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AUTHORITY



JUST HEALTH PLUS 1115 WAIVER STAKEHOLDER MEETING

JUNE 26, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

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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



HEALTH CARE
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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.



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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
- JUST Health Plus Framework
- Facility readiness and capacity building funding
- JUST Health Plus on-going implementation timeline
- Next Stakeholder meeting

Appendix A: Capacity Building Categories

Appendix B: Definitions



PURPOSE OF THE MEETING

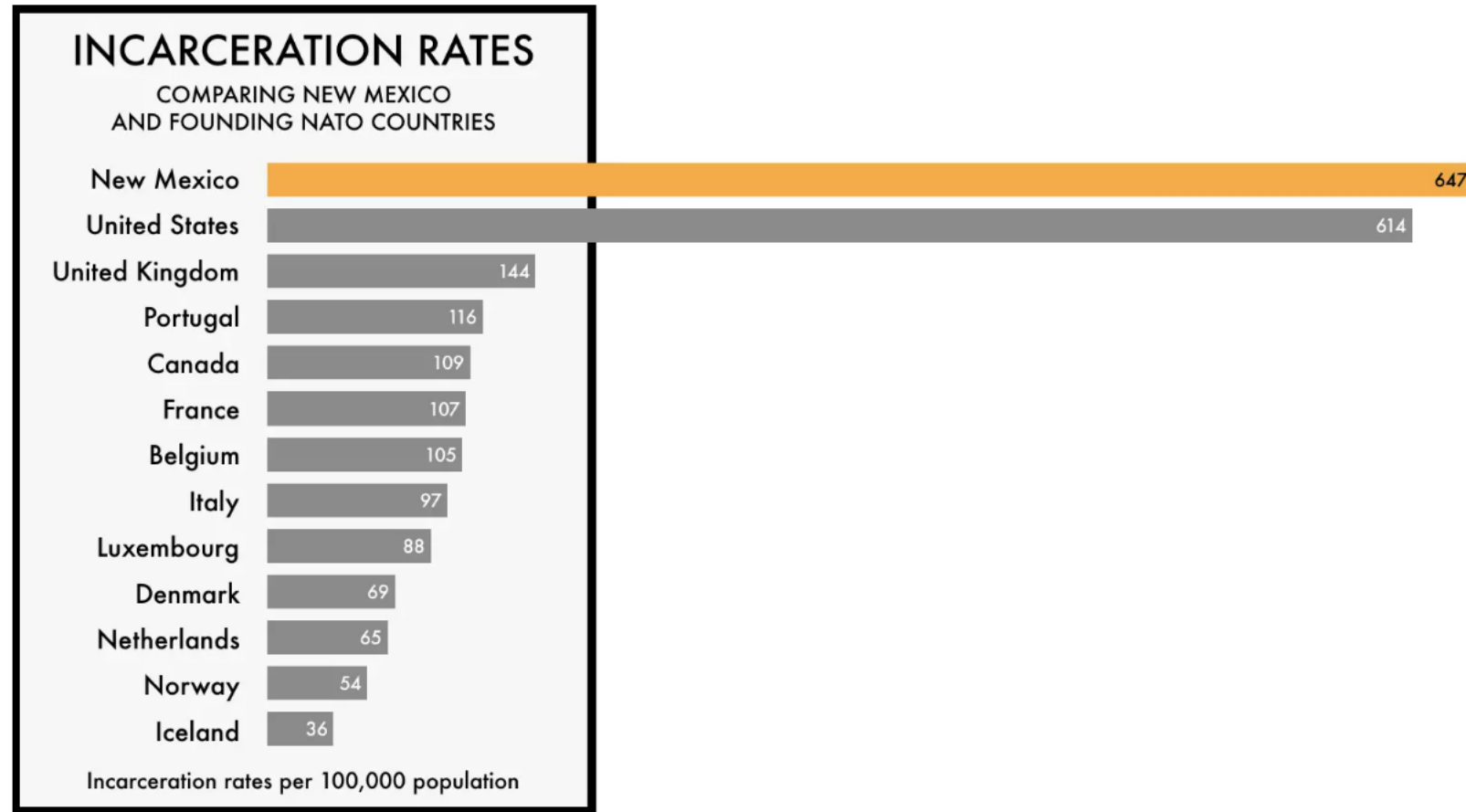
PURPOSE OF THE MEETING

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



JUSTICE-INVOLVED POPULATIONS BACKGROUND

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



Source: <https://www.prisonpolicy.org/global/2024.html>



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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



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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%)

Note. County population estimates are from the “Annual Estimates of the Resident Population for Counties in New Mexico: April 1, 2020, to July 1, 2022 (CO-EST2022-POP-35),” by the U.S. Census Bureau, 2024.

