



HUMAN
SERVICES
DEPARTMENT

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 2022. 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 2022, the New Mexico Human Services Department (HSD) serves 1,062,637 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. HSD has announced the spring release of the Data Book at <https://www.hsd.state.nm.us/2022-data-book/>. Much of the data included in the book are 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 various State agencies.

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HSD's Programs have had the following social impact:

539,623,210 meals provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) over the last 12 months



972,952 individuals provided the ability to visit a doctor, afford medication and immunizations through Medicaid in June 2022



51,904 homes heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIHEAP) in Federal Fiscal Year 2022



10,920 families provided shelter and necessities through Temporary Assistance for Needy Families (TANF) in June 2022



\$127.75* per month on average through child support to help kids be happy and healthy over the last 12 months



212,823 New Mexico adults supported by Behavioral Health programs and services** from January-December 2021



last updated: 7/18/2022

*collections include current support and arrears debt to the custodial parent and/or the state. **BH services include those covered through Medicaid and other sources (federal and general funds). The total is affected by a 3 month claim lag and therefore this measure is updated quarterly.

A summary of HSD's key accomplishments in SFY2022 includes:

- In an effort to build the provider network in New Mexico, HSD 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.
- Additionally, HSD 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.
- The Income Support Division continues to work with our Federal SNAP partners to secure all available COVID waivers to extend Supplemental Nutrition Assistance Program (SNAP) renewals. To date, our Federal partners have extended all SNAP cases from 2020 through December 2021.
- Most recently, HSD received authorization to extend SNAP renewals for the months of June – August 2022 due to the federal wildfire disaster declaration. Additionally, in June 2022, HSD issued Disaster SNAP benefits to over 1,000 New Mexicans impacted by the wildfires.
- HSD continues to collaborate 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.

- HSD-BHSD expanded funding to the Native American Suicide Clearinghouse at UNM by \$47,650. The funding was used to assist coordination with the state 988 implementation in conjunction with support to DOH led suicide prevention and the American Indian workgroup.
- HSD-BHSD budgeted additional funds to increase Native American Services providing traditional and culturally appropriate services to youth and families. The RFA is expected to be released in the summer 2022.
- HSD-BHSD hired the Native American Liaison. The Native American Liaison will assist BHSD with efforts to engage and increase communication with tribal communities on BHSD services and initiatives in New Mexico.
- HSD-BHSD successfully funded 15 New Mexico counties with high Native American populations to provide training and outreach education on underage drinking, implications of binge drinking, drinking and driving, prescription drug use among youth and adults, illicit drug use, abuse of opioids, Opioid overdose recognition and response.
- Medicaid coverage for postpartum care for new mothers was expanded by increasing coverage from 60 days to a full year.

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 and is charged with managing the functions that fall within the purview of the ESF 6 unit. These functions include congregate sheltering, food distribution including communicating with food distributors throughout the state. Additionally, the ESF6 team is responsible for locating and distributing non-medical supplies and ensuring the provision of behavioral health services and supports.

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

- Centennial Care MCOs continue to reimburse 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.
- 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 assisted in establishing 19,365 nights of COVID positive shelter (8,443 nights for Native Americans) at 6 sites throughout New Mexico. The total number of tribal shelter placements was 1,314. Pojoaque Pueblo was the only 100% Native American shelter in the system.
- HSDESF6 assisted with food delivery to tribal communities. For FY22 ESF6 assisted a tribal community with 200 food boxes, each containing 25 pounds of food =5,000 pounds of food, 40 pallets of water (1,920 cases of water @ 40 bottles 16.9 ounces per case). The food boxes assisted 318 tribal members.
- 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 COVID Public Health Emergency. The map below indicates food delivered by pound to various tribal communities.
- 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 SNAP waivers with the largest impact are highlighted below.

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Description	Customer Impact			Time Frame
Enhanced payment to households that did not receive the maximum SNAP benefits	Over 504k unique individuals received increased benefits.			March 2020 – July 2022
Under the Families First Coronavirus Response Act, Pandemic EBT program provides a supplemental food-purchasing benefit to current Supplemental Nutrition Assistance Program households and a new electronic benefit to other eligible households to offset the cost of meals that otherwise would have been available at school.	Total issuance: \$214,738,026.90			Varied based on school district.
New Mexico families who receive Supplemental Nutrition Assistance Program (SNAP) benefits are now able to use an Electronic Benefit Transfer (EBT) card to		SNAP Purchase	SNAP Transactions	Data May 18, 2020 – July 28, 2022.
	Total to Date	\$233,482,424.76	2,532,257	
	Monthly Average	\$88,647,497.21	93,787	
	FY 22	\$125,055,677.06	1,645,252	

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purchase eligible foods online.		
HSD administers The Emergency Food Assistance Program (TEFAP). TEFAP is a federal program that helps supplement the diets of low-income Americans by providing them with emergency food assistance at no cost.	\$5.1 million in administrative funds to increase distribution locations and food purchasing power of food banks	Funds dispersed via an emergency contract that covered the July through December period. Those funds were fully expended by September 30th. Food will continued to be delivered thru March 2022.

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 1% decrease in enrollment for two consecutive years. This has contributed to an increase in Centennial Care enrollment.

There has been significant Medicaid enrollment expansion since the start of the Public Health Emergency. HSD implemented real time eligibility for Medicaid applications effective 2020.

