## 51st legislature - STATE OF NEW MEXICO - second session, 2014

INTRODUCED BY

SENATE MEMORIAL 29

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 A MEMORIAL

REQUESTING THE NEW MEXICO LEGISLATIVE COUNCIL TO CREATE AN INTERIM BEHAVIORAL HEALTH SERVICES REVIEW WORKING GROUP TO STUDY THE STATE'S PUBLICLY FUNDED BEHAVIORAL HEALTH SERVICES SYSTEM AND MAKE RECOMMENDATIONS FOR STRUCTURAL CHANGES.

WHEREAS, since the late 1990s, recipients of publicly funded behavioral health services in New Mexico have experienced enormous upheavals and disruptions in service due to fluxes in policy directed by state and federal policymakers; and

WHEREAS, in 1997, the state's medicaid physical and behavioral health services systems moved from a fee-for-service reimbursement basis to a managed care model; and

WHEREAS, shortly after the transition to managed care, medicaid behavioral health services recipients and providers .195624.2

experienced provider layoffs, cutbacks and closure of facilities, especially inpatient and residential treatment facilities for children; and

WHEREAS, after the transition to medicaid managed care, a legislative finance committee audit, the Bazelon center for mental health law, behavioral health providers and behavioral health advocates characterized the new managed care behavioral health system as providing inadequate care, improperly denying care, underpaying provider claims and spending fifty-one cents (\$.51) of every behavioral health dollar on administration, compared to thirty-three cents (\$.33) per dollar spent on administration under the fee-for-service system; and

WHEREAS, mental health advocates lamented the flight of behavioral health professionals under the 1990s managed care system; and

WHEREAS, in 2004, the legislature and the governor passed legislation to create the interagency behavioral health purchasing collaborative, to pool state agency behavioral health dollars to contract with a single statewide managed care entity for statewide medicaid and other publicly funded behavioral health services; and

WHEREAS, under the statewide behavioral health services entity contract, state medicaid behavioral health services were "carved out" from the medicaid system that had previously provided for both physical and behavioral health services; and

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WHEREAS, after the 2005 selection of ValueOptions New Mexico as the statewide behavioral health services entity in New Mexico, disruptions in service and nonpayment of claims continued to plague the state's publicly funded behavioral health services system; and

WHEREAS, in 2012, the interagency behavioral health purchasing collaborative selected OptumHealth New Mexico to replace ValueOptions New Mexico as the single statewide entity, yet the behavioral health system's woes only worsened, with nonpayment of provider claims giving rise to a corrective action plan and sanctions against OptumHealth New Mexico; and

WHEREAS, analysis by the legislative finance committee and others showed that under the statewide entity, state expenditures for behavioral health services have increased while the number of clients served has decreased, and a lack of transparency and inefficient administrative practices burden the system; and

WHEREAS, in 2013 the human services department received federal approval of a medicaid waiver to create a new program, Centennial Care, that as of January 1, 2014 is reintegrating behavioral health and physical health services under the management of four managed care companies, some of which have no experience in providing behavioral health services; and

WHEREAS, beginning in June 2013, the human services department made credible allegations of fraud pursuant to

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federal law against a majority of the state's medicaid behavioral health provider agencies and placed a hold on these provider agencies' claim reimbursements pending further investigation by the state's attorney general; and

WHEREAS, while the credible allegations of fraud remain unsubstantiated, the provider agencies against whom credible allegations of fraud have been made have gone out of business and have been replaced by five Arizona provider agencies; and

WHEREAS, legislative committee testimony by many behavioral health services recipients and providers and data that show an increase in behavioral health crisis and access hotline calls suggest that there is a crisis in the state's behavioral health system that exacerbates decades of disruption in access to the behavioral health care essential to the well-being and safety of many New Mexicans;

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE OF NEW MEXICO that the New Mexico legislative council be requested to appoint a multidisciplinary behavioral health services review working group to conduct a thorough review of the state's publicly funded behavioral health services system to determine the best means for efficiently delivering excellent behavioral health services to recipients of medicaid and other publicly funded programs; and

BE IT FURTHER RESOLVED that the New Mexico legislative council be requested to charge the behavioral health services .195624.2

review working group to include in its review best practices in behavioral health services delivery, administration and finance learned from stakeholder recommendations, other states and industry practices; and

BE IT FURTHER RESOLVED that the New Mexico legislative council require the behavioral health services review working group to conduct meetings that are coordinated with interim committee meetings wherever possible, that are open to the public and that provide for public testimony; and

BE IT FURTHER RESOLVED that the New Mexico legislative council be requested to charge the behavioral health services review working group with making recommendations for any changes to state law that will facilitate implementation of best practices in behavioral health services delivery, administration and finance and result in a behavioral health services system that meets the needs of behavioral health services recipients, their families and the state; and

BE IT FURTHER RESOLVED that the New Mexico legislative council appoint members to the behavioral health services review working group as follows:

- A. two members appointed from the majority party in the house of representatives, one of whom is the interim 2014 chair of the legislative health and human services committee;
- B. two members appointed from the majority party in the senate, one of whom is the interim 2014 vice chair of the

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3	party in the house of representatives;
4	D. one member who is appointed from the minority
5	party in the senate;
6	E. one member who is a representative from the
7	behavioral health services division of the human services
8	department;
9	F. three members who are licensed providers of
10	publicly funded behavioral health services;
11	G. three members who are recipients of publicly
12	funded behavioral health services or who are parents or legal
13	representatives of recipients of publicly funded behavioral
14	health services;
15	H. four members who are representatives of each of
16	the four managed care organizations providing services through
17	the state medicaid program;
18	I. a member who is a representative of the office
19	of superintendent of insurance;
20	J. one member who is an expert in health law; and
21	K. one member who is an expert in health care
22	finance; and
23	BE IT FURTHER RESOLVED that the New Mexico legislative
24	council charge the behavioral health services review working
25	group to report its findings by November 1 2014 to the

legislative health and human services committee;

C. one member who is appointed from the minority

governor, to the legislative health and human services committee and to the legislative finance committee; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the governor, the president pro tempore of the senate, the speaker of the house of representatives, the chair of the legislative health and human services committee and the chair of the legislative finance committee.

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