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.

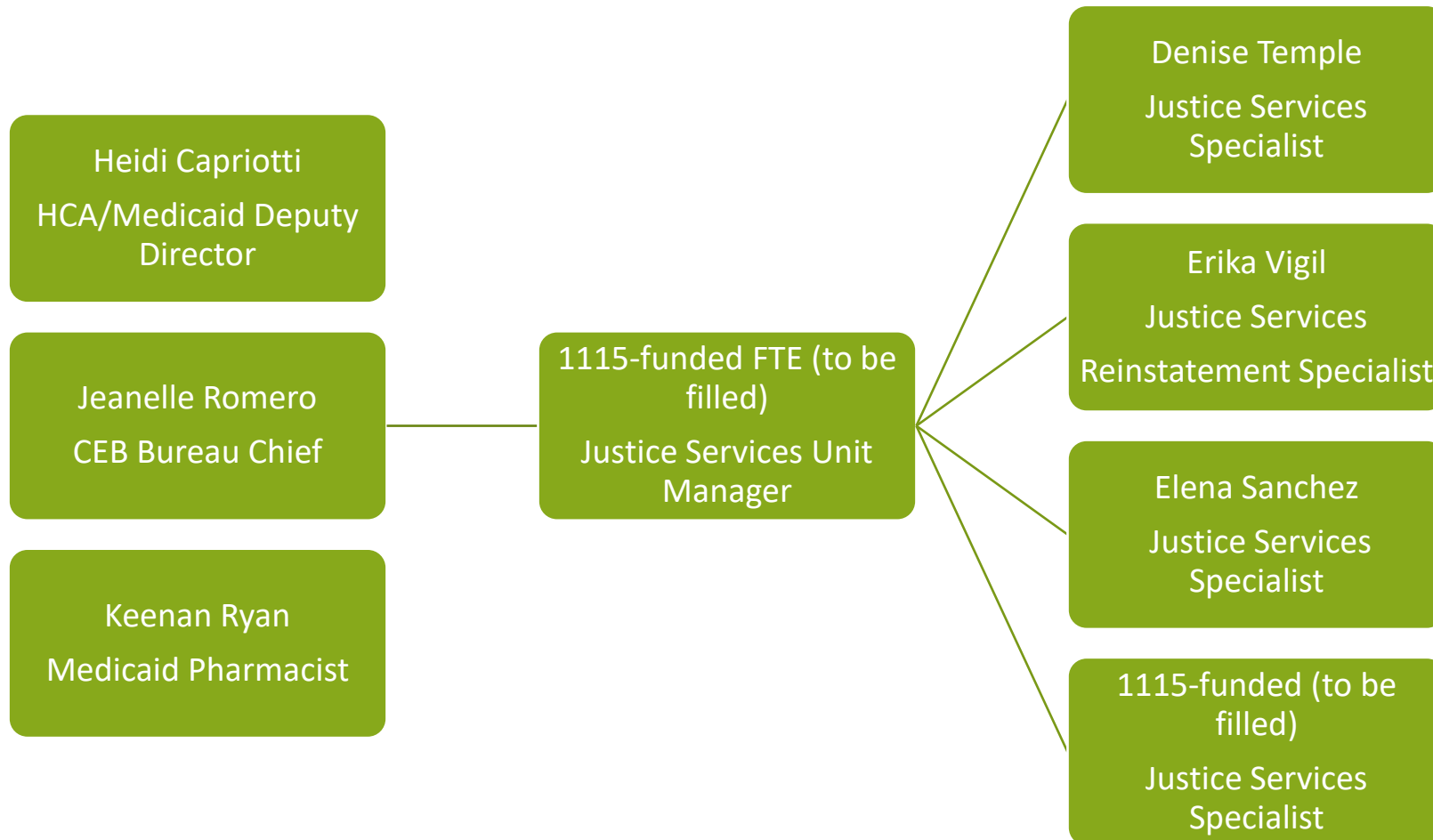


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JUSTICE RE-ENTRY OPPORTUNITY