Native Americans Currently Enrolled in Medicaid Compared to July 2021

Blue Cross Blue Shield	24,940	9% increase
Presbyterian	49,319	8 % increase
Western Sky Community Care	4,709	5% increase
Total Centennial Care/Managed Care	78,968	8% increase
Fee for Service	71, 153	1% increase
Total	150,121	4% increase

Table 1. MER report July 2022

Medicaid 2022 priorities

- HSD wants to design and maintain a high valued Managed Care Medicaid Program that improves upon the delivers of timely and accurate benefits. And, to promote primary care expansion in NM, particularly in underserved and rural areas.
Increase insurance options for the currently uninsured.
- Support NM Department of Health in making Development Disabilities Waiver (DDW) revisions (including the supports waiver).
- Employ all Federal flexibility related to the Public Health Emergency (PHE) to remove barriers to access for Medicaid members and lessen the burden on providers.
- Implement American Rescuer Plan enhanced Federal Medical Assistance Percentages (FMAP) Home and Community Based Services (HCBS) Spending Plan.

The 1115 Demonstration Waivers (Centennial Care 2.0) are approved in five-year increments. Current 1115 Demonstration Waiver is approved through December 31, 2023. The current Managed Care Organization (MCO) Contracts for Centennial Care - Blue Cross Blue Shield of NM (BCBSNM), Presbyterian Health Plan (PHP), and Western Sky Community Care (WSCC) have been extended from 12/31/2022 to 12/31/2023.

In conjunction with the renewal of the 1115 demonstration waiver, HSD will issue a Request for Proposals (RFP) for MCOs for a new contract starting January 1, 2024. MAD intends to finalize the procurement late in 2022 with readiness beginning in 2023 and the new contracts going into effect 1/1/2024. Stakeholder engagements has been occurring and will occur throughout 2022. See list of stakeholder engagements below:

The Medical Assistance Division and Indian Affairs Department are planning additional listening sessions with Tribal leadership to collaborate and receive feedback on Medicaid services under the new 1115 Waiver which will be sent to CMS at the end of 2022.

Visit [Medicaid Program of the Future \(2024\) | New Mexico Human Services Department \(state.nm.us\)](https://www.state.nm.us/medicaid-program-of-the-future) to access presentations conducted during the respective stakeholder engagements. Additionally, all stakeholders were given the opportunity to participate in a survey to provide feedback on services provided by Managed Care Organizations and Centennial Care benefits. The survey opened April 26, 2022, and closed for most on May 11, 2022, but our Tribal partners received an extended deadline of May 19, 2022.

- Tribal Listening Session on the 1115 Waiver was held April 25, 2022.
- Three individual listening sessions were scheduled with various tribes on May 12th and 13th.
- HSD/MAD continued active outreach efforts by hosting additional Tribal Listening sessions scheduled for July 18, July 19 and July 21, 2022
- Tribal Consultation for the 1115 Waiver is planned for September/October 2022

Public Health Emergency (PHE) -Planning for The End of The Federal COVID-19 Public Health Emergency

HSD is engaged in planning activities related to the end of the federal PHE declaration in accordance with federal guidance. This work includes IT system planning, communications planning, and policy work to determine the best strategies for sunsetting the Medicaid Maintenance of Effort (MOE) and resuming normal recertification processing of SNAP cases once the federal government declares the end of the federal COVID-19 public health emergency.,.

CMS has committed to providing states a minimum of 60 days' notice before the end of the federal PHE and termination of the Medicaid MOE. When the PHE declaration ends, states are required to begin “unwinding” the Medicaid MOE and will have 14 months to complete the unwinding process. Part of the unwinding will include restarting eligibility redeterminations for all Medicaid enrollees

and transitioning those who are no longer eligible for Medicaid to other sources of insurance coverage. Communication planning has been underway, and several campaigns have begun:

- In June 2022, postcards were sent monthly as a reminder to individuals due for recertification
- In July 2022 reminder texts were sent biweekly to individuals due for recertification; completion text for individuals who have completed the recertification process
- Turquoise colored envelopes will be utilized for all Medicaid, SNAP or Cash Assistance recertification/renewal packets starting in October and packets to be sent monthly.
- HSD will use a text message campaign for all households due to renew their Medicaid, SNAP or Cash Assistance reminding them they will be receiving their renewal in the mail and to submit their renewal.
- HSD has contracted with a communications firm to assist with the development of a broad communications campaign and media strategy

HSD anticipates a modest disenrollment of Native Americans at the end of the PHE, beginning October 2022 through February 2023 or perhaps longer. These individuals will have been recognized as financially ineligible for full-benefit Medicaid programs. Nonetheless, it is anticipated that these individuals will qualify for subsidized healthcare coverage at *beWellnm*, depending on their income status.

Current information suggest between 6,000-7,000 Native American individuals are in this pool, which is subject for disenrollment for financial reasons, across Managed Care and Fee for Service

programs. These members and projections is subject to change depending on the status of the PHE, and the potential enrollments of the population at *beWellnm* in 2023. The anticipated monthly cost of health care coverage for this population is approximately \$4 million dollars per month.

HSD, *beWellnm* and the Office of Superintendent of Insurance (OSI) are working together closely to ensure a smooth transition of coverage for those who will no longer qualify for Medicaid. The Legislature authorized OSI to use funds from the Health Care Affordability Fund to provide premium relief to those transitioning from Medicaid who qualify for individual and family coverage on *beWellnm*.

The Health Care Affordability Fund will pay the first month's premium for enrollees who meet the following criteria:

- A state resident previously enrolled in Medicaid during the PHE and have been disenrolled because they no longer qualify.

