



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

Date: November 26, 2025

To: Gabriel Parra, CEO Presbyterian Health Plan

From: Jennifer Jones, Deputy Bureau Chief, Managed Care Oversight Bureau

CC: Dana Flannery, Medical Assistance Division (MAD); Michal Hayes, MAD Senior Deputy Director; Alanna Dancis, MAD Chief Medical Officer; Tallie Tolen, Acting Bureau Chief, Managed Care Oversight Bureau; Kathy Leyba, Quality Bureau Chief

RE: HCA Response to PHP Required Resubmission of August 22, 2025 Corrective Action Plan Response

On May 13, 2025 the New Mexico Health Care authority's Managed Care Oversight Bureau (HCA/MCOB) requested that Presbyterian Health Plan (PHP) develop and submit a Corrective Action Plan (CAP) pursuant to MSA Section 7.3. On June 30th, PHP submitted a Provider Network CAP response to HCA/MCOB. On August 22, 2025 HCA/MCOB responded to PHP indicating that PHPs response did not fully satisfy all criteria and requirements set forth in the May 13, 2025 CAP and resubmission of some elements was required.

The New Mexico Health Care Authority's Managed Care Oversight Bureau (HCA/MCOB) acknowledges receipt of Presbyterian Health Plan's (PHP) Corrective Action Plan (CAP) re-submission dated September 30, 2025, addressing deficiencies related to the provision of timely and comprehensive care for Children in State Custody (CISC).

Following a comprehensive review, HCA has determined that PHPs response still does not fully satisfy all criteria and requirements set forth in the CAP, issued May 13, 2025, and resubmission of some elements are required. Specifically, the submission lacks clearly defined measurable objectives, outcomes, and sufficient detail to determine if proposed remediation efforts will effectively resolve identified deficiencies. To support PHP in meeting its CAP obligations, HCA has provided feedback in the table below, including specific status on acceptance of the CAP for each sub-standard.

CAP #	CAP Description	HCA Acceptance Status
1. Behavioral Health Continuum of Care		
1.B	Where gaps exist, describe short-term and long-term strategies, with timelines, describing how PHP will address provider shortages and ensure access to care.	Contingent Acceptance Pending Resubmission/ Additional Reporting
HCA Response: No clear connection is made between the gaps identified in the Behavioral Health Network Map and the strategies included in the re-submission intended to address provider shortages and ensure access to care. Several service and provider types were listed, but there was no rationale for why those services/providers were identified while others		



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were left out. The response should specify the identified gaps and the corresponding strategy to be implemented to address *each* of the identified gaps.

Short Term Goal 1: Although PHP identifies the intent to support access by deploying strategies to integrate CCBHCs and defined timelines associated with these interventions, there is no mention of other options outside of CCBHCs.

Short Term Goal 2: PHP indicates that you are mapping referral pathways for HFW and CCSS, assessing provider availability and geo-access, and developing reporting to track and increase utilization. PHP also indicates that by December 31, 2025, PHP will increase completed referrals of CISC youth into High-Fidelity Wraparound (HFW) and Comprehensive Community Support Services (CCSS) by a combined total of at least 10% compared to the October 2025 baseline. **HCA rejects this short-term goal. There is no indication why these two services, alone, were prioritized above other evidence-based practices or how the 10% was arrived at. Additionally, the target of 10% over October 2025 baseline does not align with the DIT1 metrics agreed upon by HCA, CYFD and the Co-Neutrals which require that 30% of the total number of expected children to receive HFW/ICM/DBT/MST/TF-CBT/FFT/EMDR by December 31, 2025. EBP Use Rate (target) for each of the EBPs can be found in the December 2024 HCA & CYFD Behavioral Health Care Workforce Development Review. HCA rejects this strategy as currently designed and requires that PHP resubmit short-term smart goals/strategies that clearly identify the network gap, the corresponding strategy to address the gap and metrics that align with the Kevin S. Final Settlement Agreement DIT1 metrics for each of the prioritized evidence-based practices.**