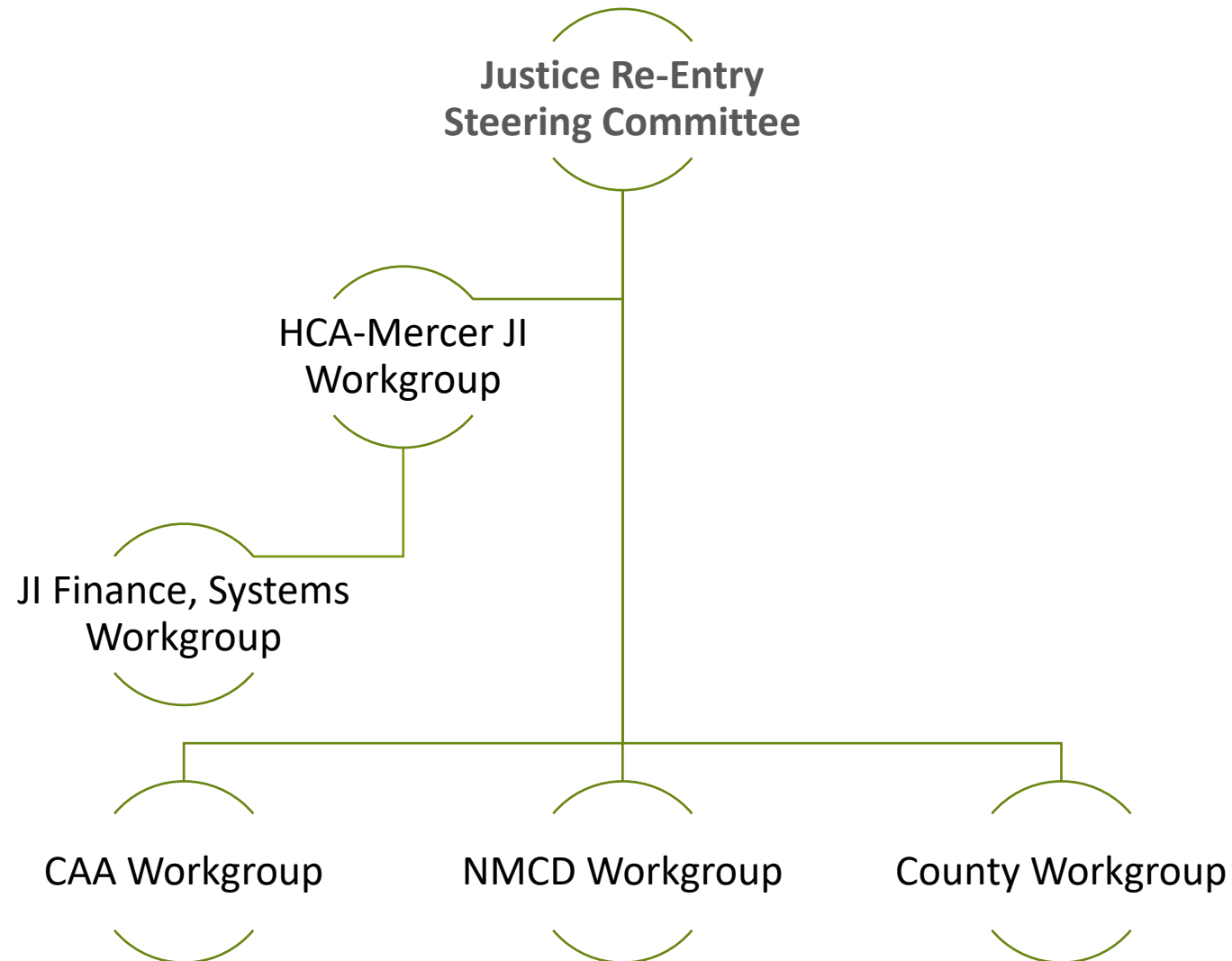
MEET OUR TEAM



The Justice Services unit, within the Communications and Education Bureau, will implement the 1115 and CAA programs.