- Individual must have household income under 400% of the Federal Poverty Level (FPL) to qualify.
- Individual must qualify for federal premium assistance. The premium relief will make it easier for individuals and families to transition to a new form of coverage.
- Once the individual qualifies for the assistance, the individual will have the first month's premium covered at no charge. In addition, individuals will have a 90-day grace period for payment in case payment cannot be made. All MCO's offer coverage on *beWellnm*, making insurance coverage transition easy. The Income Support Division has worked with the United States Department of Agriculture Food and Nutrition Services (USDA FNS) to implement several administrative waivers and flexibilities to assist customers during the Public Health Emergency, these will end 30 days after the Federal Public Health Emergency Expires. ISD is working closely with our sister agencies and community partners to ensure families are supported as the food supports, they have come to rely upon expire.

Administrative Flexibility or Waiver	Expiration Date
Supplemental SNAP Benefit	30 days after the Federal Public Health Emergency expires
Simplified Recertification Processing	30 days after the Federal Public Health Emergency expires
Extension of SNAP Recertifications and Interim Reports	August 31, 2022

Native American Technical Advisory Committee (NATAC)

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 the Tribes, Pueblos, and Nations an opportunity to meet and discuss issues of mutual concern and interest on a quarterly basis.

Native American Technical Advisory Committee (NATAC) meetings for FY2022 – Four meetings were held on the following dates: May 24, 2021; October 1, 2021; March 21, 2022; and June 21, 2022. The focus of the NATAC meetings is to provide Medicaid updates, Behavioral Health Services Division (BHSD) updates and discuss and how the committee can assist/advise Tribes when they request it.

The following goals are established by the NATAC committee and continue to be a priority moving in FY22.

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

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

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

Goal 4: Increase Native American enrollment in Medicaid.

Income Support Division (ISD)

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

The Supplemental Nutrition Assistance Program (SNAP) program provides monthly food security to approximately 478,795 New Mexicans, of which 78,979 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. In the FY 22, ISD's timeliness dropped below standards for two months due to the increased workflow due to the reinstatement of the recertification process. ISD quickly worked with the USDA FNS to implement administrative flexibilities to ensure proper supports were implemented to maintain the timely issuance of SNAP benefits to eligible New Mexicans.

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. ISD is currently exploring other sites for out stationed workers.

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

Type of Assistance	Description
SNAP	Enhanced payment to households that did not receive the maximum SNAP benefits
SNAP	Online food purchasing through Amazon and Walmart
SNAP	Implementing the Pandemic-EBT program
Food	\$5.1 million in administrative funds to increase distribution locations and food purchasing power of food banks Increased food delivery sites
<i>Low Income Home Energy Assistance Program (LIHEAP)</i>	Distribution of \$5.2 mill additional federal funds
All Programs (SNAP, TANF, Cash, Medicaid)	Waiver of face to face interview and ability to collect telephonic signatures

Distinct Count of Native American Recipients by Program and Tribal Residence July 2021 to June 2022
Distinct Count of Native American Recipients by Program and Tribal Residence, July 2021 to June 2022

<i>Tribal Residence</i>	Medicaid	General Assistance	TANF	LIHEAP	SNAP
<i>Acoma</i>	619	1	17	40	390
<i>Alamo Navajo</i>	2,141		5		1,566
<i>Canoncito Navajo</i>					
<i>Checkerboard Navajo</i>	4,580	5	52	29	3,798
<i>Cochiti</i>	119		2	2	82
<i>Isleta</i>	212	3	4	15	125
<i>Jemez</i>	408		25	1	253
<i>Jicarilla Apache</i>	371		9	6	271
<i>Kewa</i>	779		16	56	502
<i>Laguna</i>	765	2	13	6	448
<i>Main Reservation Navajo</i>	14,169	36	87	115	11,929
<i>Mescalero Apache</i>	593	2	23	46	407
<i>Nambe</i>	58		3		35
<i>Ohkay Owingeh</i>	79		2	19	54
<i>Other</i>	126		2	6	80
<i>Picuris</i>	19		2		13
<i>Pojoaque</i>	10			3	10
<i>Ramah Navajo</i>	340			2	310
<i>San Felipe</i>	628		27	37	429
<i>San Ildefonso</i>	9		4	1	6
<i>Sandia</i>	14				9
<i>Santa Ana</i>	25		4		17
<i>Santa Clara</i>	108		6	2	51
<i>Taos</i>	132		6	19	83
<i>Tesuque</i>	15				5
<i>Tohajiilee Navajo</i>	157	1		1	166
<i>Zia</i>	110			3	47
<i>Zuni</i>	2,583	1	14	4	1,972
Total	29,169	51	323	413	23,058

Table 2: Native American ISD Program Participants for July 1, 2021 to June 30, 2022. LIHEAP counts are from October 1, 2021 to June 30, 2022. 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 21, 2022.

Child Support Enforcement Division (CSED)

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 and enforce child support orders established by the courts. 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 by collecting and disbursing child support payments. Families who are not receiving TANF or Medicaid may also apply to CSED for services. In SFY2022, there were 59,148 families with child support cases in New Mexico, approximately 3,954 were Native American.

CSED Services for Tribes: CSED provides child support services to Tribes 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, the first of its kind in the nation. This agreement was renewed in 2015.

CSED has a dedicated attorney that is licensed to practice in Zia, Acoma, Isleta, and Laguna Pueblos. The CSED attorney appears before the tribal court judges from these Pueblos regularly.

Tribal judges, court staff, and parties often call upon the CSED attorney when questions arise regarding child support cases involving Tribal members and/or basic child support matters.

