

## 2021 HSD State-Tribal Collaboration Act Annual Report

Michelle Lujan Grisham, Governor     David R. Scrase, M.D., HSD Cabinet Secretary

Human Services  
Department

July 30, 2021



*The Human Services Department (HSD) presents a synopsis of the top budget, legislative and policy issues and priorities with tribal impact in the programs and services delivered through the HSD Income Support Division, Child Support Enforcement Division, Medical Assistance Division, and Behavioral Health Services Division in Fiscal Year 2021. HSD continues its commitment to uphold the principles of the State-Tribal Collaboration Act of 2009.*



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## Section I: Executive Summary

The mission of the Human Services Department (HSD) is to transform lives. Working with our partners, HSD designs and delivers innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities. HSD has four strategic goals that drive the agency's priorities:

1. **We help New Mexicans.** Our goal is to improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.
2. **We communicate effectively.** Our goal is to create effective, transparent communication to enhance the public trust.
3. **We make access easier.** Our goal is to successfully implement technology to give customers and staff the best and most convenient access to services and information.
4. **We support each other.** Our goal is to promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

As of July 2021, the New Mexico Human Services Department (HSD) serves 1,030,306 New Mexicans through assistance programs and services such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families (TANF) program, the Low-Income Home Energy Assistance Program (LIHEAP), behavioral health services, and child support services. HSD leads with a team approach designed to bring its divisions together to with a primary focus on meeting the needs of its customers. The [2021 HSD Data Book](#) provides a breakdown of enrollment in the agency's programs by race and ethnicity, with HSD serving 138,613 Native Americans as of October 2020, as shown below:

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**New Mexico Population and HSD Program Recipients by Race and Ethnicity as a Percent of Total as of October 2020**

	NM Population (2019)		NM Assistance Program Recipients (October 2020)	
	#	%	#	%
Total	2,096,829	100%	913,576	100%
<b>Ethnicity</b>				
Hispanic/Latino	1,033,737	49.3%	494,500	58.4%
Non-Hispanic/Latino	1,063,092	50.7%	407,879	48.1%
Unknown			11,208	1.3%
<b>Race</b>				
White	1,717,303	81.9%	705,560	77.2%
Native American	230,651	11.0%	138,613	15.2%
Other	148,875	7.1%	69,414	7.6%

A summary of HSD's key accomplishments in FY2021 includes:

- Passage and implementation of legislation designed to modernize the state's Child Support program, comply with federal rules, and collect more dollars for children and families.
- Substantial Medicaid enrollment expansion since the start of the COVID-19 pandemic (e.g., projected 14.1% Medicaid growth by December 2021) supported by 20 additional public health emergency waivers. Current number of people served by Medicaid is 929,805.

Established a Graduate Medical Education (GME) Review Board and Advisory Group, which has met regularly since September 2019 and developed a [5-year strategic plan](#) anticipating that the number of GME programs in Family Medicine, General Psychiatry, General Internal Medicine, and/or General Pediatrics will increase by 63% (from eight to 13); and that the number of graduates each year will grow from 48 to 94 (starting in 2025), a 96% increase. Since FY2020, HSD has funded five programs for GME program development funding, totaling \$1,611,208, with 3<sup>rd</sup> round of funding awarded early 2022.

Developed an initial proposal to potentially reinvest \$120,029,914 into Medicaid home and community-based services over a three-year period and draw down additional federal match through opportunities in the Federal American Rescue Plan.

- Collaborated with the Legislature, Office of the Superintendent of Insurance (OSI), and Tax and Revenue Department (TRD), to enact the 2021 Health Care Affordability Fund to provide additional state-based subsidies for New Mexicans purchasing health insurance coverage through BeWell NM.

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- Provided \$462 million in additional benefits to 605,947 SNAP recipients through COVID-19 related enhanced payments; and provided additional SNAP benefits to 39,000 recipients by implementing the Heat & Eat Program.
- Collaborated with the Governor's Office on the Food, Hunger, and Farm Steering Committee to develop and implement a comprehensive plan to address hunger and food insecurity and to strengthen food systems in the state in partnership with other agencies and stakeholders in the agriculture, food and hunger-alleviation sectors.
- Received federal approval to pay a higher Medicaid payment rate for Indian Health Service (IHS) pharmacy services with 100% federal funding. This change will result in a projected \$50.9 million in higher payments in the first year of implementation.
- Launched the Consolidated Customer Service Center in August 2020 (CCSC) as a one-stop contact center for all HSD programs and services, as well as services for the Early Childhood Education and Care Department (ECECD).
- Received federal approval in May 2021 to provide financial incentives for programs to expand primary care residencies.
- Developed a full-time equivalents (FTE) analysis of the health care workforce, whereby county-level FTE counts of primary care physicians, psychiatrists, and core mental health professionals were estimated using 2018 licensure survey data. The analysis revealed a FTE shortage in most New Mexico counties. HSD also worked with the Regulation and Licensing Department (RLD) to revise the physician licensure survey to meet best-practice standards for data collection, including mandatory data collection.
- Established the New Mexico Primary Care Council, which held its inaugural meeting in July 2021 and will examine all strategies available to recruit and retain health care providers, including tax credits.
- Prior to COVID-19, HSD had already prioritized the increase in telehealth services to New Mexicans. Specifically, the CY20 Centennial Care managed care organization (MCO) contracts include a Delivery System Improvement Performance Target (DSIPT) measure to increase the number of unique members with telemedicine visits by 20% in rural, frontier and urban areas for primary care and behavioral health visits. Valued at \$12.5 million, failure to meet established targets will have monetary penalties for the MCOs.
- BHSD has expanded telehealth services that was catalyzed by the COVID-19 crisis. Letter of Direction 30, followed by 31, authorizes the MCOs to pay for most outpatient behavioral health services when they are delivered over the telephone. The use of telehealth services has resulted in positive trends in patient receiving continuity of care by a low no show rate.

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- In FY 2020, HSD received \$2.5 million for rural and frontier counties to reduce reincarceration and homelessness rates, and to improve reentry services for individuals in the justice system with behavioral health needs. The Behavioral Health Services Division (BHSD) chose five counties based on diseases of despair, incarceration rates, and housing options, to include: San Juan, Sierra, Valencia, Grant, and San Miguel. The 2020 session of the New Mexico Legislature appropriated \$4 million to HSD/BHSD to enhance operations for those counties and to expand the project to other counties to initiate new programs.
- Updated the HSD 2021 [Data Book](#), providing summaries and maps of socioeconomic and health statistics, national data comparing New Mexico to other states, county level factsheets to identify areas of greatest need, and demographic and program data for HSD, CYFD and ALTSD, including activities related to the COVID-19 response.
- Launched the development of a staff curriculum as well as external-facing communication materials that define and deepen understanding related to the structural determinants of health and well-being and its relationship to HSD's customers.
- Conducted a series of customer listening sessions to hear directly from HSD customers and partners on how the agency can improve and meet its mission and strategic goals. This included a listening session specifically for the agency's Native American customers.
- HSD and the Children, Youth and Families Department (CYFD) have collaborated to

### **COVID-19 Related Services in New Mexico and Native American Communities**

In response to the COVID-19 crisis, the Emergency Operations Center (EOC) was established as a centralized location to track and address emergency response issues statewide. The EOC includes many Emergency Support Function (ESF) units and members of the National Guard. HSD is a partner within the EOC. Working with other agencies, HSD is charged with managing the functions that fall within the purview of the ESF 6 unit. These functions include food distribution, communicating with food distributors throughout the state, assisting with housing issues for individuals experiencing homelessness and for COVID 19-impacted New Mexicans, helping to locate non-medical supplies and equipment, assuring the provision of behavioral health services and clinical care, and identifying volunteers.

As Governor Lujan Grisham's Public Health Order is still in effect, ongoing efforts and policy changes during the emergency are still in place, including:

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- Centennial Care MCOs are reimbursing doctors, behavioral health providers and other health care professionals for telephone and video patient visits at the same rate as if the visit was in person until the end of the COVID-19 public health emergency.
- As of July 23, 2021, Income Support Division (ISD) in coordination with the Public Education Department (PED) provided 348,913 children in 241,723 households the P-EBT SNAP benefit for a total cost of \$104,271,069.
- HSD implemented a new program for COVID-19 testing for uninsured individuals at 100% federal funding.
- The overall Medicaid Federal Medical Assistance Percentage (FMAP) for New Mexico increased by 6.2% effective January 2020 until the end of the emergency. This funding is contingent upon New Mexico's agreement to a maintenance of effort (MOE) provision to keep people enrolled on Medicaid and maintain the same level of benefits for the duration of the emergency.
- HSD distributed an enhanced payment of Supplemental Nutrition Assistance Program (SNAP) to households that did not receive the maximum SNAP benefits during the months of March and April 2020. These additional SNAP benefits are intended to help alleviate some of the social and economic stresses caused by the pandemic.
- HSD assisted in establishing 47,000 nights of shelter for 4,727 individuals sheltered at 20 sites throughout New Mexico. Of the 4,727 sheltered individuals, there were 3,811 tribal shelter placements. Pojoaque Pueblo was the only 100% Native American shelter in the system.
- HSD established online purchasing for SNAP customers using their EBT card so that individuals do not have to go to the store to purchase food. HSD also implemented online child support payments to minimize the need for customers to go to an HSD office during the pandemic.
- HSD coordinated and collaborated with Children Youth and Families Department, (CYFD), Indian Affairs Department (IAD), Agency Long Term Service Department (ALTSD), New Mexico Department of Agriculture, (NMDA), Department of Homeland Security and Emergency Management (DHSEM) Public Education Department (PED), Department of Health (DOH), and Department of Transportation (DOT) to deliver food to tribal areas during the Public Health Emergency. The map below indicates food delivered by pound to various tribal communities.