JUSTICE INVOLVED TRACKS AND WORKGROUPS



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**



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



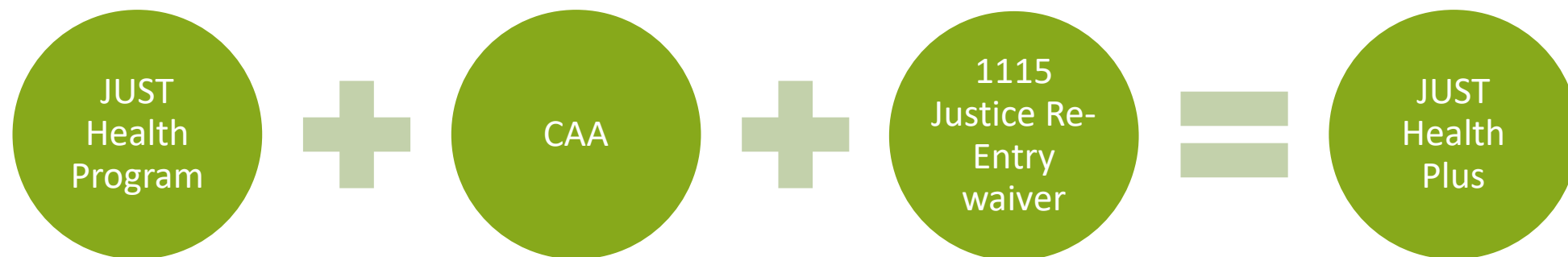
Milestone 5: Ensuring cross-system collaboration

Goal: Assist counties with implementation of the program and educate on Medicaid billing,

Goal: Partner with additional jail and county detention centers



JUST HEALTH PLUS



Look for more information on the HCA website:

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



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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

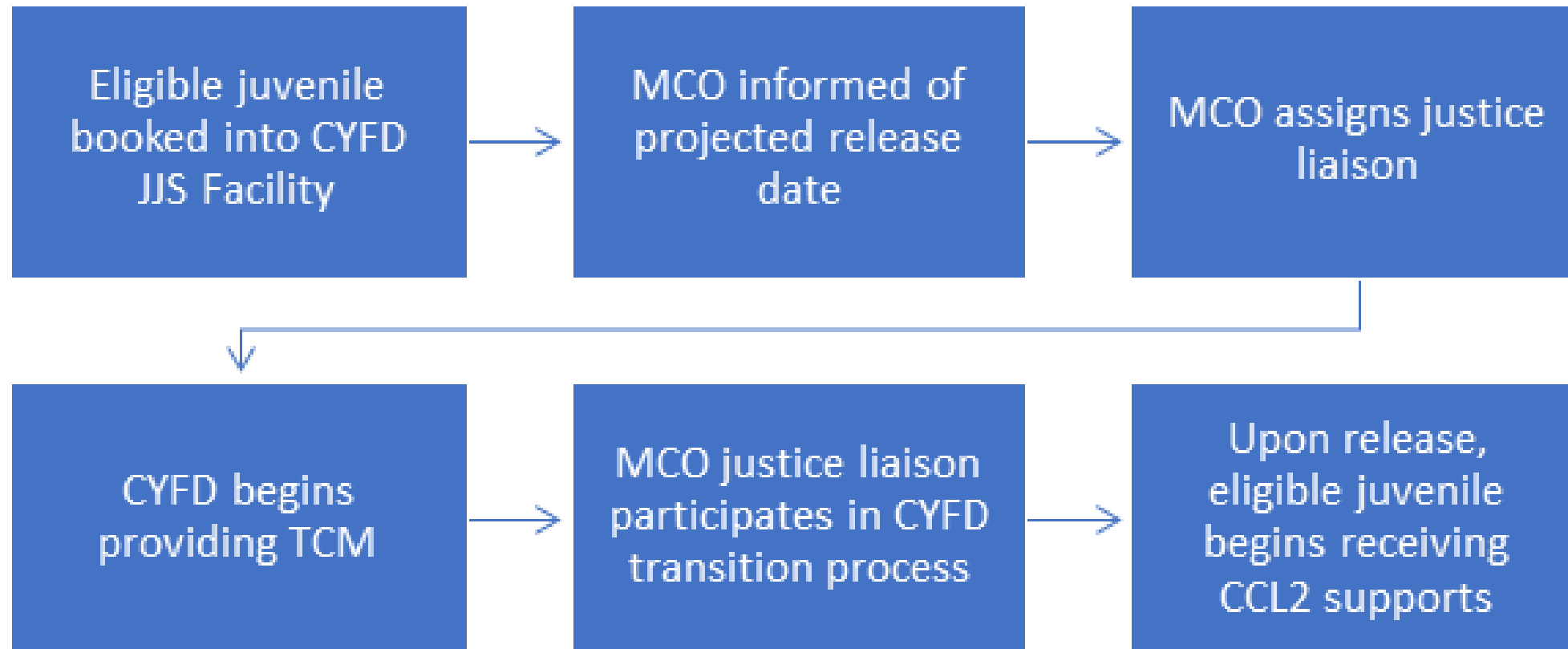
- Targeted Case Management 30 days pre-release through 30 days post-release.
- EPSDT screening and diagnostics 30 days pre-release or as soon as feasible immediately post-release (i.e., within one week).