Short Term Goal 3: PHP is completing a review and developing a referral pathway resource guide to be shared with the Care Coordination team. By 31 December 2025 PHP will ensure that 90% of care coordinators complete training on the new CISC Referral Pathway Guide, to improve timely referral to appropriate providers and reduce reliance on higher levels of care. **HCA accepts this goal/strategy contingent on PHP identifying a date that the referral pathway resource guide be completed and allow for review by HCA/MCBO prior to distributing to care coordinators and conducting training.**

Long Term Goal 1: By March 31, 2026, PHP will complete a feasibility and readiness assessment with Roya Health to evaluate the viability of establishing an in-state residential treatment program prioritizing CISC youth. **HCA accepts this goal/strategy.**

Long Term Goal 2: By June 30, 2026, PHP will explore collaborative opportunities to partner with at least one provider to achieve Mobile Response Stabilization Services (MRSS) certification and integrate MRSS referral into PHP's CISC crisis pathway. **HCA rejects this goal/strategy because the action being measured is "will explore collaborative opportunities" rather than implementing an actual strategy to expand mobile crisis services. PHP should resubmit a goal/strategy that includes the identified network gap in MRSS, the total number of MRSS providers needed to address the gap along with an achievable number of providers that can be fully contracted by June 30, 2026.**



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
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1.C	Describe how PHP is monitoring providers to ensure they are meeting appointment timeliness standards, as outlined in MSA 4.8.8.6 and 4.8.8.6.5.	Not Accepted
HCA Response <p>PHP did not submit any data to indicate what current baseline data is regarding network performance on appointment timeliness. HCA expects that baseline data would serve as the foundation for identifying success metrics for any targeted interventions to assess/improve upon appointment timeliness standards and so PHP must submit this data to HCA within 30 days of the date of this CAP response. Additionally, the CAP response continues to be vague and ambiguous. For example, PHP states “PHP will explore and pilot enhancements to further strengthen escalation pathways and support timely resolution of access barriers.” To be responsive to the CAP request, PHP needs to identify exactly what the pilot enhancements are, the timeline for implementation and assessment, and expansion of the pilot if successful. Further, the CAP response should include real-time data utilizing a technology solution that is not solely dependent on human inputs, secret shoppers or surveys. Further, the goals/strategies submitted do not address discussions that took place between PHP and HCA during their site visit which included discussions by PHP about evaluating “real time” appointment timeliness by pulling referral information from PHP’s system and matching this information with adjudicated claims to monitor progress with appointment timeliness standards in the contract.</p> <p>Goal 1: PHP is finalizing a draft survey to send providers to validate appointment timeliness. By 31 October 2025, PHP will distribute standardized appointment availability surveys to all contracted providers who have given PHP their electronic contact information, measuring wait times for new and established patients against Medicaid timeliness standards. PHP will track response rates and follow up with non-responding providers to ensure broad representation of provider input. HCA accepts Goal 1, however provider surveys and self-attested wait times do not meet expectation of measuring appointment timeliness.</p> <p>Goal 2: PHP is exploring system changes that will better track and automate care coordination data to help validate appointment timeliness. By 31 December 2025, PHP will implement a standardized question in all PHP care coordinator touchpoints with CISC members to measure access against Medicaid timeliness standards, and capture responses from a representative sample of the CISC population documented in the care management system. HCA accepts Goal 2, however questionnaires/surveys do not meet the expectation of measuring appointment timeliness.</p> <p>Goal 3: By 31 March 2026, PHP will establish a standardized quarterly Appointment Timeliness Report process that aggregates provider survey results, contractually required secret shopper survey results, and member-reported access data to measure compliance with Medicaid standards and identify regional gaps. HCA accepts Goal 3, however provider surveys, secret shopper information and/or self-reported data does not, alone, meet the expectation of measuring appointment timeliness.</p> <p>Goal 4: By 31 March 2026, PHP will identify at least one program enhancement to pilot that will strengthen appointment timeliness monitoring, with a focus on improving escalation pathways and barrier resolution, documenting lessons learned and feasibility for long term adoption. HCA rejects Goal 4.</p>		