## Section II. Agency Overview and Background

### HSD Mission

*To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.*

### Medical Assistance Division (MAD)

<http://www.hsd.state.nm.us>

The New Mexico Medicaid program offers health coverage to New Mexicans, including children, pregnant women, adults, and individuals with disabilities. Respecting the fundamental right to self-determination in all aspects of life, including healthcare delivery, Native Americans may currently choose to receive their health care from the Fee-for-Service (FFS) program or any one of three Managed Care Organizations (MCOs) serving New Mexico.

- Blue Cross Blue Shield of New Mexico
- Presbyterian Health Plan
- Western Sky Community Care

When comparing the number of Native Americans enrolled in the Centennial Care Managed Care Organizations (MCOs) which are Blue Cross/Blue Shield, Presbyterian, and Western Sky Community Care in the table below, all three MCOs saw an increase in Native American enrollment and Fee for Service (FFS) Medicaid showed a slight decrease in enrollment compared to one year ago.

There has been significant Medicaid enrollment expansion since the start of the PHE (e.g., projected 14.1% Medicaid growth by December 2021). HSD implemented real time eligibility for Medicaid applications effective 2020

#### Native Americans Currently Enrolled in Medicaid Compared to July 2020

Blue Cross Blue Shield	<b>22,837</b> (14% increase)
Presbyterian	<b>45,667</b> (11% increase)
Western Sky Community Care	<b>4,492</b> (15% increase)
<b>Total Centennial Care/Managed Care Organizations (MCO's)</b>	<b>72,996</b> (12% increase)
<b>Fee for Service</b>	<b>71,910</b> (2% increase)
<b>Total</b>	<b>144,906</b> (7% increase)

Table 1. MER report July 2021

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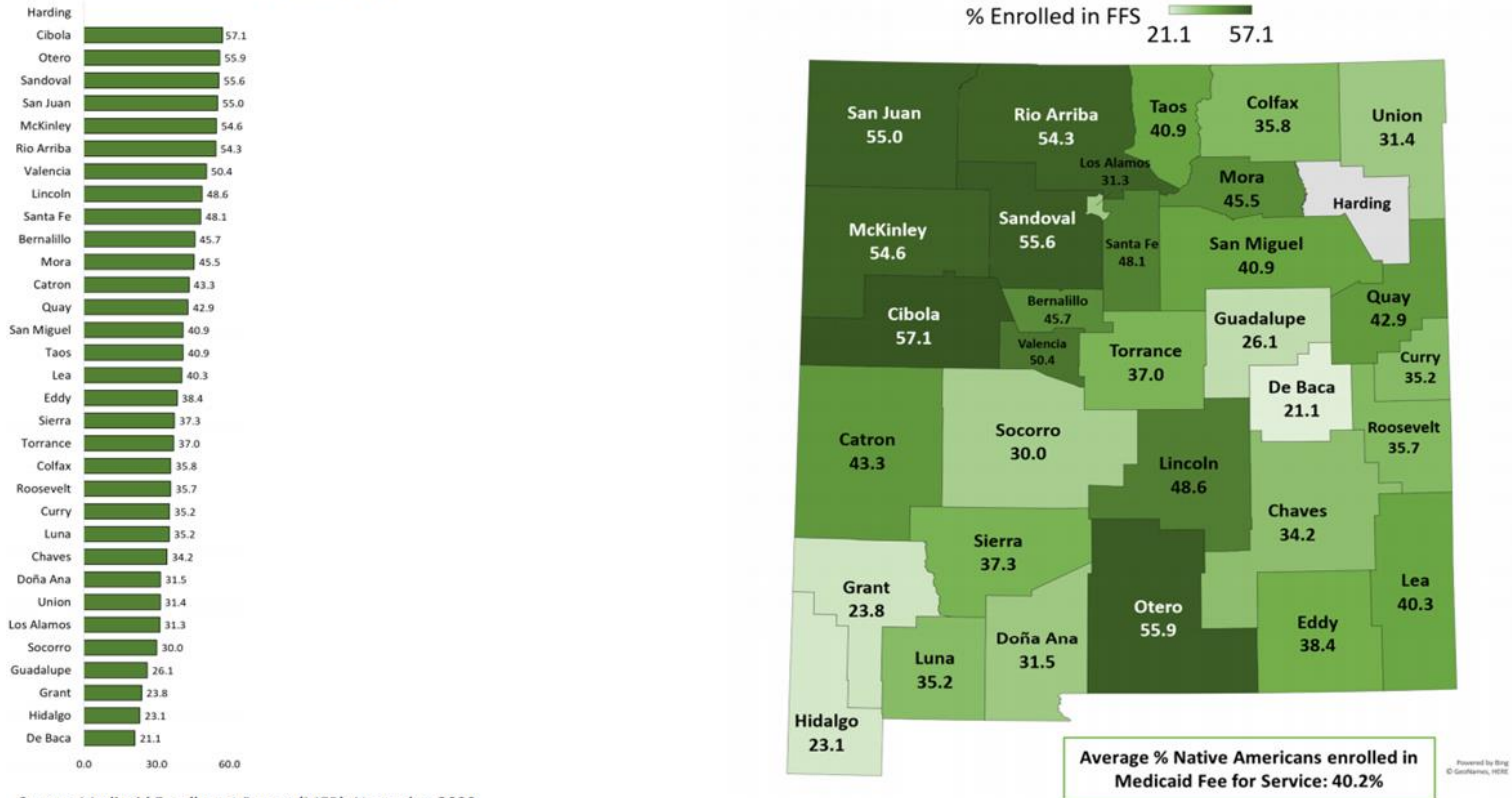
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The maps below are extracted from the 2021 Data Book. For a full viewing of all services based by county. Please visit the 2021 Data book at [2021 Data Book | New Mexico Human Services Department \(state.nm.us\)](https://state.nm.us)

### Native American Medicaid enrollees in a Managed Care Organization (MCO) and in Fee for Service by county.

#### New Mexico Percent of Native American Medicaid Enrollees that are Enrolled in Medicaid Fee for Service (FFS) as of November 2020



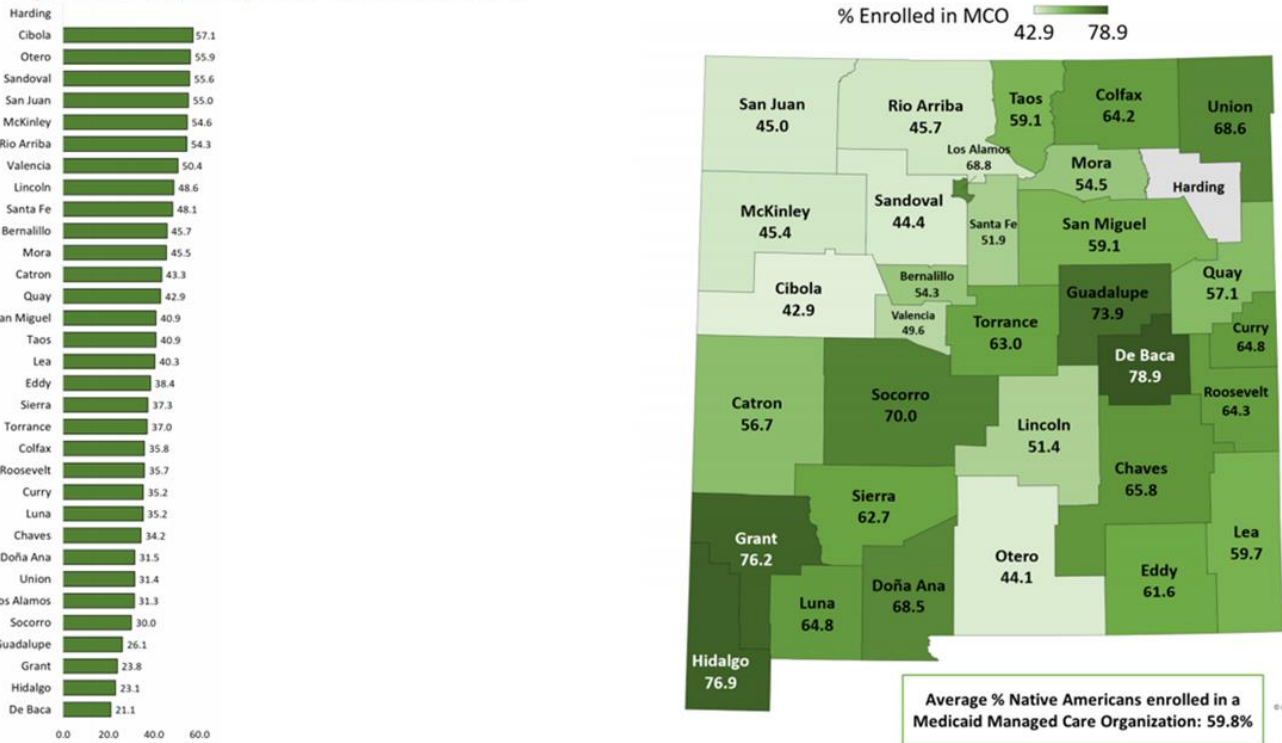
Source: Medicaid Enrollment Report (MER), November 2020