CSED also dedicates a Child Support Legal Assistant to 262 active cases for Zia, Acoma, Isleta, and Laguna Pueblos.

CSED Native American Case Load by Tribe

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

Table 3: CSED Native American Caseload as of 2022

Behavioral Health Services Division (BHSD)

https://www.hsd.state.nm.us/about_the_department/behavioral_health_services_division/

The Behavioral Health Services Division (BHSD) manages the adult behavioral health service system for the Human Services Department. The role of BHSD, as the Mental Health and Substance Abuse State Authority for New Mexico, is to address need, services, planning, monitoring and continuous quality systemically across the state. BHSD has a staff of 34 focusing on developing strategies for mental health promotion and substance abuse prevention and treatment for individuals in New Mexico. BHSD works in partnership with the Medical Assistance Division to oversee contracts with the Medicaid Managed Care Organizations (MCO) to ensure provision of Medicaid behavioral health benefits. BHSD is actively engaged in several 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 (DVS), as well as the Behavioral Health Planning Council, Local Collaboratives, providers and consumers. The Human Services Department (HSD) is a voting member of the [New Mexico Behavioral Health Collaborative](#) (BHC), thus BHSD collaborates with the BHC to establish policy and implement strategies to manage the behavioral health system in New Mexico.

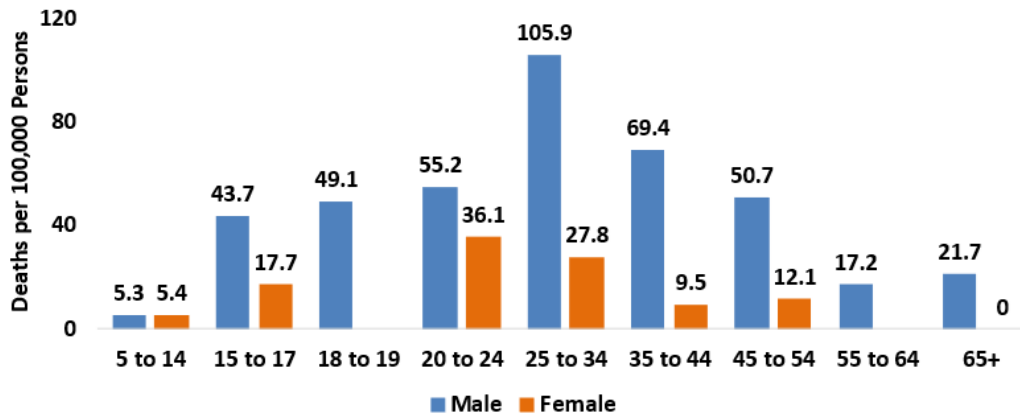
SFY 2022 BHSD Services provided to Tribal Communities in New Mexico

The 988 Crisis Now service provision system is designed to build a comprehensive response for mental health, substance use, and suicidal crises. Crisis Now 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, as the lead agency in this effort, created workgroups consisting of stakeholders across New Mexico to assist in implementation. A Tribal work group was created to address the concerns surrounding 988 for Native Americans and Tribal communities. The Tribal workgroup has met regularly for the last 12 months. The Tribal workgroup continues to meet regularly to strategize, collaborate and receive feedback from tribal communities. In May 2022, BHSD partnered with SBS Evaluation and Program Development Specialist, LLC to offer training specific to the 988 Crisis Now Project for tribal leaders, tribal providers and tribal communities at large. These trainings are tailored to each tribal community state-wide.

- To assist in the coordination and implementation of 988 Crisis Now, HSD-BHSD expanded funding to the Native American Suicide Clearinghouse at the University of New Mexico (UNM) by \$47,650.
- On June 24, 2022, a Tribal Consultation was held to engage tribal leaders in the 988 Crisis Now implementation. Eleven tribes of the twenty-three tribes were represented. Tribal leaders raised concerns about funding opportunities, cultural and sensitivity training, language accessibility in the call centers and transition back into tribal community with continuity of care. To address the funding concerns BHSD advised there will be additional funds available and will be releasing a Request for Information (RFI) specifically for tribal

- communities to help plan, develop and implement the 988 Crisis Now in their tribal communities. Tribal communities will have an opportunity to receive funding as 20% of the overall 988 Crisis Now budget is reserved for tribes.

Suicide Deaths Among American Indians/Alaska Natives by Age and Sex, New Mexico, 20162020



Source: Mortality Query, NM-IBIS.

<https://ibis.doh.nm.gov/about/Welcome.html>



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**The table above illustrates the rate of suicide amongst American Indians an Alaskan Native in New Mexico*

- On July 15, 2022, a 988 Soft Launch was held at the Pueblo of Sandia Golf Resort. To provide more awareness in tribal communities, BHSD, IAD, and Poston & Associates, LLC collaborated on the soft launch and included an overview of training opportunities, marketing, outreach and education materials for tribal communities to help raise awareness of 988. The event had 60 participants representing a variety of tribal programs and tribal leadership. Indian Affairs Department Cabinet Secretary Lynn Trujillo and former Governor of Tesuque Pueblo, Gil Vigil kicked off the event with an opening invocation and prayer. BHSD continues to collaborate with our tribal stakeholders to host a tribal symposium on 988 Crisis Now in efforts to provide more training, education, funding opportunities in tribal communities.

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- On July 16, 2022, the National 988 three-digit hotline went live for all New Mexicans, including Tribal communities.

