting with NMCD and CYFD facilities
- Based on individual facility readiness

Phase-in of services based on "readiness levels"

- Start with mandatory services; phase in optional services based on state budget authorization
- Depends on individual facility readiness

Phase 1 (CAA) January 2025	Phase 2 (NMCD) Summer 2025	Phase 3 2026	Phase 4 2027	Phase 5 2027
Implementation of CAA Section 5121 services (EPSDT screening and diagnostics and targeted case management)	Implementation of 1115 re- entry services, transition to automated processes for Section 5121 coordination and billing in CYFD and NMCD facilities	Implementation of automated processes for Section 5121 coordination and billing in county facilities	Potential implementation of Section 5122 in county facilities*	Continued system enhancements to promote continuity of care

^{*}Based on state budget availability



ALIGNMENT WITH THE CAA YOUTH REQUIREMENTS

Mandatory services begin Jan. 1, 2025 for eligible juveniles in public institutions up to age 21, and former foster care youth up to age 26

Consolidated Appropriations Act (CAA) Services for Incarcerated Youth

REQUIRED (5121):

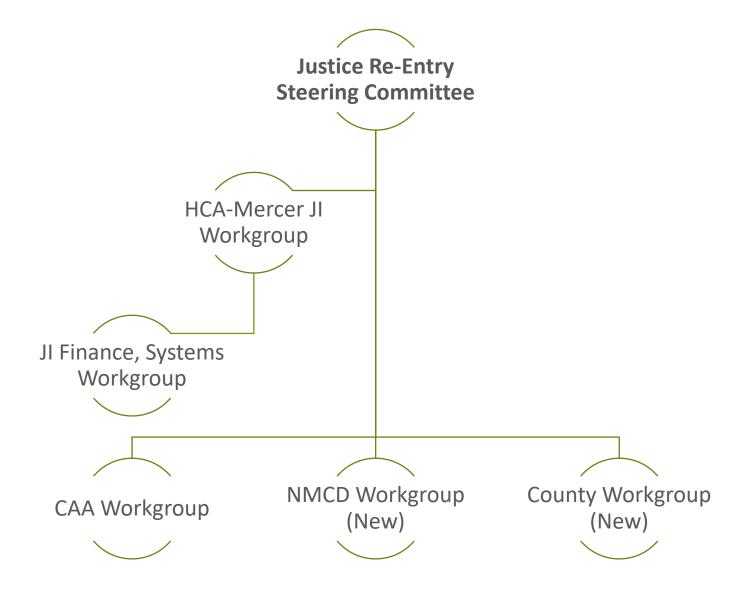
- Targeted Case Management 30 days pre-release through 30 days post-release
- EPSDT screening and diagnostics 30 days prerelease or as soon as feasible immediately postrelease (i.e., within one week)
- Applies to eligible juveniles post-adjudication, regardless of carceral facility

OPTIONAL (5122): Allows NM to cover full Medicaid benefits for pre-adjudicated eligible juveniles

CAA Intersection with 1115 Waiver

- CAA State Plan Amendment due March 31, attesting to Operational Plan in place effective January 1, 2025
- The 1115 Waiver allows New Mexico to offer coverage beyond the CAA (e.g., longer prerelease period)
- In summer 2025, CAA and 1115 Waiver align to integrate Medicaid-covered services pre-release