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New Mexico Percent of Native American Medicaid Enrollees that are Enrolled in a Medicaid Managed Care Organization (MCO) as of November 2020

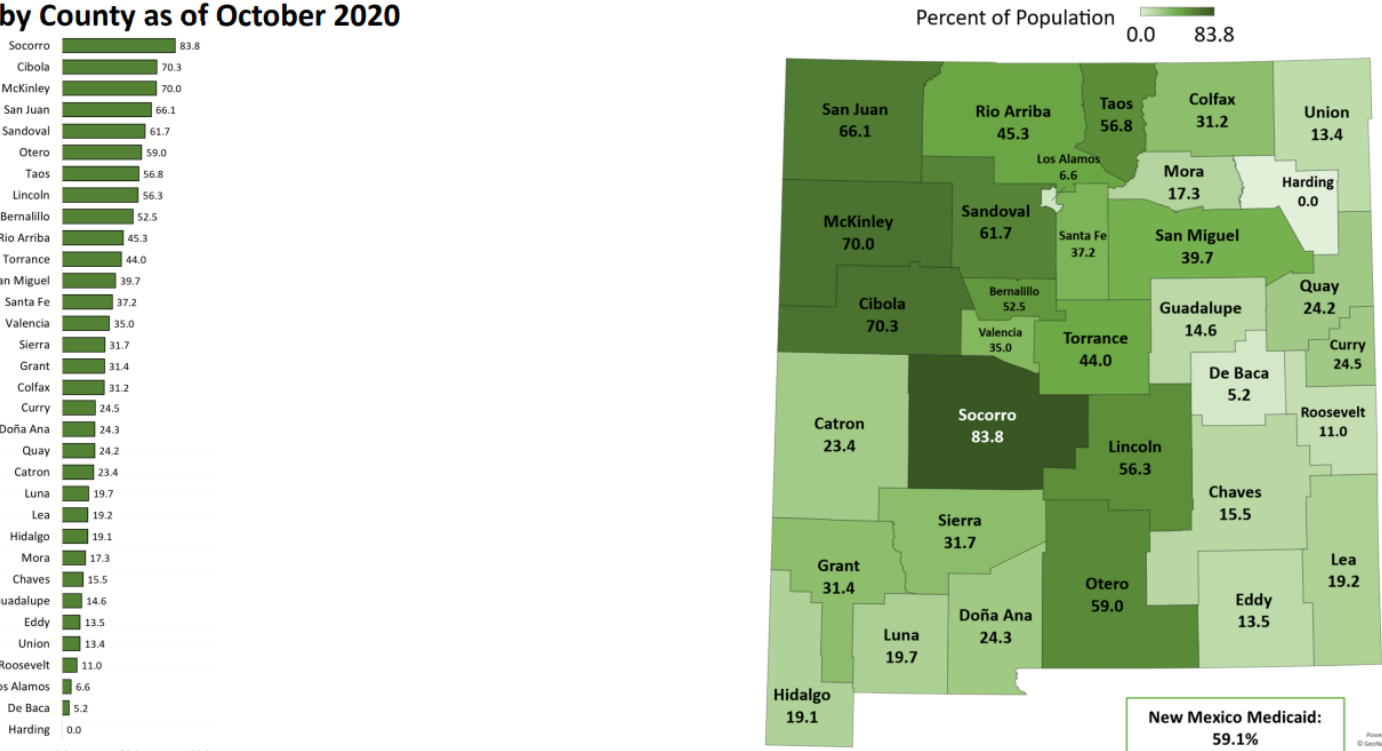


Source: Medicaid Enrollment Report (MER), November 2020

Average % Native Americans enrolled in a Medicaid Managed Care Organization: 59.8%

2021 Data Book New Mexico Human Services Department

New Mexico Medicaid & CHIP Native American Recipients as a Percentage of Native American Population by County as of October 2020



**COVID-19 SUPPLEMENTS AND LETTERS OF DIRECTION in FY2021**

During the Public Health Emergency, The Medical Assistance Division (MAD) has worked with providers to ensure they have up to date directions and information on policy changes. Here are a few.

- Retroactive payments to December 1, 2020, and for the duration of the Public Health Emergency (PHE) declaration, New Mexico Medicaid will provide reimbursement for the 2019 Novel Coronavirus (COVID-19) vaccine and vaccine administration for all eligible individuals. The initial supply of this vaccine was provided by the federal government;
- HSD sent 16 Special COVID Provider Supplements during the public health emergency providing guidance to health care providers on billing for COVID related services;
- HSD sent 21 Special COVID Letters of Direction (LOD) to the Centennial Care MCOs. Through the Public Health Emergency, HSD, its State Fiscal Agent, Conduent and the MCOs continue to work with Indian Health Service, Tribal 638 and other providers to ensure technical assistance with billing and claims were provided for continued reimbursement. Bi-weekly and monthly meetings were held via Zoom throughout the pandemic.

**Planning for the end of the PHE:**

HSD is engaged in planning activities related to the end of the PHE to accord with federal guidance. This work includes IT system planning, policy work to determine the best methods and timeframes to sunset the MOE, analysis of financial impacts, and the development of a communications plan that allows for timely notification and outreach to Medicaid customers.

**Reimbursement increases and new services added to the Medicaid benefit package:**

HSD/MAD took advantage of every COVID-19 Federal Waivers and State Plan Amendments during the Public Health Emergency. Here are a few of the services expanded or implemented.

- HSD/MAD implemented a new program to cover COVID-19 testing for uninsured individuals with 100% federal funding. HSD also issued guidance to allow for Medicaid reimbursement at the OMB rate to IHS and Tribal 638s for COVID-19 vaccine administrations. The overall FMAP for New Mexico increased by 6.2% effective January 2020 until the end of the PHE.
- HSD is also expanding benefits by providing COVID-19 vaccine coverage to certain partial-coverage Medicaid categories, including:
  - Family Planning
  - Pregnancy related services
- Air ambulance rate increase – the Air Ambulance reimbursement rate increased effective November 2020 to 75% of Medicare reimbursement. Working together with EMS agencies,

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- Medicaid is easing burden for critical care for frontline responders by initiating vaccinations for homebound members by EMS support.
- Medicare Savings Program (MSP) changes – HSD eliminated the asset test for certain Medicaid categories to make it easier for lower-income seniors to afford Medicare.
- HSD is working with NM Corrections Department on Medicaid enrollment for inmates, requiring correctional facilities and HSD to implement an inmate recidivism reduction transition program.
- HSD received federal approval effective March 2021, which allows IHS and Tribal 638s to bill the OMB rate (\$519) for each prescription filled at their facility. This is 100% federal funding with an overall \$50.9 million positive impact projected in first year of implementation.
- On August 14, 2020 the Department of Health Developmental Disabilities Services Division released 1,000 Supports Waiver slots to individuals on the Developmentally Disabled (DD) Waiver waitlist. Up to \$10,000 per year is available to cover an individual's services while they remain on the waitlist for the DD Waiver.
- Nearly 90% of Medicaid long-term care recipients are receiving long term services and supports in home and/or community-based settings in New Mexico, one of the highest rates in the nation.
- In January 2021, HSD implemented the complete implementation of Electronic Visit Verification (EVV) for Self-Directed Community Benefit members.
- Reforming Home & Community-Based Services (HCBS) - American Rescue Plan Act - Makes available to states a 10-percentage point increase in federal matching funds for Medicaid home and community-based services (HCBS). States have from 4/1/2021 -3/30/2024 to reinvest the state savings in new or enhanced HCBS activities
- HSD established a five-year strategic plan for the Graduate Medical Education (GME) program in New Mexico. This will increase family medicine, general psychiatry, general internal medicine and/or general pediatrics graduates in New Mexico starting in 2025, assuming these physicians remain in New Mexico. Since FY2020 HSD has funded the five programs for GME program development.