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.



CAA TRANSITION PROCESS FOR CYFD JJS

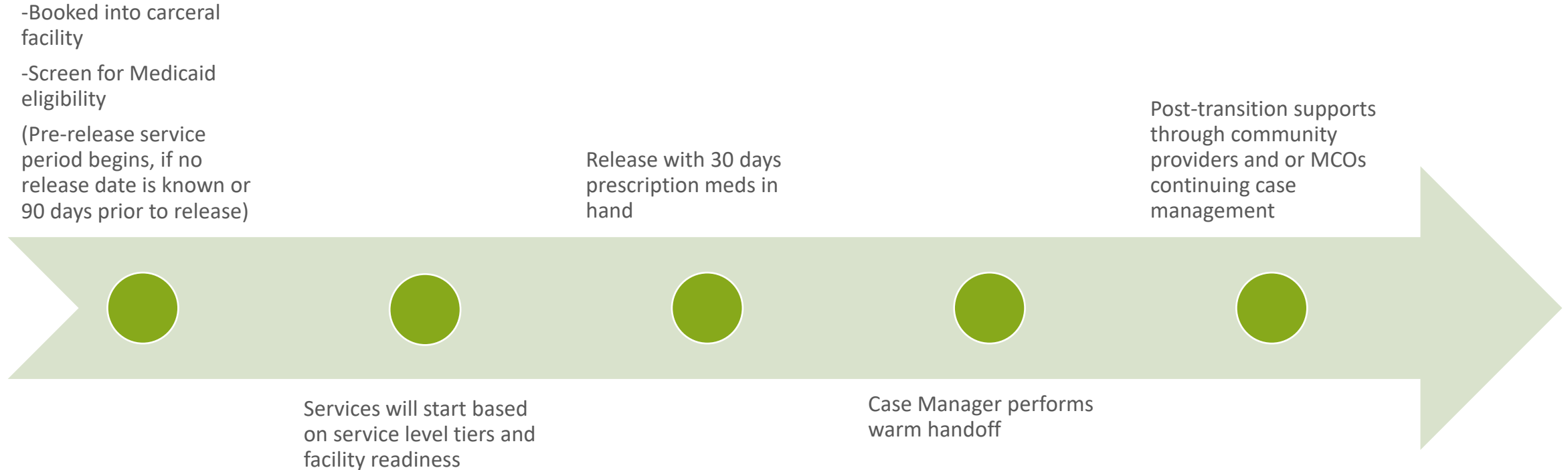


JI SERVICE LEVELS AND DEFINITIONS

Service Level 1 (Mandatory Minimum)	Service Level 2 (Includes 1 & 2)	Service Level 3 (All Approved Services)
<ul style="list-style-type: none"> •Medication Assisted Treatment (MAT) •Thirty Days of medications upon Release •Re-entry Case Management 	<ul style="list-style-type: none"> •Medication Assisted Treatment (MAT) •Thirty Days of medications upon Release •Re-entry Case Management •Hepatitis C Diagnostic and Treatment Services •Peer Supports •CHW Services 	<ul style="list-style-type: none"> •Medication Assisted Treatment (MAT) •Thirty Days of medications upon Release •Re-entry 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



JUSTICE INVOLVED RE-ENTRY FRAMEWORK



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.



