



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

Date: February 18, 2026

To: Jennifer Turrietta, Presbyterian Health Plan, Vice President Turquoise Care

From: Derek Pino, Bureau Chief, Managed Care Oversight Bureau

CC: Alanna Dancis, Medical Assistance Division (MAD) Acting Medicaid Director; Michal Hayes, MAD Senior Deputy Director; Jennifer Williams, Deputy Chief Medical Officer; Derek Pino, Managed Care Oversight Bureau Chief; Kathy Leyba, Quality Bureau Chief; Jennifer Jones, Managed Care Oversight Deputy Bureau Chief

RE: HCA Response to PHP Required Resubmission of December 31, 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 PHP's response did not fully satisfy all criteria and requirements set forth in the May 13, 2025 CAP and resubmission of some elements was required and another re-submission received, dated September 30, 2025. On November 26, 2025 HCA/MCOB responded to PHP indicating that PHP's response did not fully satisfy all criteria and requirements set forth in the May 13, 2025 CAP and resubmission of some elements is again, 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 December 31, 2025, addressing deficiencies related to the provision of timely and comprehensive care for Children in State Custody (CISC).

HCA has reviewed PHP's corrective action plan (CAP) submission and, while the response satisfies the **minimum requirements** to be deemed **accepted**, unless indicated otherwise below, this acceptance does not indicate closure of the underlying findings; rather, it initiates a period of **intensified oversight through June 30, 2026**, to confirm timely and sustained execution of PHP's remediation strategy. During this period, the State will conduct **monthly monitoring meetings** with PHP to evaluate progress against the CAP's designated **milestones and deliverables**. PHP will be expected to provide objective evidence each month (e.g., network reports, audit results, workplans, training materials) showing progress toward milestone completion; **failure to meet any milestone**—including missed deadlines, insufficient evidence, or regression in performance—will result in HCA initiating enforcement actions, including **sanctions** that may be assessed **up to 2% of PHP's monthly capitation payment**, consistent with contractual and regulatory authority. HCA considers this active monitoring essential to quality assurance, member protection, and program integrity, and emphasizes that sanctions may carry additional operational and financial implications for the MCO, including heightened reporting requirements and potential escalation of oversight should performance not stabilize and improve as committed.



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.	Accepted Pending Monitoring/ Additional Reporting
<p>HCA Response The response should specify the identified mapping of services and gaps and based on that mapping, outline the corresponding strategy to be implemented to address <i>each</i> of the identified gaps. This mapping of services may not be limited to a select provider set. Data on services should be captured through referrals and claims both to show progression over time.</p> <p>Short Term Goal 1: HCA accepts this goal conditional on monitoring process and impact of proposed strategies to meet the goal.</p> <p>Short Term Goal 2: PHP indicates that you are proposing the use of HFW to drive CANS completion by referring CISC to HFW providers to complete the CANS prior to initiation of HFW services. HCA accepts this strategy as it promotes a workaround to increasing uptake of CANS completion. However, HCA requires PHP to include in their monitoring plan, an escalation plan to HCA and CYFD when a CANS is not received by CYFD. Also, as part of the monitoring plan, PHP must submit a strategy to address any identified gap in contracted providers trained in the prioritized EBPs and metrics that align with the Kevin S. Final Settlement Agreement DIT1 metrics for each of the prioritized evidence-based practices.</p> <p>Short Term Goal 3: HCA accepts this goal, as trainings have already been provided. However, the slide decks for training (CISC CAP referral process, CYFD overview and Crisis Intercept CC training) are not accepted for use in any future trainings. Any future staff trainings on this topic will require HCA review and approval prior to administering the training.</p> <p>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 accepted this goal/strategy but requires additional monitoring.</p> <p>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 accepts this goal but requires additional monitoring for efficacy of the strategy and gap mitigation.</p>		



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

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.	Accepted Pending Monitoring/ Additional Reporting
<p>HCA Response</p> <p>HCA accepts this response but expects PHP to submit data to indicate what current baseline data is regarding network performance on appointment timeliness. HCA expects that baseline data will serve as the foundation for identifying success metrics for any targeted interventions to assess/improve upon appointment timeliness. This CAP element remains open for monitoring. As part of ongoing monitoring, HCA is requesting summaries and actionable items from meetings between PHP’s network and Clinical teams or other discussions where provider access and service availability across the continuum of care are discussed.</p> <p>Goal 1: By March 31, 2026, 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 this goal pending monitoring and expects PHP to articulate a plan that includes members who have refused Care Coordination and develop a long-term strategy to measure all referrals.</p> <p>Goal 2: By December 31, 2025, PHP will implement an enhanced appointment timeliness monitoring approach leveraging established Well Child Visit process to improve real time visibility, escalation, and validation of access to care. HCA accepts this goal pending monitoring to ensure ongoing and sustained appointment timeliness for WCVs.</p>		



1.E	<p>Submit oversight procedures and a monthly report for in-state and out-of-state CISC members, including but not limited to</p> <ul style="list-style-type: none"> 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. 	Accepted Pending Monitoring/ Additional Reporting
-----	--	---

HCA Response:

In general, the submission for 1.E is accepted but remains open for monitoring by HCA.