**Income Support Division (ISD)**

[Income Support | New Mexico Human Services Department \(state.nm.us\)](https://state.nm.us/income-support)

The Supplemental Nutrition Assistance Program (SNAP) program provides monthly food security for approximately 455,000, of which 42,000 are Native Americans. The Income Support Division (ISD) has improved the efficiency of processing new, renewal and emergency SNAP applications to meet the federal timeliness standard of 95 percent for all its 34 locations since Oct. 1, 2018. The state now exceeds federal standards for timely processing of SNAP applications.

***Out Stationed Workers:*** ISD has agreements with the Pueblo of Zuni, Albuquerque Service Unit ISD and Southwestern Indian Polytechnic Institute to have ISD out--stationed workers located at these sites to assist with application and eligibility for SNAP, General Assistance (GA), Temporary Assistance for Needy Families (TANF) and Medicaid.

**COVID 19 Related Changes to Income Support Division**

Since the COVID-19 Public Health Emergency, HSD has worked with Federal partners for all programs of assistance to implement waivers and options that offer flexibilities for existing eligibility and reporting requirements. These flexibilities enable HSD to implement precautionary safety measures while maintaining customer service and access to benefits. These waivers include eliminating wet signatures on applications; eliminating interviews for applications; and extending recertifications to increase benefit retention.

The New Mexico Legislature appropriated \$5 million in Federal CARES Act funding to HSD to equitably distribute to NM food banks, purchasing 4.3 million pounds of food for delivery.

HSD collaborated with the Governor's office on Food, Hunger, and Farm steering committee to develop and implement a comprehensive plan in addressing hunger and food insecurity, strengthen food resources in partnership with other agencies and stakeholders in the agriculture, food and hunger alleviation sectors of New Mexico.

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**Summary of Public Health Emergency waivers since March 2020 to present:**

Type of Assistance	Description	Customer Impact
SNAP	Enhanced payment to households that did not receive the maximum SNAP benefits	\$462 million additional benefits to 605,947
SNAP	Online food purchasing through Amazon and Walmart	801,064 online SNAP purchases
SNAP	Implementing the Pandemic-EBT program	\$104 million SNAP benefits to 348,913 students
SNAP	Suspension of work program requirements	Work program mandatory participants
Food	\$5.1 million in administrative funds to increase distribution locations and food purchasing power of food banks  Increased food delivery sites	578,896 individuals served
Temporary Assistance for Needy Families (TANF)	Suspension of work program requirements	9,908 Adults receiving TANF
<i>Low Income Home Energy Assistance Program (LIHEAP)</i>	Distribution of \$5.2 mill additional federal funds	17,000 households
All Programs (SNAP, TANF, Cash, Medicaid)	No termination or reduction in benefits for duration of emergency	All existing customers
All Programs (SNAP, TANF, Cash, Medicaid)	Waiver of face to face interview and ability to collect telephonic signatures	New applicants
Service Delivery	Implemented and Alternative Delivery Model at local offices: <ul style="list-style-type: none"> <li>• Curbside Services</li> <li>• Limited Hours</li> </ul>	2,816 customers serviced via curbside services
Service Delivery	Increased Call Center Staff by 101% to meet the customer need	Responded to 220k Calls (March 2020 -May 2020)

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**Distinct Count of Native American Recipients by Program and Tribal Residence July 2020 to June 2021.**

<i>Tribal Residence</i>	<b>Medicaid</b>	<b>General</b>	<b>TANF</b>	<b>LIHEAP</b>	<b>SNAP</b>
<i>Acoma</i>	708	1	34	56	438
<i>Alamo Navajo</i>	2,679		8	7	2,069
<i>Canoncito Navajo</i>	138			4	118
<i>Checkerboard Navajo</i>	5,107	9	38	27	4,297
<i>Cochiti</i>	154		2	10	108
<i>Isleta</i>	301	5	15	15	192
<i>Jemez</i>	479		21	2	302
<i>Jicarilla Apache</i>	401		12	5	306
<i>Kewa</i>	927		27	52	681
<i>Laguna</i>	910	3	32	10	560
<i>Main Reservation Navajo</i>	14,370	37	82	94	12,290
<i>Mescalero Apache</i>	675	3	47	46	477
<i>Nambe</i>	73	1	4		49
<i>Ohkay Owingeh</i>	260		1	25	219
<i>Other</i>	176		8	8	138
<i>Picuris</i>	17			4	12
<i>Pojoaque</i>	6				5
<i>Ramah Navajo</i>	305		2	7	283
<i>San Felipe</i>	710	4	32	31	488
<i>San Ildefonso</i>	13		3		11
<i>Sandia</i>	26				18
<i>Santa Ana</i>	25		2		20
<i>Santa Clara</i>	138		15	3	71
<i>Taos</i>	118	1	3	20	62
<i>Tesuque</i>	17		2		7
<i>Tohajiilee Navajo</i>	179			1	172
<i>Zia</i>	128			1	74
<i>Zuni</i>	2,635		9	8	2,022
<b>Total</b>	<b>31,675</b>	<b>64</b>	<b>399</b>	<b>436</b>	<b>25,489</b>

Table 2: Native American ISD Program Participants for July 1, 2020 to June 30, 2021. LIHEAP counts are from October 1, 2020 to June 30, 2021. TANF counts only include cash assistance. Values are the number of unique recipients who have been approved for benefit issuance during the period. Retrieved from ASPEN July 26, 2021.

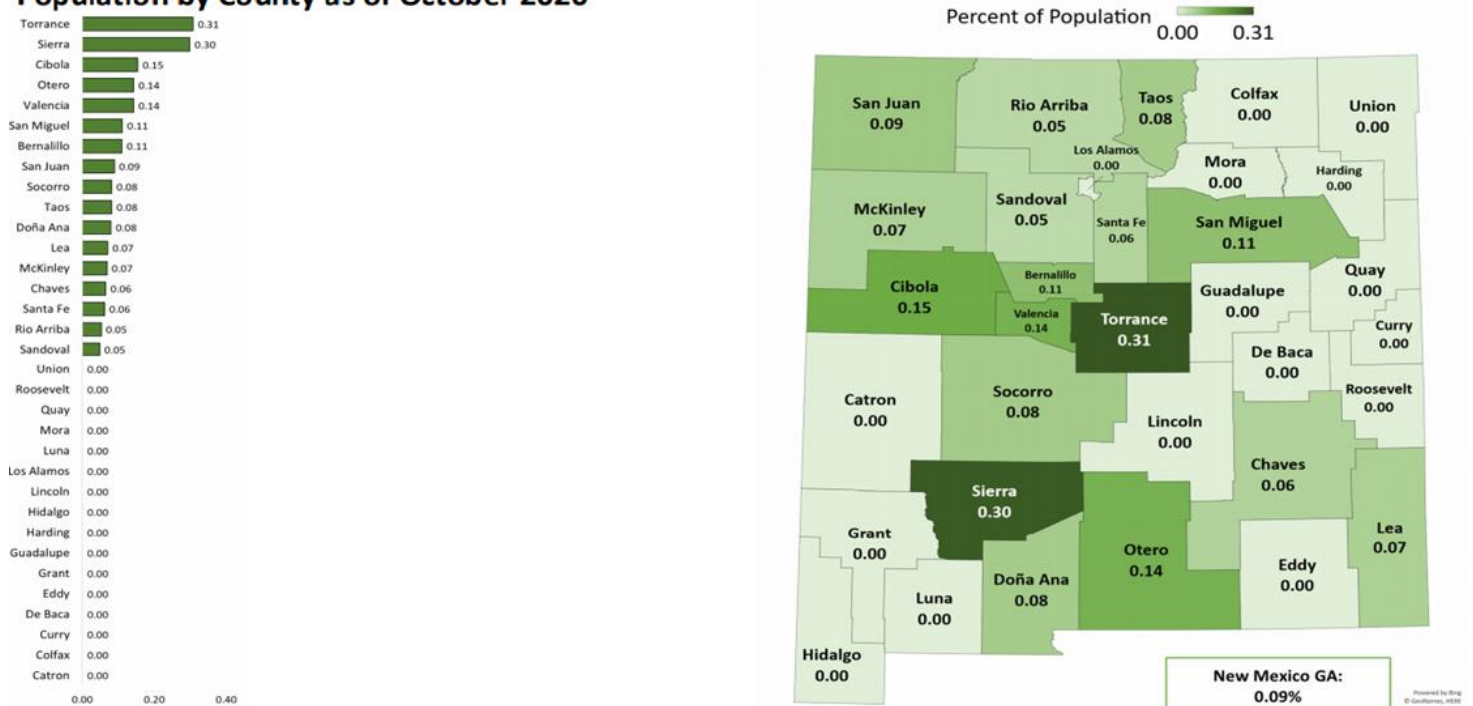
The following heat maps indicate Native American recipients receiving services for Supplemental Nutrition Assistance Program (SNAP), Low Income Home Energy Assistance Program (LIHEAP), Cash Assistance (CA) Temporary Assistance for Needy Families (TANF) and General Assistance by county. Please note this information is made available for viewing in one resource document by visiting [2021 Data Book | New Mexico Human Services Department \(state.nm.us\)](https://state.nm.us/data-book)