With BHSD support the New Mexico Tribal Behavioral Health Provider Association (NMTBHPA) was established in March 2021. The association consists of behavioral health providers in and around the state of New Mexico providing culturally and competent services to Native American members. The NMTBHPA provides technical assistance and training monthly to obtain feedback and recommendations from providers on the improvement of behavioral health services in Native American communities.

Since the creation of the NMTBHPA behavioral health providers and stakeholders participated in:

- State telehealth workgroups
- Training specific to behavioral health providers
- Opportunities to host New Mexico State University Social Worker interns to work in tribal communities.
- Providing feedback on state initiatives in providing culturally relevant and sensitive training to Native Americans
- Provided feedback on the behavioral health billing guide and policy manual changes
- Increasing communication with State agencies regarding tribal behavioral health needs and services

To help coordinate strategic priorities and to assist with communication and education, BHSD hired a Native American Liaison in May 2022. The Native American liaison will serve to address the needs of the tribes with efforts to engage and increase communication with tribal communities on initiatives and strategic planning at BHSD.

Policy and Prevention

- The Office of Substance Abuse Prevention (OSAP) collaborates with tribal communities to address prevention initiatives for underage drinking & driving, prescription drug use among youth & adults, illicit drug use among youth & adults. The program currently funds Kewa Family Wellness Center, Mescalero Prevention Program, and the Native American Community Academy (NACA) in Albuquerque. OSAP funds 17 programs in 15 counties across the state in which, 3 of these programs are in tribal communities or schools. BHSD-OSAP PAX Good Behavior Game is implemented and funded to 15 tribal schools located on Pueblo and Navajo Nation lands. PAX Good Behavior Game (PAX GBG) is a school-based, classroom intervention used by teachers to improve a student's behavior in the classroom.

- The method teaches the student to self-regulate himself/herself. PAX GBG is not a set of lessons or curriculum; it is a set of strategy techniques that can be used by schoolteachers throughout the school day that increases focus and attention in the classroom. The PAX GBG outcomes found that the program is beneficial for students and parents in addressing historical trauma related to colonization and genocidal federal policies.
- BHSD-OSAP addresses the opioid crisis in tribal communities by providing opioid overdose prevention education, training and Narcan kit distribution to all 23 New Mexico tribes. The following 13 pueblos have participated in the Opioid Overdose Recognition and Response Trainings: Picuris, Taos, Ohkay Owingeh, Santa Clara, Pojoaque, Tesuque, San Ildefonso,

Cochiti, Santo Domingo, San Felipe, Santa Ana, Acoma, and Zuni Pueblo. A total of 253 tribal individuals have been trained in Overdose Prevention and a total of 442 kits of Narcan have been distributed in tribal areas.

- BHSD-OSAP supports Picuris Pueblo for research and development of a tribal specific Law Enforcement Assisted Diversion program (LEAD). Upon completion the program will be the first New Mexico tribal specific LEAD program. The Law Enforcement Assisted Diversion (LEAD) is a pre-arrest diversion program, rooted in harm reduction, in which police officers divert individuals to intensive case management in lieu of arrest for low-level nonviolent crimes driven by substance use disorder and other unmet behavioral health needs. In a LEAD program, prosecutors, public defenders, police officers, behavioral health and social service providers work together to create a diversion criterion that addresses the needs of their community, improve public safety, decrease drug overdose, and support a coordinated collaborative response to behavioral health disorders among the criminal justice, social service and public health systems in tribal and non-tribal jurisdictions in NM.
- BHSD-OSAP Tribal Outreach Coordinator provided Basic Overdose Response and Basic Addictions and Substance Use Awareness to all 23 tribes in New Mexico. For the first two quarters of 2022, the tribal outreach coordinator trained 706 individuals in Basic Overdose Response. Following participants enrolled in this basic training, 145 of the original 706 individuals opted to continue their training in Naloxone. The Basic Overdose Response, Basic Addictions and Substance Use Awareness and Naloxone training will continue to be offered and available to tribal communities in FY 23.
- BHSD supports and funds two permanent supportive housing programs. Linkages, dedicates 10% of service to Native American clients. Linkages provides rental assistance vouchers combined with support services to eligible individuals. The Set Aside Housing Program includes Special Needs units *set aside* for eligible individuals whereby BHSD contracts with a Local Lead Agency to screen for eligibility criteria. BHSD contracts with Zuni and Acoma Pueblo Housing Authorities for Local Lead Agency services

Clinical & Program Services

The BHSD-Native American Services is designed to implement funding and programs designed by tribes to help improve the quality of and access to behavioral health services for the Native American population, including but not limited to mental health, substance abuse, therapeutic services, suicide prevention and crisis interventions services. Services not traditionally covered by Medicaid are reimbursed by the Native American Services state general funds. For FY22, \$277k from the state general fund was available for tribes for reimbursement. Tribes funded through BHSD Native American Services submit a proposal identifying program development designed and tailored to culturally appropriate and relevant services. Such services include, Western behavioral

health services, traditional healing, sweat lodges, talking circles, language and art therapy programs. For FY23, BHSD will release a Request for Application to expand provider capacity in FY24. Funding will increase from \$277k to \$500k.