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 accepts this goal but rejects the submission of the PHP Discharge Plan Narrative. HCA requests PHP submit a version of this document focusing solely on PHP as part of continued monitoring for this goal.**

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 accepts this goal and the submissions therein for ongoing monitoring.**

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. **HCA accepts this goal and the submissions therein for ongoing monitoring.**

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



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

escalations will be followed through accordingly through the CIR or QOC process. Completed and Ongoing. **HCA accepts this goal and the submissions therein. However, HCA asserts that PHP is responsible for scheduling all members within timelines and ensuring that there is an adequate network to meet all service needs in a timely manner and provide equal access to all members.**

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 accepts this goal and the submissions therein. HCA requires that PHP provide updates on processes that are followed to ensure the data collection, reporting and necessary client follow-up is performed as part of monitoring. In addition to tracking WCV information, HCA also requires that PHP track and report on other routine care and services such as behavioral health services, including maternal depression screening, as part of monitoring.**

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 accepts this goal and the submissions therein for ongoing monitoring.**



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).	Accepted Pending Monitoring/ Additional Reporting
<p>HCA Response:</p> <p>PHP’s action plan for 2.A, which outlined PHP’s role in the timely return of children in state custody from out-of-state RTC’s to New Mexico, did not indicate that PHP is responsible for providers, which is clearly part of PHP’s contractual obligations. HCA is not approving a new TFC process through the CAP at this time. However, HCA is accepting the goals outlined in 2.A, pending additional review and ongoing monitoring of PHP’s timely progress towards the goals outlined and their overall impact.</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. HCA accepts this goal, but PHP’s use of the Out of State RTC Dashboard and its impact remain open for monitoring.</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 pending ongoing monitoring and requires PHP to establish an escalation path when a CANS is not received by CYFD.</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. • 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 agrees that all services authorized and reimbursed shall be medically necessary. HCA agrees with PHP’s efforts to ensure that approved services meet medical necessity criteria, and that PHP’s policies and processes comport with CMS guidelines and agreed upon medical necessity standards, however HCA rejects this goal since it does not directly address the concerns that are basis of this corrective action plan. If PHP revises the medical necessity criteria and/or processes used to approve TFC services, HCA requires that any changes be reviewed and approved by HCA prior to implementation. Once implemented, when CISC are denied TFC services due to the application of - medical necessity criteria, PHP shall identify alternative appropriate services and/or levels of care to support timely access to appropriate services.</p>		



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting 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.	Accepted Pending Monitoring/ Additional Reporting
<p>HCA Response</p> <p>HCA does not accept the CAP response attachments for the Discharge Plan Narrative or the CISC OOS RTC Discharge Planning and Policy because PHP is asserting CYFD’s role, which is not appropriate for PHP’s CAP. PHP should be focused on their own efforts in the CAP response. As part of ongoing monitoring, HCA will review the RTC dashboard.</p> <p>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. HCA accepts this goal, but this element remains open for monitoring.</p> <p>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. HCA rejects the Discharge Plan Narrative submission from PHP. HCA accepts this goal, but this element remains open for monitoring.</p> <p>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. HCA accepts this goal, but this element remains open for monitoring.</p> <p>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. HCA accepts this goal, but this element remains open for monitoring.</p>		



3. Pharmacy		
3.A	Submission of PHP's data dashboard reviewing and monitoring medications, polypharmacy and psychotropic medications for CISC Members.	Accepted and Closed
<p>HCA Response</p> <p>HCA accepts the CAP response to 3.A.</p> <p>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.</p> <p>Goal 2: PHP will continue provider outreach to outlier prescribers identified through quarterly algorithm reporting, 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.</p> <p>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.</p> <p>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.</p>		



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.	Accepted Pending Monitoring/ Additional Reporting

HCA Response

HCA accepts PHP's CAP response for 4.A. However, the CAP remains open for ongoing monitoring of timely progress towards goals and the impact of these goals on PHP's obligation to expand and review services for TFC and the CISC network under the CAP.

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.