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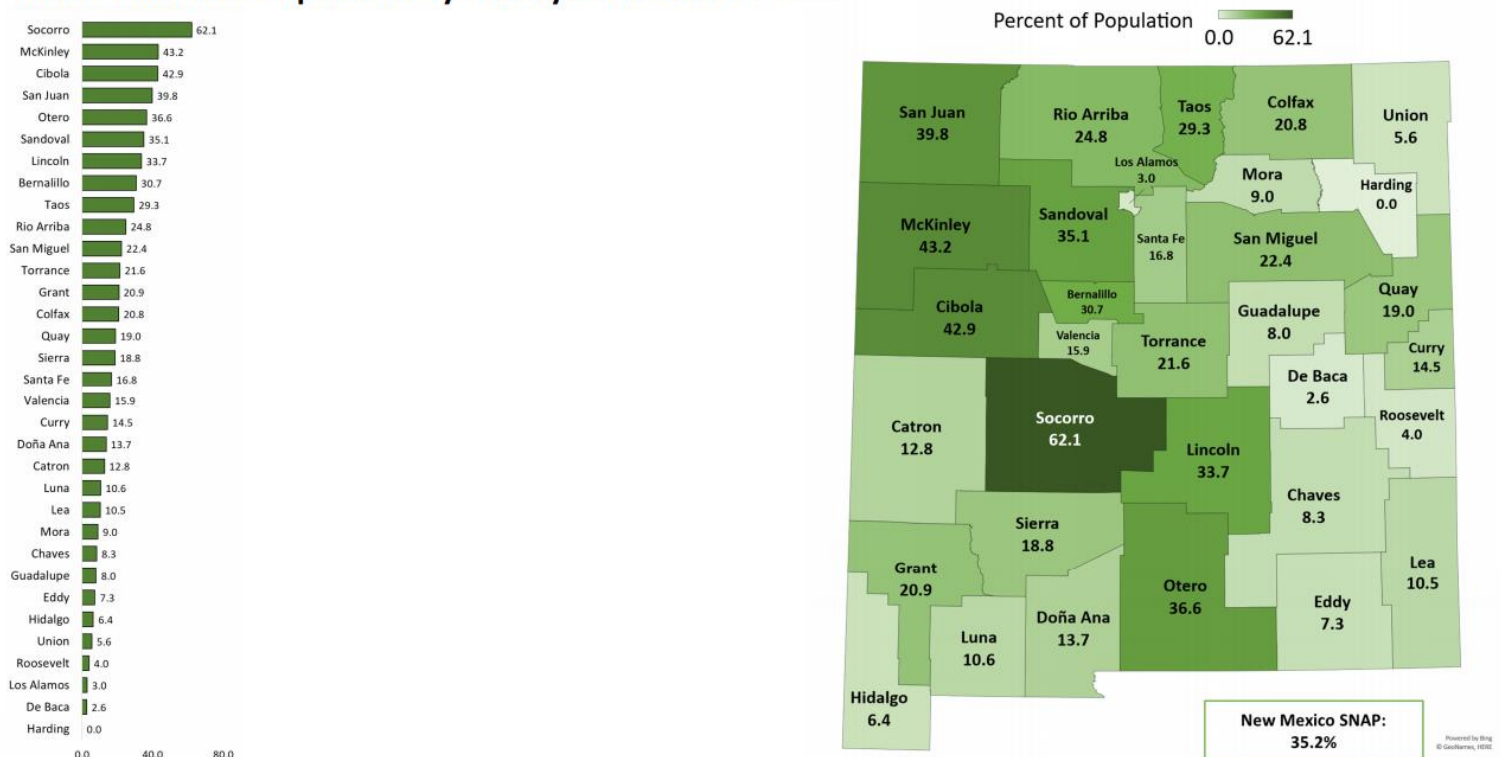
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## New Mexico General Assistance Program Native American Recipients as a Percentage of Native American Population by County as of October 2020



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from <https://www.census.gov/quickfacts>, December 10, 2020. Note: Racial and ethnic population data provided by the Census are estimates within a margin of error. As a result, racial and ethnic resident estimates in certain counties could be under or over reported. Therefore, some counties may report HSD program enrollment as greater than 100% of the resident population of that racial or ethnic group. These counties are marked with an \*. Data may not match other HSD publications due to the way data are pulled for this report. Data is by county of residence or by field office where a county of residence is not specified.

## New Mexico Supplemental Nutrition Assistance Program Native American Recipients as a Percentage of Native American Population by County as of October 2020



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from <https://www.census.gov/quickfacts>, December 10, 2020.

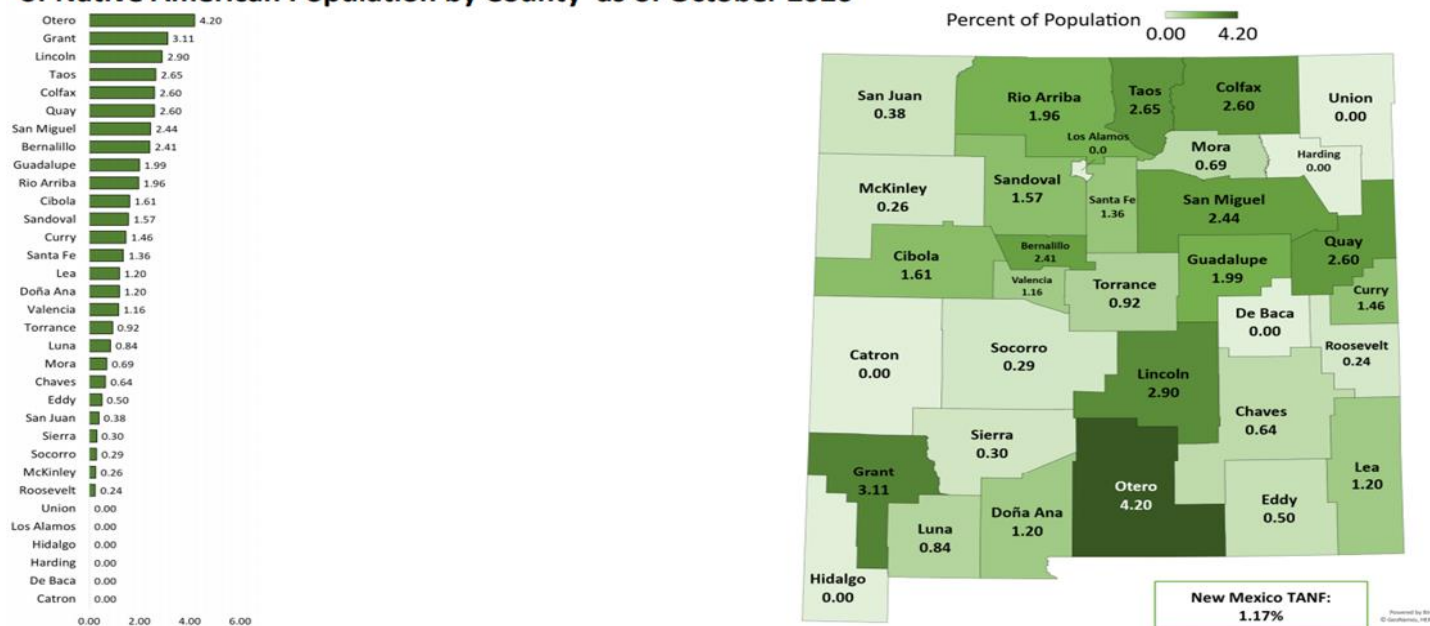
Note: Racial and ethnic population data provided by the Census are estimates within a margin of error. As a result, racial and ethnic resident estimates in certain counties could be under or over reported. Therefore, some counties may report HSD program enrollment as greater than 100% of the resident population of that racial or ethnic group. These counties are marked with an \*. Data may not match other HSD publications due to the way data are pulled for this report. Data is by county of residence or by field office where a county of residence is not specified.

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## New Mexico Temporary Assistance for Needy Families Program Native American Recipients as a Percentage of Native American Population by County as of October 2020



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from <https://www.census.gov/quickfacts>, December 10, 2020.