Michelle Lujan Grisham, Governor
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 Dana Flannery, Medicaid Director

1.E	Submit oversight procedures and a monthly report for in-state and out-of-state CISC members, including but not limited to a. Individual CISC medical record reviews, completion dates, staff responsible, and frequency of reviews b. Discharge planning indicating inclusion of Children Youth and Families Department (CYFD) c. Escalation from care coordinators to PHP leadership of issues/concerns with placements or clinical concerns with child placement, with timeframes d. Dates PHP has monitored placement facilities to ensure safety and efficacy of emergency placements; in-person care coordination visits, include staff responsible and frequency e. Oversight of routine care for CISC members, include dates of follow-ups, provider types, completed coordination, and internal monitoring efforts f. Submission of process improvements to interagency critical incident review (CIR) communication, including timeframes, oversight, and infrastructure to the monitor the Critical Incident Report (CIR) process.	Contingent Acceptance Pending Resubmission/ Additional Reporting
<p>HCA Response:</p> <p>In general, the submission for 1.E lacks submission of required oversight procedures as required by the CAP. To be responsive, PHP needs to submit Policies and Procedures for each of these reports that describe the processes that will be followed to ensure the reporting is documented and submitted consistently. Policies and Procedures must include timeliness of monitoring for compliance with the MSA and revised escalation processes. Additionally, PHP must submit samples of physician reviews along with review procedures. PHP indicated that items 1.E a-f are complete, but HCA disagrees with the assertion that any of these items are currently complete and remain the subject of the current CAP and require resubmission.</p> <p>Goal 1: PHP currently ensures 100% of CISC members in a 24-hour level of care (Acute Inpatient/AIP, Residential Treatment Centers/RTC, and Foster Care/FC Levels I & II) receive Medical Director chart reviews at the required frequency: within one week of notification for AIP, monthly for RTC, and quarterly for FC I & II, as identified through the member's Level of Care (LOC) and reported in the Define, Measure, Analyze, Improve, Control (DMAIC) process. This tiered approach was implemented on February 1, 2025, and is considered completed and ongoing. See CISC 24 LOC Member MD Review Log Template. HCA requires that PHP submits a sample of the review from the physician and a description of what the review entails (i.e. what is being reviewed) and how the review correlates with the member's care.</p> <p>Goal 2: PHP will continue to participate in discharge planning meetings and document efforts to validate CYFD's inclusion in discharge planning for out-of-state RTC members ongoing. This detail will be cataloged on the OOS RTC dashboard which houses a column "R" to indicate CYFD involvement in discharge planning. This item is noted as complete and ongoing. See Out of State RTC Dashboard Template. HCA requires that PHP submit oversight procedures related to this requirement to include Policies & Procedures for the Out of State RTC Dashboard that describes the processes that will be followed to ensure the reporting is documented and submitted consistently. The "discharge plan" column of the report only indicates the child's ultimate placement plan but does not indicate that active discharge planning is occurring that would effectively support the child's transition community-based treatment options.</p>		



Michelle Lujan Grisham, Governor
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Goal 3: PHP has formalized and operationalized a standardized escalation tracking process to document 100% of escalations from Care Coordination and Utilization Management, ensure timely notification to the CISC Clinical Director, Senior Clinical Project Manager, and CYFD partners. Interim tracking will continue via email and spreadsheets until the escalation tracker is fully implemented.