- The Office of Peer Support and Engagement (OPRE) provides formalized peer support and practical assistance to people who have or are receiving services to help regain control over their lives in their own unique recovery process. OPRE is aware of tribes requesting to have more peer support training in tribal communities. BHSD is committed to working with tribal communities to expedite an application for Peer Support Worker Certification training. There are currently 43 trained and certified peer workers in tribal communities across the state. BHSD-OPRE continues to make efforts to train and certify peer support workers in tribal communities to assist individuals with substance use disorders (SUD), behavioral health and most recently the 988 Mobile Crisis Teams (MCT).
- BHSD-OPRE created “wet shelter” locations where people who are not in recovery can be kept safely in a shelter and can avoid life threatening symptoms of withdrawal from alcohol as long as the person remains in the shelter. Wet shelters do not require abstinence from alcohol or drugs. BHSD-OPRE is currently working to add a second level of behavioral health services at “wet shelters” for any individuals who need a higher level of care and the additional support of a Certified Peer Support Worker (CPSW).
- On May 3, 2022, BHSD-OPRE was designated as the point of contact (POC) for behavioral health services at the Glorieta, NM crisis evacuation site. BHSD-OPRE worked with ESF6 to coordinate, collaborate, and receive guidance on behavioral and mental health needs during wildfire and crisis relief. The team included 44 volunteer Certified Peer Support Workers (CPSW) from various agencies in the state providing direct crisis intervention services. Such services included onsite licensed clinicians for individuals in need of a higher level of care. The team also distributed resources to individuals and families impacted or displaced by the fires. The BHSD-OPRE team members were available 7 days a week.

- Reach, Intervene, Support, & Engage (RISE) is an investment to develop behavioral health treatment services for those experiencing incarceration and transition services before or upon returning to the community. RISE began as a pilot program in response to a legislative mandate. In FY2021, BHSD received \$1.5M in additional funding, for a total appropriation of \$4 million to maintain operations and expand the project to other counties. As of FY2022, there are nine counties participating. Of these nine programs, Lincoln and Socorro counties engage cultural activities specific to neighboring tribal communities. The other seven provide indirect cultural support through referrals, outreach and/or education.
- BHSD continues to expand Adult Accredited Residential Treatment Centers (AARTC) in McKinley and San Juan Counties; counties with high populations of Native Americans. The Four Corners Recovery Center expanded their services to support the Gallup area, where

they provide treatment services to Native Americans. AARTC centers can also be found in the counties of Santa Fe, Bernalillo, San Juan, Rio Arriba, Sandoval and Taos County. The AARTC process allows providers to bill Medicaid and increase access to services for New Mexicans. AARTC services are available to both Fee for Service and Managed Care recipients and include inpatient and outpatient services.

- The BHSD Veteran Program Services budgets \$600k in in state general funds to support services rendered to veterans. There are currently 7 funded providers. Each provider is required to provide services to Native American populations. Services include emergency housing, case management, job training and placement, and retreats focused at addressing Post-Traumatic Stress Disorder (PTSD).
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual +(LGBTQIA+) is program available in Gallup and Farmington. The program is available to individuals' providing education and a safe space for LGBTQIA+. Available to individuals is the Trevor hotline dedicated to youth for support and resources.

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

The COVID-19 Pandemic significantly impacted high risk tribal communities and tribal members. Native Americans are particularly susceptible to the coronavirus because they suffer from disproportionate rates of asthma, heart disease, hypertension, and diabetes. There is a lack of access to health care and pervasive poverty on the reservation. Many live in small and crowded conditions with multi-generational family members. Early in the pandemic, approximately 37% of COVID cases in New Mexico had occurred within the Native American populations. Separation for protection (Quarantine and Social Distancing) can violate core values of the culture. Native American tribes experienced loss at an unbelievable level. Loss of life due to the pandemic will have lasting effects on the mental health/behavioral health of tribal members, living on the reservation.

BHSD was awarded Emergency COVID-19 grants to support 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. The grant funded healthcare practitioners providing services for individuals with less severe mental health disorders. Grant priorities were to train and provide ongoing coaching to providers on evidence-based practices 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.

BHSD, Office of Peer Recovery & Engagement (OPRE) in collaboration with the Life Link Training Institute assisted with housing and shelters for any displaced individuals testing positive for COVID-19. Families and individuals had the ability to isolate themselves with access to care for both physical and behavioral health services. Certified Peer Support Workers were available to those placed in a self-isolation shelter, telephonically through the peer support line and in-person.

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 to improve and/or maintain partnership with NM Tribes, Nations and Pueblos.

Each year, HSD provides opportunities for the tribes to respond to Medicaid changes that could have an impact on their communities, as well as Native Americans in New Mexico. These tribal notifications are an opportunity for tribes to comment on proposed changes to Medicaid and request for a tribal consultation to meet with the Secretary with HSD. For FY2022, 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.

The HSD Tribal Liaisons completed training on STCA in 2021-2022. The HSD Liaisons received a State-Collaboration guidebook and tool-kit on effective collaboration process with New Mexico tribes.

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>

Written Tribal Notification Letters for July 1, 2021 to June 30, 2022

Written Tribal Notification Letter 22-21

- [22-0015 NM Disaster Relief #18 COVID-19 Vaccine Coverage for Family Planning and Optional Testing Group](#)

Written Tribal Notification Letter 22-20

- [8.280.500 NMAC, Medicaid Eligibility – Program of All Inclusive for the Elderly \(PACE\), Income Resource Standards](#)
- [8.281.400 NMAC, Institutional Care, Recipient Policies](#)
- [8.281.500 NMAC, Institutional Care, Income and Resource Standards](#)

Written Tribal Notification Letter 22-18

- [SPA 22-0019 Temporary Recovery Payments](#)

Written Tribal Notification Letter 22-17

- [8.313.2 NMAC, Long Term Care Services – Intermediate Care Facilities for the Mentally Retarded](#)
- [8.313.3 NMAC, Long Term Care Services – Intermediate Care Facilities Cost Related Reimbursement of ICF-IID](#)