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



JUSTICE RE-ENTRY DELIVERY SYSTEM

FEE-FOR-SERVICE (FFS)

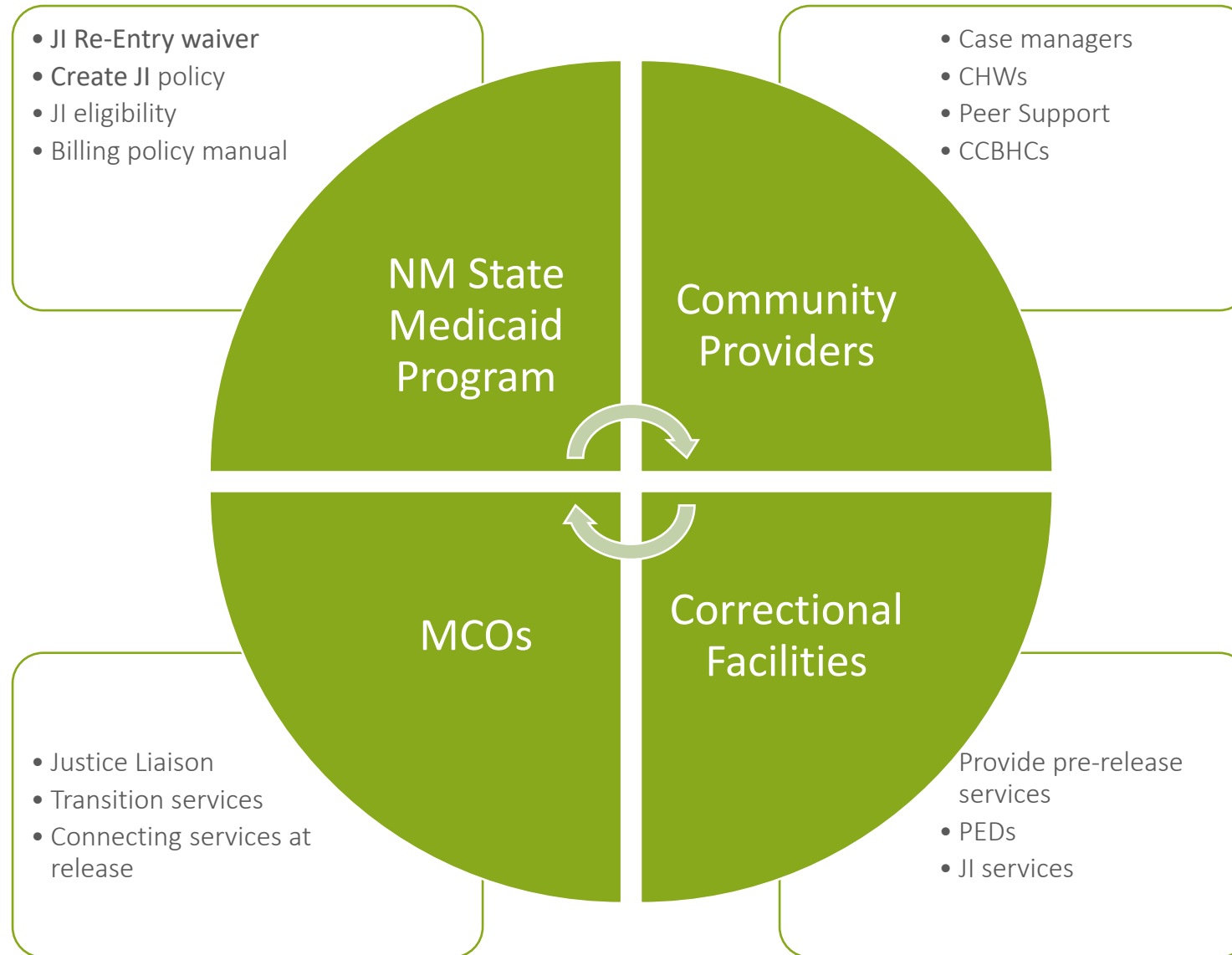
- Pre-release services rendered will be billed FFS
- Enrolled Medicaid providers bill Medicaid directly for services rendered to members
- **Coming soon**
 - Provider type correctional facility provider bill fee for service
 - JI Provider & billing manual