Goal 4: PHP will continue to track in-person care coordination visits, ensuring we provide 100% outreach attempts to schedule and complete a touch point. Touchpoints completed are reflected in Report 70. Any concerns for safety of wellbeing will be escalated and reported to the PPW. Concerns that require formal escalations will be followed through accordingly through the CIR or QOC process. Completed and Ongoing. **This response is incomplete. In addition to the information included herein, HCA also requires that PHP submit Policies, Procedures and Reporting that indicates PHP is monitoring facilities for safety and efficacy of emergency placements.**

Goal 5: PHP Routine care and services for CISC members are monitored in a variety of ways. Report #70 monitors well child visits (WCVs) on a quarterly basis. In addition, the Clinical Manager now has access to a report to manage and monitor needed WCVs on a more of a real-time basis. Comprehensive Care Plans (CCPs) are updated on a monthly basis. Additionally, CNAs, HRAs, and member touchpoints are conducted as scheduled. Complete and Ongoing. **HCA requires that PHP submit oversight Policies and Procedures related to this requirement that describes the processes that are followed to ensure the data collection, reporting and necessary client follow up is performed. In addition to tracking WCV information, HCA also requires that PHP track and report on other routine care an services such as behavioral health services.**

Goal 6: PHP has proposed a revised escalation process for CISC CIRs to HCA in writing. Currently, PHP has operationalized that current escalation process. PHP continues to meet with HCA on the process to review for adjustments. **HCA requires the following:**

1. **The written PHP policy and review process PHP has implemented to identify incidents that meet the established CYFD escalation criteria. This must include the method of review:**
 - a. **The PHP individual managing the process and ensuring adherence to the Policy and Procedures, as well as ensuring monitoring and tracking of the incident to ensure the health and safety of the child in state custody;**
 - b. **The individual responsible for reporting the incident to CYFD;**
 - c. **The individuals from CYFD and PHP taking the lead on mitigating the identified risk;**
 - d. **The process for reporting the escalated incident to CYFD's Statewide Central Intake.**
2. **The process for tracking and monitoring the incident and actions taken by CYFD and PHP to ensure successful outcomes and elimination of risk (date of closure) and for ensuring all information regarding the incident is entered into the HCA Incident Portal, to ensure awareness for HCA.**
3. **A reporting template that addresses the escalation criteria established by CYFD and tracking and monitoring for each escalated incident. This should include the date the incident was entered into the HCA Portal; actions taken by CYFD and PHP; the date of the SCI report; and the date the incident was closed. The report should be available to HCA upon request to ensure PHP's compliance with monitoring and reporting of CISC incidents escalated to CYFD by PHP.**



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 Dana Flannery, Medicaid Director

2. Efforts to Bring Children Placed Out-of-State Back to New Mexico		
2.A	Narrative of monthly efforts that ties to out-of-state reporting in 1E (a-f).	Not Accepted
<p>HCA Response:</p> <p>The strategies outlined in the stated goals are not clearly linked to the ultimate goal of bringing CISC back in-state. The dashboard provided lacks sufficient information (e.g. medical/clinical notes and review, barriers to bringing CISC back in-state, and active discharge planning including family involvement). The submitted information also does not contain information regarding outreach to in-state providers or ultimate resolution.</p> <p>Goal 1: PHP will continue to maintain a dashboard that tracks and monitors 100% of CISC youth placed in out-of-state RTCs, including barriers to discharge, discharge planning steps, permanency goals, and action steps identified during Utilization Management reviews and multi-agency rounds. See attached Out of State RTC Dashboard template.</p> <p>Goal 2: PHP engaged with the CYFD coordinator to explore opportunities for increased collaboration and use of the CANS. By 31 December 2025, PHP will collaborate with HCA and CYFD to reinforce the value of CANS assessments by ensuring CANS integration is a standing agenda item in weekly Out-of-State RTC meetings, using PHP's RTC dashboard to highlight case-level opportunities where CANS results can support treatment planning, permanency goals, and discharge readiness. HCA accepts this goal.</p> <p>Goal 3. By 31 March 2026, PHP will implement the standardized application of Medical Necessity Criteria (MNC) for Treatment Foster Care (TFC) Levels I & II, including completion of the following milestones by:</p> <ul style="list-style-type: none"> • 30 September 2025: PHP held a workgroup to review the current TFC MNC and develop future recommendations on language changes. PHP will also review the current and future state utilization review and MNC workflows and develop process maps for each. • 31 December 2025: PHP will outline a plan to submit recommended MNC language changes to HCA for review and approval. HCA requires that this submission include current and future state utilization review and MNC workflows and process maps for each, in addition to the recommended MNC language changes for HCA review and approval. • 31 January 2026: Upon HCA approval, PHP will outline, schedule, and request required system enhancements. • 15 March 2026: PHP will develop training and notification plan for staff and providers. • 31 March 2026: PHP will Go-Live with standardized MNC application for all TFC reviews. <p>HCA requires that PHP address application of MNC for Residential Treatment Centers and other levels of care, not just TFC. HCA also requires that PHP submit all current MNC policies and procedures.</p>		



