HUMAN SERVICES DEPARTMENT

BEHAVIORAL HEALTH
IMPROVING ACCESS TO SERVICES IN NEW MEXICO

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Secretary Katrina Hotrum-Lopez
Department of Aging and Long-Term Services

Secretary Brian Blalock
Children, Youth and Families Department

TOPICS

- The Human Services Department (HSD)
- The US Office of Inspector General Report on Behavioral Healthcare Access in New Mexico (September, 2019)
- Strategies to Rebuild the Provider Network
- Multi-Agency Behavioral Health Budget Request for SFY 2020

THE NEW MEXICO HUMAN SERVICES DEPARTMENT

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.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

We support EACH OTHER

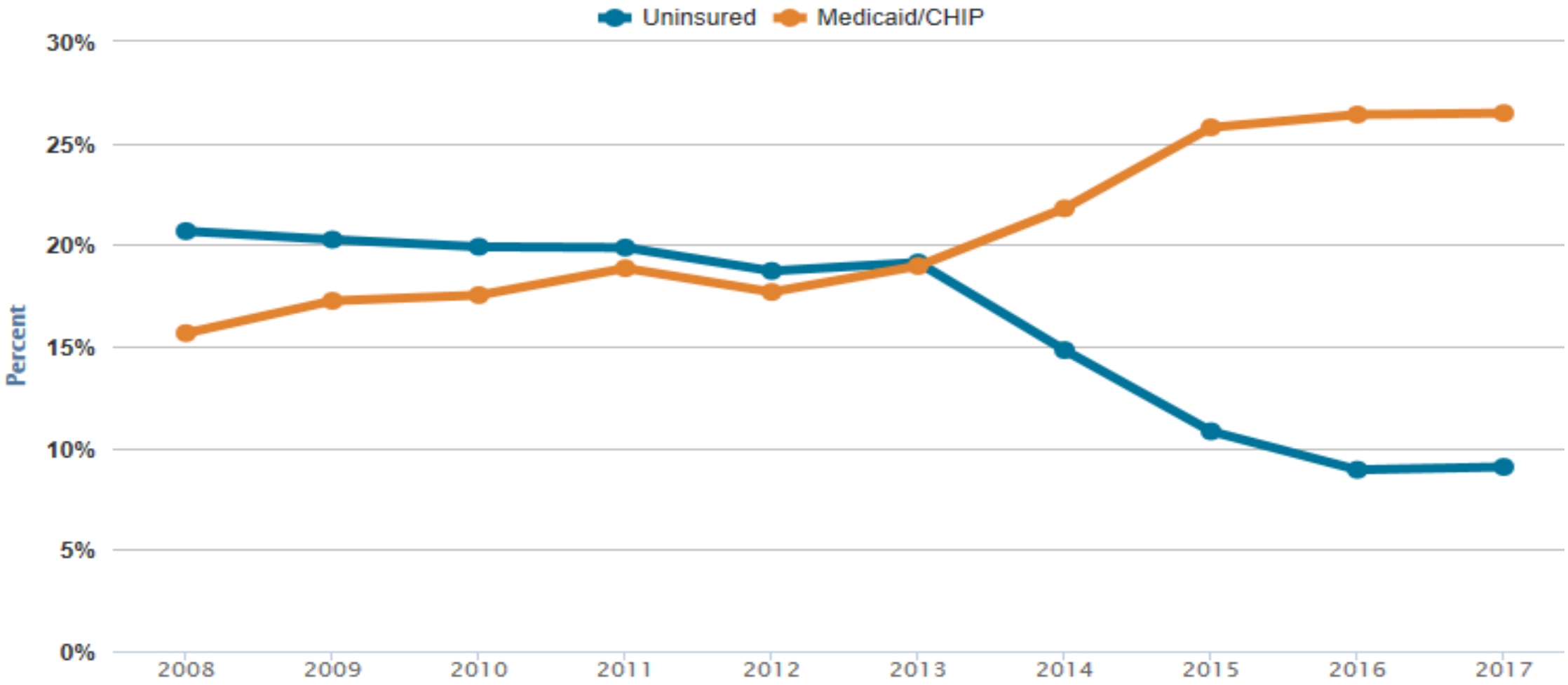
4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