HCA acknowledges PHP's December 31, 2025 CAP response assertion that the TFC advisory group was launched and has met three times to date. HCA accepts this goal. However, the element remains open for monitoring of these meetings and the efficacy of these meetings in expanding PHP's TFC and CISC network and reducing service disruption. PHP shall include HCA and CYFD in these monthly TFC Advisory Group meetings going forward.

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 accepts this goal and the submission therein. However, this element remains open for monitoring of ongoing efforts and impact on meeting the requirements for network review and expansion under the CAP.**

Goal 3: By December 31, 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. This goal directly supports expansion and sustainability of the Treatment Foster Care and CISC provider network by addressing financial viability and alignment of reimbursement with acuity and service intensity. By engaging TFC providers in the development of alternative payment models that recognize the complexity of caring for high-acuity CISC youth, PHP is strengthening provider retention, increasing willingness to accept and maintain placements, and reducing provider attrition. These efforts support stabilization of the existing network and create conditions necessary for responsible network expansion. **HCA accepts this goal. However, the element remains open for monitoring. As part of ongoing monitoring, HCA expects PHP to share TFC provider feedback, create interim timelines and milestones, and provide sufficient documentation to HCA to monitor the timely progress and impact of all steps taken, including documentation on how PHP will evaluate and implement the APMs and performance measures. HCA will also expect PHP to evaluate and report to HCA on the post-implementation impacts on PHP's TFC network. The costs for any APMs or other provider incentives implemented by PHP as a result of these efforts will not be attributed to HCA either directly or indirectly.**



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

Goal 4: By December 31, 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 accepts PHP's informational submission describing the All-Faiths Fiesta Project and how it relates to Treatment Foster Care. HCA reiterates that this submission of additional information is required for informational purposes but alone does not satisfy the overall CAP requirements of 4.A.

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 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.

HCA accepts this goal as it relates to PHP's role and responsibility to ensure an adequate network of TFC providers. This element remains open for monitoring of impact towards PHP's obligation to expand services for TFC while working in collaboration with CYFD.

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.

HCA accepts this goal. However, this element remains open for ongoing monitoring. PHP indicated it has, "...undertaken targeted exploratory and operational activities to identify program enhancement pathways that may strengthen Treatment Foster Care capacity, improve foster family retention, and support statewide efforts to reduce reliance on out of state placements for youth with high behavioral health acuity." As part of HCA monitoring, PHP will be expected to provide a plan of action with roles and responsibilities. Monitoring will also include the requirement for updates on how this exploratory work yields new contracts or implementation of a new model that has a direct impact on PHP's obligation to expand and review services for TFC and the CISC network under the CAP. This goal alone does not satisfy the overall CAP requirements of 4.A.



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

4.C	<p>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:</p> <ul style="list-style-type: none"> 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 	Accepted Pending Monitoring/ Additional Reporting
<p>HCA Response</p> <p>HCA acknowledges PHP’s response to 4.C indicating outreach to 11 non-contracted providers. HCA agrees that the requirement to identify barriers specific to TFC was met by PHP’s response on December 31, 2025. HCA monitoring for 4.C will include efforts by PHP to encourage, support, and escalate challenges to HCA specific to early and robust discharge planning. Monitoring will also include PHP’s ongoing efforts to address barriers in the locus of control of PHP identified PHP’s TFC network, including supporting referrals to services to support stable placement in TFC. Furthermore, HCA will monitor PHP’s efforts with Charlie Health and efforts to address the network gap of PHP having an in-person IOP in Otero County.</p> <p>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 acknowledges PHP provided the requested 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. HCA accepts this goal, but this element remains open for monitoring of ongoing efforts, including provider recruitment, and progression of milestones and timelines for this goal as outlined by PHP. Any costs associated with implementing the proposal in this goal will not be attributed to HCA either directly or indirectly.</p> <p>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 into care coordination referral pathways for CISC youth, as part of the broader referral pathway strategy outlined in Section 1.B. HCA accepts this goal. However, this element remains open for monitoring.</p>		



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

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 accepts this goal. However, this element remains open for monitoring.**

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 this goal and will continue to monitor ongoing efforts involving PHP.**

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 acknowledges PHP's submission of narrative outcome data for three CISC that resulted from this partnership. HCA accepts this goal but will continue to monitor partnerships and outcome data.**



HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

While HCA has accepted and closed certain sub-standards for ongoing reporting under the CAP, the CAP itself remains open for monitoring. PHP 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. All CAP submissions must be sent to HCA-MCodeliverables@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.

Derek J. Pino

Derek Pino
New Mexico Health Care Authority
MCOB Bureau Chief
Derek.Pino@hca.nm.gov