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
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Dana Flannery, Medicaid Director

2.B	Specific plan for children who have been in out-of-state Residential Treatment Center (RTC) for longer than 90 days. The plan should include but not be limited to individuals involved, staffing dates, coordination with in – state placements, and if no facility has been determined, efforts to meet the medically necessary needs of the child in-state.	Not Accepted
HCA Response HCA does not accept the CAP response provided in 2.B, as the response identifies data tracking and reporting measures, but does not specify a plan for children who have been in out-of-state RTCs for longer than 90 days. Goal 1: Complete. PHP participates in 100% of weekly joint staffings with CYFD’s Out-of-State RTC team to identify progress, discharge readiness, and opportunities for in-state placement. Complete and ongoing. Goal 2: By 31 December 2025, PHP will enhance its existing monthly joint rounding between PHP Utilization Management and CISC Care Coordination to review out-of-state RTC cases, by adding systemic evaluations of service quality, discharge readiness, and systemic barriers, with findings documented for continuous improvement. Goal 3: By 30 June 2026, PHP will enhance its existing monthly Medical Director reviews for 100% of CISC youth (in OOS RTC >90 days) by incorporating DMAIC methodology to document treatment progress, permanency planning, and discharge readiness. Goal 4: By 30 June 2026, PHP will expand our OOS RTC dashboard to include a dedicated long-stay (>90 days) tracking field, updated monthly, that documents discharge barriers, treatment progress, and PHP-led interventions. These SMART goals demonstrate PHP’s commitment to timely discharge planning and reducing reliance on out-of-state placements. Through these actions, PHP ensures consistent oversight of children in long-term out-of-state RTC placements, strengthens interagency discharge planning, and embeds healthcare-driven quality safeguards into routine monitoring. By maintaining full participation in weekly staffing and monthly rounds, enhancing Medical Director reviews for long-stay youth, and expanding the RTC dashboard to flag long-stay cases, PHP reinforces its commitment to timely, collaborative, and high-quality care for children and families.		
3. Pharmacy		
3.A	Submission of PHP’s data dashboard reviewing and monitoring medications, polypharmacy and psychotropic medications for CISC Members.	Accepted and Closed
HCA Response HCA accepts the CAP response to 3.A on the condition that PHP conduct a longitudinal analysis to ensure that the prescribing practices were impacted based on the outreach indicating that the prescribing practices were improper. Goal 1: PHP will continue applying five pre-selected clinical pharmacy algorithms each quarter to monitor CISC members for polypharmacy and psychotropic medication concerns, including antipsychotic use in members under 19, stimulant/alpha-2 agonist use without indication, and gaps in lab monitoring. Results will be documented in the Clinical Pharmacy dashboard each quarter. Complete and Ongoing. Goal 2: PHP will continue provider outreach to outlier prescribers identified through quarterly algorithm reporting,		



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor

Kari Armijo, Secretary

Dana Flannery, Medicaid Director

prioritizing those with the highest member volume and clinical significance. Outreach activity and consultation outcomes will be documented monthly by the Clinical Pharmacist and reflected in the Clinical Pharmacy Dashboard. Complete and Ongoing.