MANAGED CARE

- Managed Care organizations (MCOs) 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



PARTNERS INVOLVED IN RE-ENTRY SERVICES



READINESS REQUIREMENT AND CAPACITY DISTRIBUTION

Milestone	Weight for General Funding	Weight for IT Funding
1. Intent to Participate <ul style="list-style-type: none"> Based on state-defined cohorts Facilities will provide HCA with notification of intent to participate in the program 	5%	5%
2. Capacity Application <p>Carceral facilities will provide:</p> <ul style="list-style-type: none"> project narrative program plan, budget plan, implementation plan. 	50%	50%
3. Readiness Assessment <ul style="list-style-type: none"> Facility becomes Medicaid provider Training to bill Medicaid TA provided Onsite Readiness <p>Award letter and budget approval based on facility readiness, implementation plan and execution.</p>	35%	35%
4. Progress Report (post go-live)	10%	10%



MILESTONE 1: INTENT TO PARTICIPATE

A. Intent to Participate

- Anticipated go-live readiness
- Pre-planning Budget
- Summary of services offered and current capacity



MILESTONE 2: CAPACITY APPLICATION (PRE-READINESS)

A. Attestation Template

- Compliance with demonstration requirements
- Allowable and Unallowable Costs
- Indicators of readiness
- Identification of concerns or technical assistance needs

B. Main Budget Template

- Funding amounts requested within the “up to” for current and future milestones
- Proposed use of funding
- Allowable and Unallowable Costs

C. Implementation Narrative

- To address steps that will occur to resolve known readiness gaps



MILESTONE 3: READINESS ASSESSMENT

A. Readiness Assessment Template

- Attestation to all readiness elements
- Dates for planned compliance if not done by go-live date

B. Budget Updates

- Funding amounts requested within the “up to”
- Proposed use of funding
- Allowable and Unallowable Costs



MILESTONE 4: PROGRESS REPORT

A. Progress Report

- Attestation of final completion of compliance requirements
- Identification of any issues or gaps



READINESS ASSESSMENT REVIEW RUBRIC

Readiness Assessment Review Rubric	
“Ready”	Response is complete and indicates full readiness by the go-live date.
“Conditionally ready”	Response is complete and indicates full readiness is anticipated post-go-live but within a six-month timeframe.
“Not ready”	Facility does not indicate full readiness by the go-live date for minimum requirements or the response does not indicate readiness within six-months post go-live. The facility will be required to update the readiness assessment before readiness can be determined.
Criteria for readiness determination: <ul style="list-style-type: none"> • All minimum requirements are identified as “ready.” • All requirements outside of the minimum requirements are identified as “ready” or “conditionally ready.” • Any elements identified as “conditionally ready” to be fulfilled after July 1, <u>2025</u> will be reviewed through a post go-live progress report. 	



FACILITY “GROUPS” AND FUNDING AMOUNTS

Facility Size	Number of Facilities	General Capacity Per Facility	IT Capacity Per Facility	CAA Per Facility	Total
A (0-74 ADP)	8	\$750,000	\$ 1,000,000	\$	1,750,000
B (75-249 ADP)	12	\$1,000,000	\$ 1,000,000	\$	2,000,000
C (250 – 449 ADP)	2	\$1,250,000	\$ 1,000,000	\$	2,250,000
D (> 450 ADP)	3	\$1,500,000	\$ 1,000,000	\$	2,500,000

Amounts are “up to” amounts and facilities can request amounts for both buckets in alignment with allowable use and parameters for each milestone payment. **Based on state budget availability.**