Written Tribal Notification Letter 22-16

- [22-0017 COVID-19 Coverage and Reimbursement SPA pages](#)

Written Tribal Notification Letter 22-15

- [22-0016 Post-Eligibility Treatment of Income \(PETI\) SPA pages](#)

Written Tribal Notification Letter 22-14

- [22-0014 NM Disaster Relief #18 COVID-19 Vaccine Coverage for EMSNC](#)

Written Tribal Notification Letter 22-13

- [8.200.510 NMAC, Medicaid Eligibility – General Recipient Rules, Resource Standards](#)
- [8.200.520 NMAC, Medicaid Eligibility – General Recipient Policies, Income Standards](#)
- [8.291.430 NMAC, Medicaid Eligibility – Affordable Care, Financial Responsibility Requirements](#)

Written Tribal Notification Letter 22-12

PUBLIC HEARING RESCHEDULED FOR JUNE 3, 2022, 10:00 a.m. MOUNTAIN TIME (MT). Conference call toll-free number is: 1-800-747-5150, Access Code: 0440241

- [Draft Developmental Disabilities Waiver \(DDW\)](#)
- [Draft Medically Fragile Waiver \(MFW\)](#)

- [Draft Mi Via Waiver](#)
- [Draft Supports Waiver](#)

Written Tribal Notification Letters – Comment Period Closed – 2022

Written Tribal Notification Letter 22-11

- [SPA 22-0007 NM Disaster Relief #17 Temporary Recovery Payments](#)

Written Tribal Notification Letter 22-10

- [SPA 22-0013 Extended Postpartum Coverage SPA pages 1](#)
- [SPA 22-0013 Extended Postpartum Coverage SPA pages 2](#)

Written Tribal Notification Letter 22-09

- [SPA 22-0011 Pediatric COVID-19 Vaccine Counseling SPA pages](#)

Written Tribal Notification Letter 22-08

- [SPA 22-0012 Nursing Facility \(NF\) Ventilator Services SPA Pages](#)

Written Tribal Notification Letter 22-07

- [SPA 22-0010 Qualifying Clinical Trials Alternative Benefit Plan \(ABP\) SPA pages-1](#)
- [SPA 22-0010 Qualifying Clinical Trials Alternative Benefit Plan \(ABP\) SPA pages-2](#)
- [SPA 22-0010 Qualifying Clinical Trials Alternative Benefit Plan \(ABP\) SPA pages-3](#)

Written Tribal Notification Letter 22-06

- [SPA 22-0009 Qualifying Clinical Trials SPA pages](#)

Written Tribal Notification Letter 22-05

- [SPA 22-0006 Preadmission Screening Resident Review \(PASRR\) Pages](#)

Written Tribal Notification Letter 22-04

- [SPA 22-0005 Targeted Access Payments SPA](#)

Written Tribal Notification 22-03

- [SPA 22-0001 NM Disaster Relief #13 Non-Emergency Medical Transportation \(NEMT\) Increase](#)
- [SPA 22-0002 NM Disaster Relief #14 Nursing Facility \(NF\) Increase](#)
- [SPA 22-0003 NM Disaster Relief #15 Hospital Rate Increase](#)

Written Tribal Notification 22-02

- [8.320.6 NMAC, Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Services, School-Based Services for MAP Eligible Recipients Under Twenty-One Years of Age](#)

Written Tribal Notification 22-01

- [Medicaid School Based Services \(MSBS\) SPA pages](#)

Written Tribal Notification Letters – Comment Period Closed – 2021

Written Tribal Notification 21-25

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- [8.291.400 NMAC, Affordable Care Act – Medicaid Eligibility Manual, Eligibility Requirements](#)
- [8.293.600 NMAC, Affordable Care Act –Pregnant Women, Benefit Description](#)
- [8.294.600 NMAC, Affordable Care Act –Pregnancy-Related Services, Benefit Description](#)
- [8.308.9 NMAC, Managed Care Program, Benefit Package](#)
- [8.308.11 NMAC, Managed Care Program, Transition of Care](#)
- [8.308.20 NMAC, Managed Care Program, Reimbursement](#)
- [8.310.2 NMAC, Health Care Professional Services, General Benefit Description](#)
- [8.326.3 NMAC, Case Management Services, Case Management for Pregnant Women and their Infants](#)

Written Tribal Notification 21-24

- [8.314.5 NMAC, Developmental Disabilities Home and Community-Based Services Waiver](#)

Written Tribal Notification Letter 21-23

- [Proposed Transportation Coverage SPA](#)

Written Tribal Notification Letter 21-22

- [Proposed Presumptive Eligibility \(PE\) SPA](#)

Written Tribal Notification Letter 21-21

- [8.100.970 NMAC, General Provisions for Public Assistance Programs, Oversight – Program Participation Hearings](#)

Written Tribal Notification Letter 21-20

- [Proposed Health Homes High Fidelity Wraparound \(HFW\) SPA](#)

Written Tribal Notification Letter 21-19

- [Proposed Third Party Liability \(TPL\) SPA](#)

Written Tribal Notification Letter 21-18

- [8.200.400 NMAC, Medicaid Eligibility – General Recipient Rules, General Medicaid Eligibility](#)
- [8.200.410 NMAC, Medicaid Eligibility – General Recipient Rules, General Recipient Requirements](#)
- [8.231.400 NMAC, Medicaid Eligibility – Infants of Mothers Who Are Medicaid Eligible \(Category 031\), Recipient Policies](#)
- [8.231.600 NMAC, Medicaid Eligibility – Infants of Mothers Who Are Medicaid or Medical Assistance Program Eligible, Benefit Description](#)
- [8.234.400 NMAC, Medicaid Eligibility – SSI Ineligibility – Due to Income or Resources from a Non-Citizen Sponsor, Recipient Requirements](#)