Goal 3: PHP will continue to submit Report #44 on a quarterly basis to identify CISC members prescribed psychotropic medications without appropriate assessment, worsening symptoms despite treatment, or inconsistent prescribing with diagnosis. Results are reviewed by the Clinical Pharmacy team and incorporated into the Clinical Pharmacy Dashboard. Complete and Ongoing.

Goal 4: PHP will continue providing monthly updates to the Clinical Pharmacy dashboard, integrating insights into Report #44 and InforMED workflow data as appropriate, with results summarized in a dashboard/slide deck format for internal and external reporting. Complete and Ongoing.

Additionally, PHP is in the process of finalizing a Clinical Pharmacy Program Executive Summary and DMAIC framework, which will provide a structured approach for managing and monitoring pharmacy program outcomes. This enhancement will include an in-depth description of program goals, identification of target populations and prescribers, outlined interventions, and metrics to track longer-term impacts. PHP anticipates that bi-annual outcome reviews will begin in Fall 2025, in addition to the quarterly reporting already in place. These enhancements demonstrate PHP's continued investment in strengthening oversight beyond contract requirements.



Michelle Lujan Grisham, Governor
 Kari Armijo, Secretary
 Dana Flannery, Medicaid Director

4. Network Adequacy CAP Elements		
4.A	Efforts to review and expand Treatment Foster Care (TFC) and the CISC network, including family-based placements with supportive services and immediate crisis care services for children, resource families, and TFC providers to leverage prior to disruption.	Contingent Acceptance Pending Resubmission/ Additional Reporting
<p>HCA Response</p> <p>HCA does not accept the CAP response for 4.A. The response overall lacks the details necessary for HCA to fully assess compliance with the CAP. The goals do not directly correlate with expanding Treatment Foster Care and the CISC network.</p> <p>Goal 1: PHP has developed a TFC Provider Advisory group to promote collaboration, communication, and mutual support between TFC providers and PHP. The group will provide valuable insights and recommendations to enhance the quality of TFC services, along with support and training to better serve children and youth with complex emotional and behavioral needs. PHP scheduled the first TFC Provider Advisory Group meeting for 9/29/25, developed a charter, and agenda, and sent invitations to TFC providers. By 31 December 2025, PHP will launch the TFC Provider Advisory Group to have a majority of TFC providers (4 or more) attending the meetings.</p> <p>Goal 2: PHP is working with national training partner, Psych Hub, to offer Evidence-Based Resources to agencies and families. By 31 December 2025, PHP will offer a new behavioral health training platform to 100% of currently contracted TFC providers. HCA requires that more detailed information be provided about Psych Hub and how it will support efforts to review and expand Treatment Foster Care and the CISC network. Additional details should include but not be limited to the class format, content, and requirements (i.e. optional vs. mandatory) for the training. Submission of the detailed information is required for informational purposes, but will not, alone, satisfy the overall CAP requirements of 4.A.</p> <p>Goal 3: PHP reviewed alternative payment models that we incorporated into our TFC strategy. PHP will include discussion on alternative payment model options in the TFC Provider Advisory group meetings to get provider feedback. By 31 December 2025, PHP will review and document alternative payment model options, including tiered rates, acuity-based incentives, and pay-for- performance structures, with feedback solicited from the TFC Provider Advisory Group.</p> <p>Goal 4: PHP CISC Program Director connected with All Faiths Fiesta Project to explore partnership interest. By 31 December 2025, PHP will identify and document at least one local community-based organization offering home visiting or family support services to inform outreach strategies and expand family-based placement options. HCA requires that PHP submit additional information describing the All Faiths Fiesta Project and how it relates to Treatment Foster Care. Submission of additional information is required for informational purposes, but will not, alone, satisfy the overall CAP requirements of 4.A.</p> <p>Goal 5: PHP has drafted a campaign proposal to ignite interest amongst all Presbyterian employees to support children in placed in the foster care system. This draft is undergoing leadership, human resources and legal</p>		



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

review. By 31 December 2025, PHP will develop and disseminate a foster family recruitment campaign targeted at Presbyterian employees, with campaign materials documented and initial outreach completed.