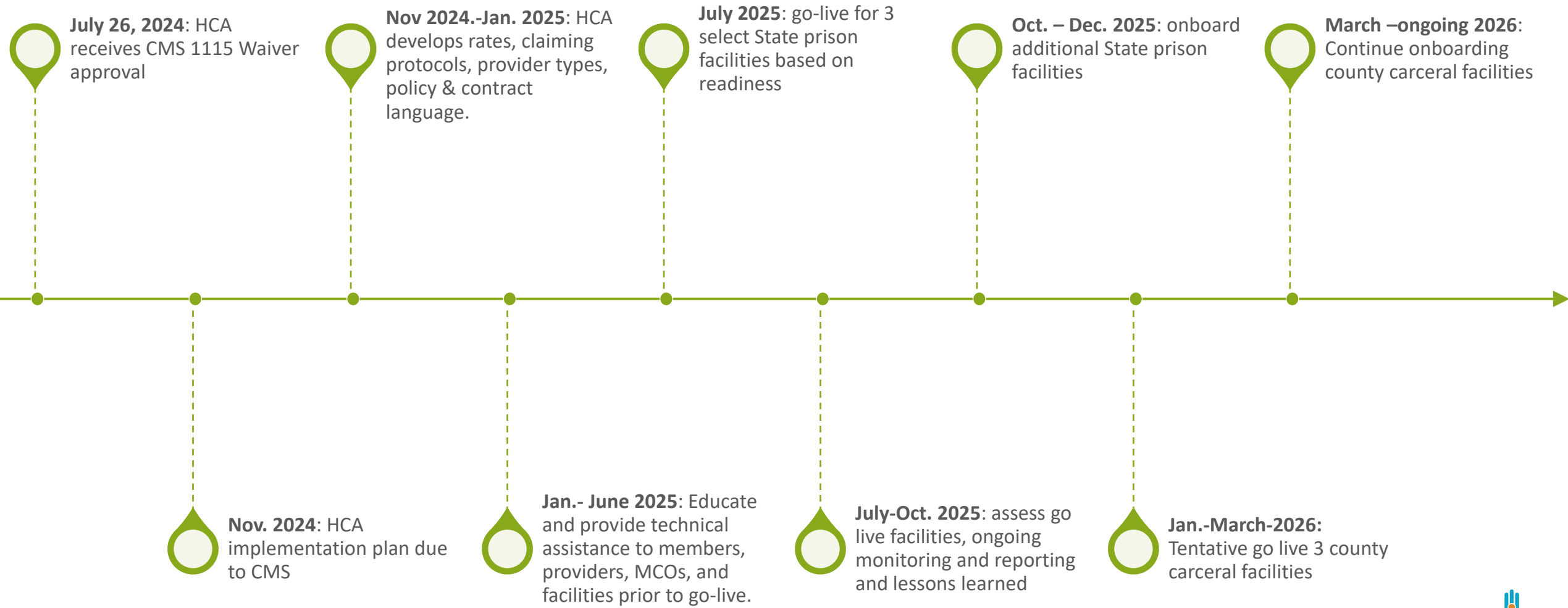
ALLOWABLE USES OF CAPACITY BUILDING FUNDING

As approved in Special Terms and Conditions (STCs)

- Technology and IT Services
- Hiring of Staff and Training
- 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 a milieu appropriate for provision of pre-release services
- Capacity Distribution Parameters:
- Support readiness as early as possible
- Front-load funding but provide some ongoing funding and flexibility post go-live
- Attach capacity milestones and payment to the readiness requirements
- Include guidance regarding allowability and ensuring costs correspond with Medicaid scope
- Set up to amounts with specific requests to be provided by facilities



JUSTICE RE-ENTRY PROGRAM: IMPLEMENTATION TIMELINE



NEXT STEPS

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: Thurs., Sept. 25, 10:00 -11:30 a.m.

WHERE: Online (Zoom)

Register in advance for this meeting:

bit.ly/JUSTHealthSept



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QUESTIONS?

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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
CHWs	Community Health Workers
CCBHC	Certified Community Behavioral Health Clinic
MCOs	Managed Care Organizations