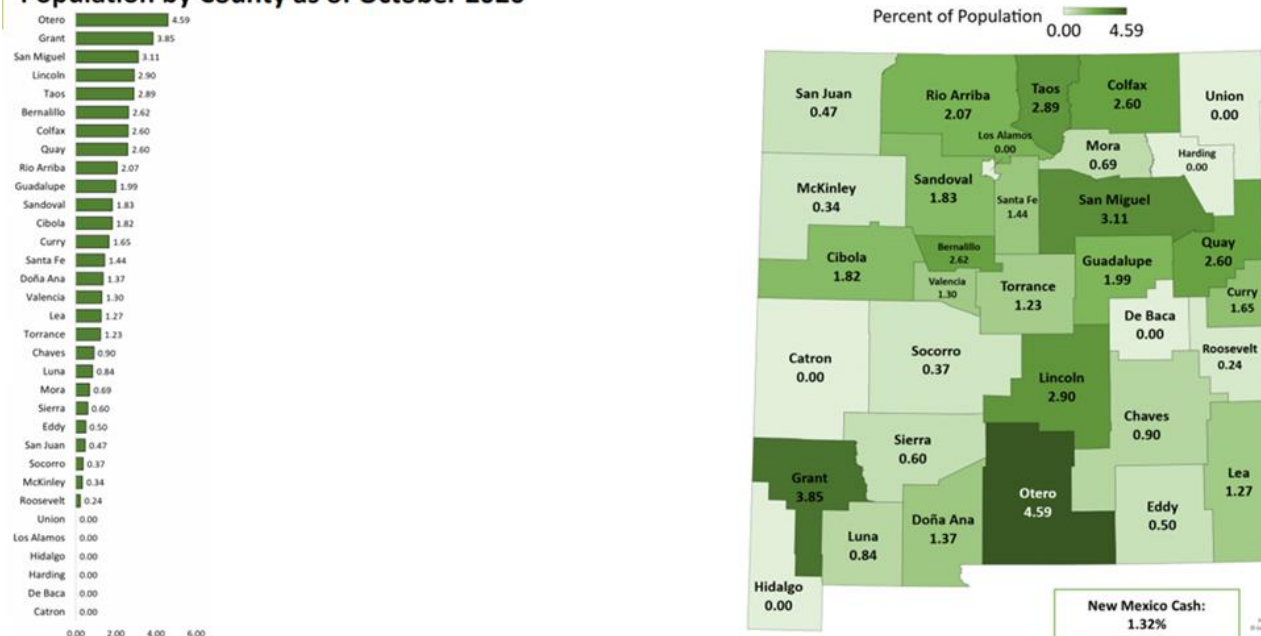
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Section 3 | Program Enrollment

2021 Data Book New Mexico Human Services Department

### Section 3 | Program Enrollment

## New Mexico Cash Assistance\* Program Native American Recipients as a Percentage of Native American Population by County as of October 2020



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from <https://www.census.gov/quickfacts>, December 10, 2020.

\*The Cash Assistance program includes Temporary Assistance for Needy Families (TANF) program, Education Works, General Assistance, Refugee Cash Assistance, State Supplement for Residential Care, Diversion, and others. Note: Racial and ethnic population data provided by the Census are estimates within a margin of error. As a result, racial and ethnic resident estimates in certain counties could be under or over reported. Therefore, some counties may report HSD program enrollment as greater than 100% of the resident population of that racial or ethnic group. These counties are marked with an \*. Data may not match other HSD publications due to the way data are pulled for this report. Data is by county of residence or by field office where a county of residence is not specified.

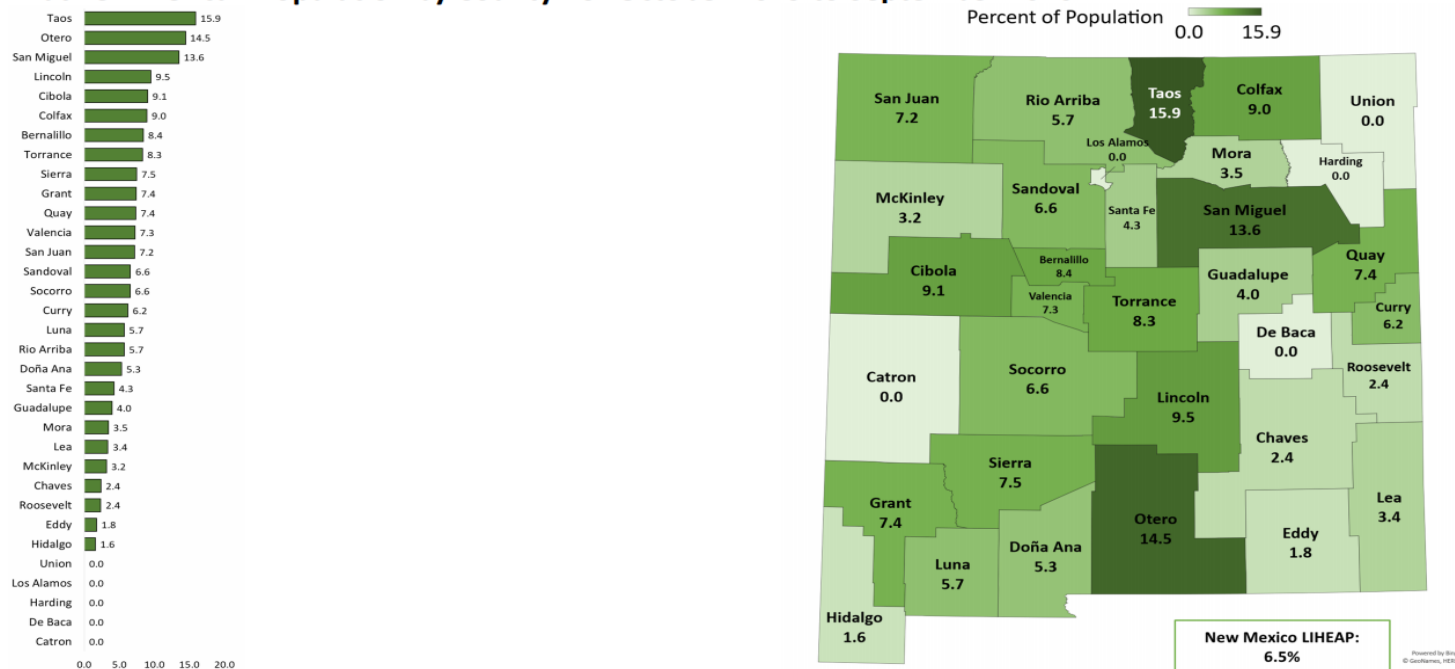
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## 2021 HSD State-Tribal Collaboration Act Annual Report

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### New Mexico Low Income Home Energy Assistance Program Native American Recipients as a Percentage of Native American Population by County for October 2019 to September 2020



Source: NMHSD, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from <https://www.census.gov/quickfacts>, December 10, 2020.

Note: Racial and ethnic population data provided by the Census are estimates within a margin of error. As a result, racial and ethnic resident estimates in certain counties could be under or over reported. Therefore, some counties may report HSD program enrollment as greater than 100% of the resident population of that racial or ethnic group. These counties are marked with an \*. Data may not match other HSD publications due to the way data are pulled for this report. Data is by county of residence or by field office where a county of residence is not specified.

Section 3 | Program Enrollment

2021 Data Book New Mexico Human Services Department

## Child Support Enforcement Division (CSED)

[http://www.hsd.state.nm.us/Child\\_Support\\_Enforcement\\_Division.aspx](http://www.hsd.state.nm.us/Child_Support_Enforcement_Division.aspx)

CSED administers the state and federal program to collect support from non-custodial parents. Its primary role is to maximize the collection of child support for all eligible New Mexico children. CSED is required by federal and state law to help families receiving TANF and Medicaid by establishing a court order and enforcing the court order to collect and disburse child support payments. Families who are not receiving TANF or Medicaid may also apply to CSED for services. In SFY2021, there were 59,148 families with child support cases in New Mexico, approximately 3,954 were Native American.

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***CSED Services for Tribes:*** CSED provides child support services to Tribes, Nations and Pueblos across New Mexico by:

- Establishing and enforcing child support orders through Tribal courts – based on the Tribe or Pueblo’s own laws and customs;
- Registering Tribal court orders in state district courts as appropriate (when a child lives off-reservation);
- Registering state court orders in Tribal courts when appropriate (when a child lives on-reservation);
- Submitting Tribal court orders to other states for enforcement of court orders, requesting assistance from other states to establish paternity and support for Tribal members;
- Providing services to custodial tribal members living on or off Tribal lands –as long as the non-custodial parent lives off Tribal lands.

***Tribal Collaboration:*** CSED is in full support of Tribes, Nations and Pueblos interested in developing and operating their own Tribal Child Support IV-D Programs and provide technical assistance upon request. CSED entered into its first Joint Powers Agreement for operating the child support program on the Navajo Nation in 1993 and was the first of its kind in the nation. This agreement was renewed in 2015.

CSED has a dedicated attorney licensed to practice in Zia, Acoma, Isleta, and Laguna Pueblos. The CSED attorney appears before the tribal court judges from these Pueblos regularly and assist court staff with questions regarding child support cases and tribal members. CSED also dedicates a Child Support Legal Assistant to aide with 262 active cases for Zia, Acoma, Isleta, and Laguna Pueblos.

Record collection of Child Support for FY2020 was \$155.7 million dollars.