Goal 6: PHP is exploring additional opportunities that will support families caring for children in state care. By 31 December 2025, PHP will identify at least one program enhancement to pilot that will support foster parents and strengthen retention rates for TFC families to be launched in 2026.

4.C	Describe the barriers and solutions PHP operationalized or will implement to expand the provider network. Include any innovations with building and maintaining placements and meeting the needs of the CISC population. Details must include: a. The number of contacts/outreaches made with non-contracted TFCs b. Interventions/supportive services provided to members to maintain and support emergency placements c. Summary of workforce expansion efforts and data, as identified in PHP's recruitment plan d. Dates and brief content summaries of meetings with Mesilla Valley Hospital, the Univ. of NM, and Presbyterian delivery system e. Results of the meetings and dates of new contracts/initiated contracts, including expanded capacity to improve access to care for CISC in New Mexico f. Five actions/solutions, with implementation timeframes to proactively address impediments to TFC placements or network capacity issues	Contingent Acceptance Pending Resubmission/ Additional Reporting
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HCA Response

PHP's initial response to 4.C indicated outreach to 12 non-contracted providers, but no outcome was provided from this outreach that would indicate how it informed PHP's approach to expanding the provider network or barriers that would prevent them from expanding. HCA requires that PHP submit documentation of the result of these outreach efforts. HCA also requires that PHP submit information regarding the outcomes that have been achieved through the collaboration with Mesilla Valley Hospital, UNM and PHS. The response should include quantitative data to reflect how these meetings had a direct impact on network development and service expansion. HCA also requires that PHP submit specific information regarding barriers to network expansion.

Goal 1: PHP leadership reviewed the KidsPeace TFC proposal on 8/20 and provided feedback asking KidsPeace to provide an implementation plan. By 30 October 2025, PHP will assess the viability of the KidsPeace TFC proposal, including a long-term implementation plan and recruitment strategy. **HCA requires that PHP provide information related to this proposal including but not limited to the proposal location, provider capacity, services provided, timeframe to launch, implementation plan and provider recruitment strategy.**

Goal 2: PHP collected data and is analyzing Comprehensive Community Support Services provider utilization to inform referral pathways for treatment teams to consider CCSS as an option, when appropriate. By 30 November 2025, PHP will complete analysis of CCSS utilization data and integrate CCSS



Michelle Lujan Grisham, Governor
 Kari Armijo, Secretary
 Dana Flannery, Medicaid Director

into care coordination referral pathways for CISC youth, as part of the broader referral pathway strategy outlined in Section 1.B.

Goal 3: PHP met internally on 8/14 and 8/20 to discuss the TFC Bridge Program components and then with La Clinica on 9/8 to review best practices for family placement; a draft program description and payment structure have been completed and will be sent to La Clinica for consideration as a pilot provider. By 31 December 2025, PHP will pilot the TFC Bridge Program with at least one provider agency to increase TFC referral acceptance rates. **HCA requires that PHP submit a proposal of the TFC Bridge Program including details on location, capacity, services provided and timeline to launch.**

Goal 4: PHP engaged with the CYFD coordinator to explore opportunities for increased collaboration and use of the CANS. By 31 December 2025, PHP will implement a monthly review of outstanding CANS assessments for CISC youth, escalating missing assessments to CYFD and HCA. **HCA accepts Goal 4.**