JUSTICE INVOLVED TRACKS AND WORKGROUPS

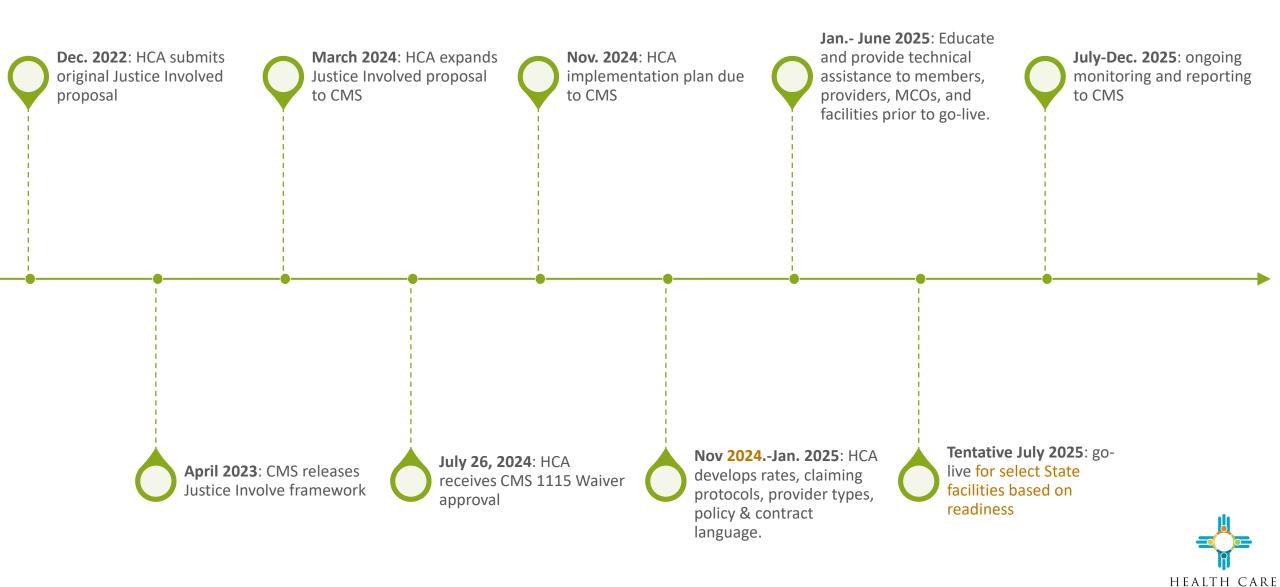


JUST HEALTH PLUS



Look for more information on the HCA website: www.hca.nm.gov/justice-initiatives/

JUSTICE RE-ENTRY PROGRAM: IMPLEMENTATION TIMELINE





PROGRESS TO DATE

Completed:

- ✓ 1115 Waiver Justice Reentry Implementation Plan submitted to CMS 11/22/24, approved Jan. 2025
- √ 1115 Waiver Justice Reentry Reinvestment Plan submitted to CMS 12/13/24 for approval
- ✓ CAA Planning Grant application submitted 11/26/24, awarded Jan. 2025
- ✓ Ongoing stakeholder meetings scheduled quarterly, posted on Community Presentations web page
- ✓ Opened and closed public comment on CAA reimbursement methodology State Plan Amendment
- ✓ Opened and closed public comment on CAA Services SPA for Targeted Case Management and State Plan Amendment
- ✓ Submitted SPA to CMS

In Progress:

- 1115 capacity funding requirements, distribution, and monitoring
- Explore whether incarcerated peers can provide services
- Facility readiness assessment planning
- Scheduling HCA Medicaid Enterprise System changes
- Update New Mexico Register and New Mexico Administrative Code (NMAC) and other policies
- Create Justice Policy & Billing Manual
- Enroll carceral providers as Medicaid billers



NEXT STAKEHOLDER MEETING & FEEDBACK

Next JUST Health Plus quarterly stakeholder meeting

WHEN: June 26, noon to 2:00 p.m.

WHERE: Online (Zoom)

Register in advance for this meeting:

bit.ly/JUSTHealthPlusJune

Please give us feedback in the <u>2-question survey</u> that will open in your browser when this meeting ends.



QUESTIONS?

Investing for tomorrow, delivering today.

APPENDIX A

Capacity-Building Categories

- Technology and IT Services
- Hiring of Staff and Training
- Adoption of certified electronic health record (EHR) technology
- Purchase of Billing Systems
- Development of Protocols and Procedures
- Additional Activities to Promote Collaboration
- Planning
- Other activities to support a milieu appropriate for provision of prerelease services



APPENDIX B

Definitions

Acronym	Definition
DME	durable medical equipment
EHR	electronic health record
FFP	Federal Financial Participation
FMAP	Federal Medical Assistance Percentage
HRSN	health-related social need
JI	justice-involved
MAT	Medication Assisted Treatment
SMDL	State Medicaid Director Letter
STCs	Special Terms and Conditions
LTSS	long-term services and supports