### **COVID 19 Related Changes to the Child Support Enforcement Division**

- Online Services including applications online
- Email and telephone communications
- Cash only payment in office two hours per day
- Court Hearings and telephonic hearings

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**CSED Native American Caseload as of 2021**

CROWNPOINT Navajo Nation IV-D				Total Collections SFY 2021
Month	Cases	% of Cases w/orders	Children	
Jun-21	2,883	39.1%	4,702	\$1,324,863.47

SHIPROCK Navajo Nation IV-D				Total Collections SFY 2021
Month	Cases	% of Cases w/orders	Children	
Jun-21	809	82.8%	1,347	\$1,477,616.08

Acoma				Total Collections SFY 2021
Month	Cases	%Cases w/orders	Children	
Jun-21	82	86.6%	117	\$202,778.12

Isleta				Total Collections SFY 2021
Month	Cases	%Cases w/orders	Children	
Jun-21	78	85.9%	127	\$210,711.26

Laguna				Total Collections SFY 2021
Month	Cases	%Cases w/orders	Children	
Jun-21	99	87.9%	157	\$263,941.23

Zia				Total Collections SFY 2021
Month	Cases	%Cases w/orders	Children	
Jun-21	3	66.7%	4	\$3,597.64

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**Behavioral Health Services Division (BHSD)**[http://www.hsd.state.nm.us/Behavioral\\_Health\\_Services\\_Division.aspx](http://www.hsd.state.nm.us/Behavioral_Health_Services_Division.aspx)

The Behavioral Health Services Division (BHSD) manages the adult public behavioral health service system for the Human Services Department. BHSD has a staff of 40 that focuses on developing strategies for mental health promotion and substance abuse prevention and treatment for individuals in New Mexico. As the state mental health and substance abuse authority,

BHSD works in partnership with the Medical Assistance Division to oversee contracts with the Medicaid MCOs and to ensure provision through New Mexico's behavioral health statewide system of Medicaid benefits. BHSD is actively engaged in a number of projects that include collaboration with the Children, Youth, and Families Department (CYFD), the Department of Health (DOH), the Indian Affairs Department (IAD), the Corrections Department (DOC), and the Department of Veterans Services, as well as the Behavioral Health Planning Council, Local Collaboratives, providers and consumers. The Behavioral Health Services Division (BHSD) is a leading participant in the Native American Sub-Committee (NASC) which addresses prevailing issues in behavioral health in Tribal communities and urban areas around the state.

HSD is dedicated to working on rebuilding the behavioral health network in New Mexico by expanded behavioral health service rates and working with the Department of Health and Workforce Solutions to increase the behavioral health workforce. A major accomplishment in FY202 was the updating of the Behavioral Health Provider Billing and Policy Manual was also achieved in FY2020.

BHSD staff work with Native American and Tribal providers on federal grants and state programs such as:

- The permanent supportive housing program, Linkages, dedicates 10% of service to Native American clients. BHSD has contracted with Zuni and Acoma Pueblo Housing Authorities for Local Lead Agency services related to the permanent supportive housing program, Set Aside Housing.
- . BHSD has created a workgroup consisting stakeholders across New Mexico to assist in implementing the National 988 three-digit hotline. The 988 national initiative is designed to build a comprehensive response for mental health, substance use, and suicidal crises. The 988 phone number will integrate our state's two current 24/7 crisis call hubs with community mobile crisis outreach units, and crisis receiving facilities, to connect all New Mexicans from the point of crisis to the appropriate level of care.
- BHSD received a FEMA grant for Covid-19 initiatives. BHSD partnered with a Native American consulting and marketing group to create a Crisis Counseling Native American Tool-Kit campaign. This campaign was a high touch media and grassroots outreach and education effort

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spanning across New Mexico tribal communities and border towns. Each Tool Kit contained a yard sign, letter to tribal leaders and flyers to post in the community advertising the Covid-19 crisis hotline.

- BHSD created the Native American Behavioral Health Provider Association. The association consist of BH providers in and around the state of New Mexico providing culturally and competent services to Native American members. The first meeting was held in March 2021 and has worked to provide technical assistance and training to providers on a monthly basis while obtaining feedback from providers on improvement of behavioral health services in Native American communities.
- BHSD opened the Four Corners Recovery Center in Gallup. Services provided by Four Corners include inpatient and outpatient behavioral health services. Four Corners is currently exploring the option of expanding Adult Accredited Residential Center (AARTC) services as they are now covered by Medicaid. The AARTC services are available to both Fee for Service and Managed Care recipients. In FY 2020, HSD received \$2.5 Million to be allocated for rural and frontier counties in reducing re-incarceration and homelessness rates (and improved reentry services) for individuals in the justice systems with BH needs. BHSD chose five counties based on diseases of disparity, incarceration rates, and housing options. The counties receiving the funding are San Juan, Sierra, Valencia, Grant, and San Miguel. In addition, the 2020 session of the New Mexico Legislature appropriated \$4 million to HSD/BHSD to enhance operations for those counties and to expand the project to other counties to initiate additional programs.
- Reach, Intervene, Support, & Engage (RISE-treatment for incarcerated individuals and post-release) Program is currently available in six NM counties. RISE is a program \$4 million investment to develop behavioral health treatment services for those experiencing incarceration and transition services when returning to the community. The RISE program is currently in partnership with the Mescalero Apache tribe.
- BHSD awarded Emergency COVID-19 grants in April 2020, in supporting treatment services for individuals with serious mental illness (SMI), severe emotional disturbance (SED), substance use disorder (SUD), and those with co-occurring SMI/SED and SUD. In addition, the grant also provided funding to healthcare practitioners to provide care to other individuals with less severe mental health disorders due to COVID-19. Grant priorities are to train and provide ongoing coaching to providers on evidence-based practices that can be delivered via telehealth, rapidly implement these practices, enhance our statewide crisis and access line to screen, assess and serve the health workforce and others impacted by COVID-19; implement peer recovery supports, and support the network of crisis response, including telepsychiatry, crisis triage, and mobile outreach.

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- BHSD and HSD partnered with Department of Health (DOH) and the Tourism Department to provide temporary housing and peer support services for displaced individuals who are at risk, are awaiting COVID-19 testing, or have tested positive for the COVID-19.
- BHSD continues to work with tribal entities to establish the Law Enforcement Assisted Diversion (LEAD) programs. LEAD is a public safety program in which police officers exercise discretionary authority to divert individuals suspected of low level, non-violent crime and in need of behavioral health services to local and community-based services instead of arrest, jail or prosecution. A substance abuse prevention request for proposal specifically for Pueblos, Tribes and Nations will be released in late December 2021.
- BHSD has been working in collaboration with the Native American Services Program to plan a release RFA for traditional healing in 2022. There are currently seven tribal providers receiving state general funds to design and delivery traditional healing services that best fits the needs of their community and Native American participants.

### **COVID 19 Related changes to the Behavioral Health Services Division**

- BHSD has expanded telehealth services that was catalyzed by the COVID-19 crisis. Letter of Direction 30, followed by 31, authorizes the MCOs to pay for most outpatient behavioral health services when they are delivered over the telephone. The use of telehealth services has resulted in positive trends in patient receiving continuity of care by a low no show rate.
- BHSD created “wet shelter” locations where people who are not in recovery can be kept safely in a shelter and can avoid life threatening withdrawal from alcohol so long as the person remains in the shelter. BHSD is currently working to add a second level of BH services at “wet shelters” for any individuals who need more support than a peer support worker can provide.
- BHSD assisted with EFS-6 Housing and Shelters. Homeless individuals testing positive for COVID 19 had the ability to isolate with access to care for both physical and behavioral health services. Peer support works were available to every person who were placed in a self-isolation shelter.
- To aid in the number of increase call during the public health emergency, the NM Crisis and Access Line created a new support line app dedicated to healthcare workers and first responders. 1-855-507-5509

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- BHSD created the COVID 19 Behavioral Health Special Services Guide – This guide is designed to offer support and guidance to specialty behavioral healthcare provider agencies during the COVID 19 public health emergency

### **Section III. Agency Efforts to Implement the State-Tribal Consultation, Collaboration and Communication Policy**

The Human Services State-Tribal Consultation, Collaboration and Communication policy meets the intent of the State Tribal Collaboration Act (STCA) and defines the Agency's commitment to collaborate and communicate with tribes. Through this policy, HSD seeks improve and/or maintain partnership with NM Tribes, Nations and Pueblos.

For FY2020, over 35 Tribal Notifications sent to Tribal Leaders, Indian Health Services and Stakeholders. Each tribal notification identifies the proposed change in policy, an open comment period and/or contact information to ask for a tribal consultation.

All Tribal Notifications are displayed at the New Mexico Human Services Department website and can be found at the following link: <https://www.hsd.state.nm.us/?s=Tribal+Notification+>

For FY2020, a formal Tribal Consultation was held November 19, 2020 via zoom meeting to discuss the implementation of the Covered Outpatient Drug Final Regulation regarding reimbursement for covered outpatient drugs at the OMB rate for Indian Health Service and Tribal 638 facilities.

### **Section IV. Current and Planned Programs and Services for Native Communities**

The Native American Technical Advisory Committee (NATAC) is comprised of appointees by Tribal leaders, Indian Health Service (IHS) and HSD representatives working on issues of common concern and policy making with the Medical Assistance Division (MAD), Behavioral Health Services Division and the Income Support Division (ISD). The NATAC, which began in September 2012, is designed to give

HSD and the Tribes, Pueblos, and Nations an opportunity to meet and discuss issues of mutual concern and interest on a quarterly basis. In December 2019 the following goals and objectives were identified by the Committee members for program improvement and to track the progress of our efforts.