Goal 5: PHP, CYFD and Presbyterian Delivery System innovatively partnered to socially admit three unique medically complex care members who were in transition (out of state, in between placements and new to state care) who did not have appropriate licensed placements to care for their immediate needs. PHP will continue to leverage this positive experience to continue innovative partnership dialogue with interested parties. As of this CAP submission, PHP is in exploratory dialogue with Presbyterian delivery system to assess new program development that increase capacity for CISC youth. **HCA requires that PHP submit outcomes data that resulted from this partnership.**

4.E	Describe how PHP is monitoring and leveraging the current network to improve access to WCVs for children at risk of not receiving a WCV within 30 days of entry into state custody. Data should include and identify WCVs provided by in-state and out-of-state providers.	Accepted and Closed
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HCA Response:

HCA accepts the response to 4.E. PHP is appropriately collaborating with HCA and CYFD on issues with well child visit scheduling and progress is reported through regular deliverables.

Goal 1: Completed milestone: By 31 August 2025, PHP completed a value-based contract with First Choice Community Healthcare (FCCH) that includes a service area covering at least 50% of CISC members. The contract provided \$150,000 in upfront funding to support adding a licensed pediatrician, required staff training in trauma-informed care, committed to WCV scheduling within 30 days of PHP request, and established a scheduling process with Presbyterian Care Coordination and Patient Services to expedite WCVs. **Contingent on WCV scheduling of visits within 30 days of entry into custody instead of within 30 days of PHP's request, HCA accepts this goal.**

Goal 2: By 30 November 2025, PHP will finalize and publish the FCCH expedited-scheduling workflow, including an introductory meeting between scheduling teams, written scheduling instructions stored in PHP's care reference system, and confirmation of provider training.

Goal 3: PHP continues to support the CYFD pilot project that provides early notification to PHP for WCV scheduling and is documenting areas of opportunity to strengthen the collaboration to foster greater outcome success. By 31



Michelle Lujan Grisham, Governor

Kari Armijo, Secretary

Dana Flannery, Medicaid Director

December 2025, PHP will create and submit to CYFD and HCA a custody-notification proposal that incorporates best practices from other Medicaid child welfare contracts to establish a consistent 30-day “time clock” for WCV scheduling. The proposal will define the custody-entry date that starts the clock, outline each agency’s responsibilities, and recommend a reporting structure that supports the unique dynamics of a child welfare system while ensuring WCV completions are tracked consistently, even when Medicaid eligibility or retroactive enrollment dates vary.

Goal 4: PHP is exploring incentives for providers to support an increase of WCV timely completion. By 31 December 2025, PHP will pilot provider incentive models, including prepaid appointment slots or enhanced reimbursement, for pediatric providers that support WCV completion within 30 days for newly enrolled CISC members.



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

While HCA has accepted and closed certain sub-standards for ongoing reporting under the CAP, the CAP itself remains **open**. PHP is required to resubmit information for required elements that were not accepted or contingently accepted by HCA and must continue submitting evidence to demonstrate progress and compliance with CAP requirements. Any instances of non-compliance may be subject to additional or progressive compliance actions.

To accommodate the timeline for technical assistance, HCA is suspending the CAP submission previously due November 30, 2025. PHP's next CAP submission is due December 30, 2025, and monthly thereafter until the CAP has been closed. The December submission must address all reporting requirements and elements outlined by HCA during the mandatory technical assistance session. All CAP submissions must be sent to HCA-MCOCDeliverables@hca.nm.gov.

PHP must work cooperatively with HCA to address and resolve HCA's concerns pursuant to MSA Sections 1.7 and 7.32. Failure to demonstrate compliance with requirements may result in additional compliance actions, pursuant to MSA 7.3, up to and including sanctions.

If you have any questions, please contact your MCO contract manager.

A handwritten signature in black ink, appearing to read "Jr Jones".

Jennifer Jones
New Mexico Health Care Authority
MCOB Deputy Bureau Chief
Jenniferr.jones@hca.nm.gov