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- [8.234.500 NMAC, Medicaid Eligibility – SSI Ineligibility – Due to Income or Resources from a Non-Citizen Sponsor, Income and Resource Standards](#)
- [8.243.400 NMAC, Medicaid Eligibility – Working Disabled Individuals \(WDI\) \(Category 043\), Recipient Policies](#)
- [8.249.400 NMAC, Medical Assistance Program Eligibility – Refugee Medical Assistance \(RMA\) Program, Recipient Requirements](#)
- [8.249.500 NMAC, Medical Assistance Program Eligibility – Refugee Medical Assistance \(RMA\) Program, Income and Resource Standards](#)
- [8.250.400 NMAC, Medical Assistance Program Eligibility – Qualified Individuals Whose Income Exceeds QMB and SLIMB, Recipient Requirements](#)
- [8.252.400 NMAC, Medicaid Eligibility – Breast and Cervical Cancer Program \(Category 052\), Recipient Policies](#)
- [8.280.400 NMAC, Medicaid Eligibility – Program of All Inclusive Care for the Elderly \(PACE\), Recipient Policies](#)
- [8.285.400 NMAC, Medical Assistance Program Eligibility – Emergency Medical Services for Non-Citizens, Recipient Requirements](#)
- [8.285.500 NMAC, Medicaid Eligibility – Emergency Medical Services for Non-Citizens, Income and Resource Standards](#)
- [8.285.600 NMAC, Medicaid Eligibility – Emergency Medical Services for Non-Citizens, Benefit Description](#)
- [8.291.410 NMAC, Medicaid Eligibility – Affordable Care, General Recipient Requirements](#)
- [8.292.500 NMAC, Medicaid Eligibility – Parent Caretaker, Income and Resource Standards](#)
- [8.293.500 NMAC, Medicaid Eligibility – Pregnant Women, Income and Resource Standards](#)
- [8.294.500 NMAC, Medicaid Eligibility – Pregnancy-Related Services, Income and Resource Standards](#)
- [8.295.500 NMAC, Medicaid Eligibility – Children Under 19, Income and Resource Standards](#)
- [8.296.500 NMAC, Medicaid Eligibility – Other Adults, Income and Resource Standards](#)
- [8.299.500 NMAC, Medicaid Eligibility – Family Planning Services, Income and Resource Standards](#)
- [8.325.10 NMAC, Specialty Services, Emergency Medical Services for Non-Citizens](#)

Written Tribal Notification Letter 21-17

- [Proposed SPA](#)

Written Tribal Notification Letter 21-16

- [Proposed Children's Health Insurance Program \(CHIP\) SPA](#)

Written Tribal Notification Letter 21-15

- [Home and Community-Based Services \(HCBS\) American Rescue Plan Act \(ARPA\) Spending Plan](#)

Written Tribal Notification Letter 21-14

- [Final NM Statewide HCBS Transition Plan Amendment](#)

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.

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.

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 Indian Affairs Department provides ongoing training on the New Mexico State Tribal Collaboration Act and the State-Tribal Consultation, Collaboration, and Communication Policy to department Tribal liaisons throughout the year. The Tribal liaisons in turn provide training to their departments.

As of May 2022, the State Personnel Office (SPO) launched a new training tool called Building Cultural Equity with Native Nations”.

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.

Section VI. Key Names and Contact Information

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 R. Scrase, MD, Cabinet Secretary

Angela Medrano, Deputy Secretary

Kari Armijo, Deputy Secretary

1474 Rodeo Rd.

Santa Fe, New Mexico 87504 O: 505.476.9200

Native American Liaison

Shelly Begay, MS, MLS

1474 Rodeo Rd.

Santa Fe, New Mexico 87504

Mobile: 505-470-2731

Medical Assistance Division, MAD

Nicole Comeaux, MPH, JD., Director

P.O. Box 2348

Santa Fe, New Mexico 87504-2308

Contact Info: 505-490-7703

Native American Liaison LBSW, MA

Theresa Belanger

P.O. Box 2348

Santa Fe, New Mexico 87504

Mobile: 505-670-8067

Child Support Enforcement Division, CSED

Betina McCracken
CSED Acting Director
1010 18th St. NW
Albuquerque, NM 87104
M: 505-699-4675
In New Mexico: (800)288.7207
Out of New Mexico: (800)585.7631

Income Support Division, ISD

Karmela Martinez, Director
1474 Rodeo Rd.
Santa Fe, New Mexico 87504
Mobile: 505-660-7452

Behavioral Health Services Division, BHSD

Neal Bowen, Ph.D., Director
37 Plaza La Prensa
P.O. Box 2348
Santa Fe, New Mexico 87504
Mobile: 505-660-2788

Native American Liaison
Colinda Vallo, MSW
37 Plaza La Prensa
P.O. Box 2348
Santa Fe, New Mexico 87504
Mobile: 505-231-7209

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 FY22.

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.

Section IX. STCA Report Closing Statement and Signature

The Human Services Department hereby respectfully submits its State-Tribal Collaboration (STCA) Report for Fiscal Year 2022 to the Department of Indian Affairs:

David Scrase, M.D., Cabinet Secretary

Date

Human Services Department