During the Public Health Emergency, the NATAC committee continued to meet virtually. Committee members received updates regarding Medicaid enrollment, MCO Care Coordination, Behavioral Health, SNAP, and Medicaid COVID-19 policy updates regarding.

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## **NATAC Goals and Objectives**

**Goal 1:** Increase BH services for Native Americans including community-based services for adults and children.

Objective 1: Increase the number of BH providers in Native communities.

Objective 2: Increase availability of 24-hour crisis interventions services in Native communities.

Objective 3: Recruit and retain more peer-support workers, who identify as Native, to work in Native communities.

**Goal 2:** Increase Medicaid reimbursable provider types (e.g. case managers, community health representatives, care coordinators) and services for IHS and Tribal Clinics.

Objective 1: Identify Native healthcare services, delineating those currently reimbursed by Medicaid from those that are not Medicaid-reimbursable.

Objective 2: Identify the access needed to make provision of Native healthcare services possible.

Objective 3: Develop a provider outreach strategy that provides information about how Native providers may seek Medicaid reimbursement for eligible Native healthcare services.

**Goal 3:** Increase the number of long-term care options.

Objective 1: Conduct a needs assessment that forecasts long-term care needs, identifies gaps in services, and includes data.

Objective 2: Develop all-inclusive and accessible resources (e.g. toolkit, guides, trainings) for providers, families, and community members that outlines all known resources regarding long term care and how those resources can be accessed.

Objective 3: Develop long-term care facilities and programming in Native communities and in partnership with other Tribes, Pueblos, and Nations.

Objective 4: Address discriminatory practices in long-term care facilities towards Medicaid beneficiaries.

**Goal 4:** Increase Native American enrollment in Medicaid.

Objective 1: Identify barriers to healthcare insurance enrollment.

Objective 2: Conduct data collection that identifies Native Americans in NM who remain uninsured, as well as other targeted populations identified by Native communities, and share that data with Tribes.

Objective 3: Define and develop a healthcare insurance outreach and education plan for Native communities.

The NATAC is currently working on identifying tactics for each of the objectives listed above.

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## Section V. Training and Employee Notification

### Policy Background

In 2009 Senate Bill 196 was signed into law, enacting the State-Tribal Collaboration Act (STCA). The STCA is a statutory commitment of New Mexico state government to work with Tribes on a government-to-government basis as multijurisdictional issues, concerns and conflicts, as well as the shared responsibility to use public resources effectively and efficiently, necessitates cooperation. HSD staff working directly with consumers, providers and/or tribal entities are required to have training on STCA on an annual basis. HSD has developed its own State-Tribal Consultation, Collaboration and Communication Policy that aligns with Indian Affairs Department and Senate Bill 196.

The HSD State-Tribal Consultation, Collaboration and Communication Policy is posted on the HSD website at [//www.hsd.state.nm.us/](http://www.hsd.state.nm.us/).



Course ID	Course Name	Instructor	Description	Textbooks
HSD_4951_FY20	NM State-Tribal Collaboration Act and HSD Policy Training FY20	Jeannine Isom, Admin		

### Course Content

**Welcome!**

**NM State-Tribal Collaboration Act and HSD State-Tribal Consultation, Collaboration and Communication Policy Training!**

- Mandatory once for HSD employees (including executive managers and supervisors), whose work involves initiating programmatic actions and/or policy changes that have tribal implications. All new personnel hired into those positions are required to complete the training within 90 days.
- Course length: Approximately 30-45 minutes
- Test: Five (5) questions. Minimum score 80%. Unlimited attempts allowed.

**Important Resources** link on the left menu contains:

- The HSD State-Tribal Consultation, Collaboration and Communication Policy.
- Current HSD Native American Liaisons.
- NM Senate Bill 196 The State-Tribal Collaboration Act.
- Course content for the State-Tribal Collaboration and HSD Policy Training.
- SPO Cultural Competency Training Registration website.

This online training is **not the same training** as the instructor-led Cultural Competency Training.

- The instructor-led Cultural Competency training, sponsored by SPO and the Indian Affairs Department, is mandated to NM employees who have regular interaction with NM tribes' Native American citizens across the state.

[ps://hsd.blackboard.com/webapps/blackboard/content/listContent.jsp?course\\_id=\\_347...](https://hsd.blackboard.com/webapps/blackboard/content/listContent.jsp?course_id=_347...) left menu for information and registration.

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The State Tribal Consultation, Collaboration, and Communication Policy course is on Blackboard. As of July 2020.

- 12 employees were registered to take the course
- 12 completed the course

A goal of HSD for FY2021-2022 is to have all new employees complete the NM State Tribal Collaboration Act and Policy Training course, *and* for those employees that have direct interaction with the 23 Tribes, Pueblos, and Nations of New Mexico, receive the instructor led Cultural Competency Training through the HSD and MAD Native American Liaisons.

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**Section VI. Key Names and Contact Information****HSD Key Staff**

To promote collaboration and communication between the Human Services Department Agency Secretary, Deputy Secretaries, Division Directors and Tribes, the Tribal Liaisons facilitate consultation and collaboration and serve as a direct resource to Tribal leadership.

**HSD Office of the Secretary (OOS)**

David Scrase, Cabinet Secretary  
Angela Medrano, Deputy Secretary  
Kari Armijo, Deputy Secretary  
1474 Rodeo Rd.  
Santa Fe, New Mexico 87504 O: 505.476.9200  
F: 505.827.6286

**Medical Assistance Division, MAD**

Nicole Comeaux, Director  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2308 O: 505.827.7704  
F: 505.827.7215  
Toll Free: 1.888.997.2583

**Medical Assistance Division Tribal Liaison,  
MAD**

Theresa Belanger  
P.O. Box 2348  
Santa Fe, New Mexico 87504 O: 505.827.3122  
F: 505.827.3195  
Toll Free: 1.888.997.2583

**HSD Tribal Liaison, OOS**

Shelly Begay  
1474 Rodeo Rd.  
Santa Fe, New Mexico 87504 O: 505.470-2731  
F: 505.827.6286

**Child Support Enforcement Division, CSED**

Betina McCracken  
CSED Acting Director

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1010 18<sup>th</sup> St. NW  
Michelle Lujan Grisham, Governor  
Albuquerque, NM 87104 O: 505.222-9904  
M: 505-699-4675  
In New Mexico: (800)288.7207  
Out of New Mexico: (800)585.7631

David R. Scrase, M.D., HSD Cabinet Secretary

**Income Support Division, ISD**

Karmela Martinez, Director

1474 Rodeo Rd.

Santa Fe, New Mexico 87504 O: 505.827.7750

F: 505.827.7215

**Behavioral Health Services Division, BHSD**

Neal Bowen, Director

37 Plaza La Prensa

P.O. Box 2348

Santa Fe, New Mexico 87504 O: 505.476.9295

F: 505.476.9277

## **Section VII. Relevant Statutes and Mandates**

Please refer to Section III - Agency Efforts to Implement the State-Tribal Consultation, Collaboration, and Communication Policy

## **Section VIII. Agreements**

The Medical Assistance Division has been working with the Centennial Care Managed Care Organizations (MCOs) to enter into contracts/agreements with Indian Health Service, Tribal 638 facilities, Tribal providers, and Community Health Representatives for care coordination activities. Below is a summary of their efforts for FY2020.

### **MCO contracting**

#### **Status of MCO Contracting with Tribes/Pueblos/Nations**

Due to the Public Health Emergency and the COVID19 pandemic, there has been a delay in MCO efforts to enter into agreements with Tribes/Nations/Pueblos and ITUs. Many Tribes, Nations, and Pueblos are closed to outside entities and have focused on priorities within their community for safety and well-being during the public health emergency. With many of the Tribes and Indian Health Service facilities under some continued restrictions due to Federal and State declarations of a Public Health Emergency, tribal administrations, Indian Health Service, and Tribal health care providers are mostly closed to non-Native or external individuals and organizations.

MCO Tribal relations staff continue to virtually meet with Indian Health Service providers and Tribal Health programs to provide training, technical assistance and resolve any issues they may be experiencing. MCO Tribal Relations staff have established reoccurring meeting with several of the larger health care providers operating on the Navajo Nation to address any issues. These meetings are via zoom or other internet platforms. Tribal Relations staff with each MCO have respected direction from tribal entities and providers during this time and have continued to maintain efforts in extending provider agreements in support of behavioral and mental health services, telemedicine and non-emergency transportation.

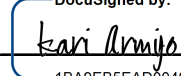
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**Section IX. STCA Report Closing Statement and Signature**

The Human Services Department hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2020 to the Department of Indian Affairs:

DocuSigned by:  
  
1BA9EB5EAD00499...

7/30/2021

David Scrase, M.D., Cabinet Secretary

Date

Human Services Department