Program	New Mexicans Served as of June 2019	FY20 Budget General Fund (GF, 000)	% of GF Budget	FY20 Budget GF + Fed (000)	% of Total Budget
Medicaid (managed + FFS)	824,888	985,537.4	88.70%	5,949,158.8	83.27%
SNAP	446,216	0.0	0.00%	660,000.0	9.24%
TANF	28,037	87.0	0.01%	140,049.9	1.96%
CSED	214,603	7,927.1	0.71%	31,871.1	0.45%
Other Programs	212,230	117,523.2	10.58%	363,576.3	5.09%
TOTAL	***948,479**	**1,111,074.7**	**100.00%**	**7,144,656.1**	**100.00%**

*Total Unduplicated Recipients

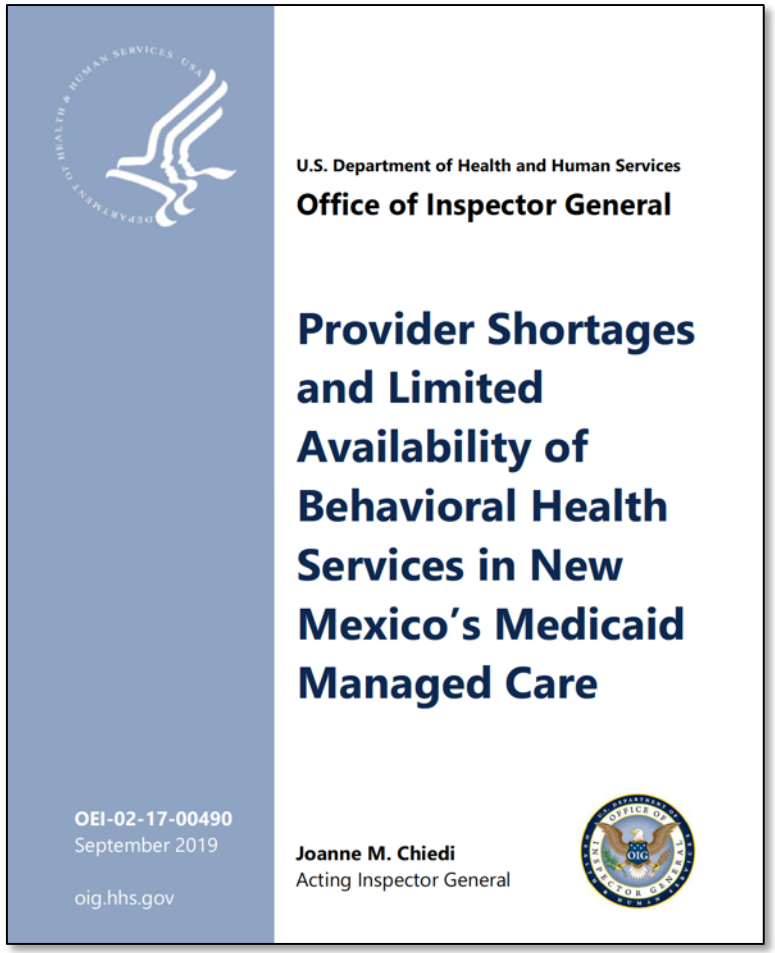
NEW MEXICO UNINSURED AND MEDICAID/CHIP INSURED: 2008-2017

(SOURCE: SHADAC, FROM AMERICAN COMMUNITY SURVEY (ACS, US CENSUS)



OIG REPORT ON BEHAVIORAL HEALTH ACCESS FOR MEDICAID ENROLLEES IN NEW MEXICO

- Released last month
- Identifies BH provider shortages in every county
- oig.hhs.gov/oei/reports/oei-02-17-00490.asp



U.S. Department of Health and Human Services

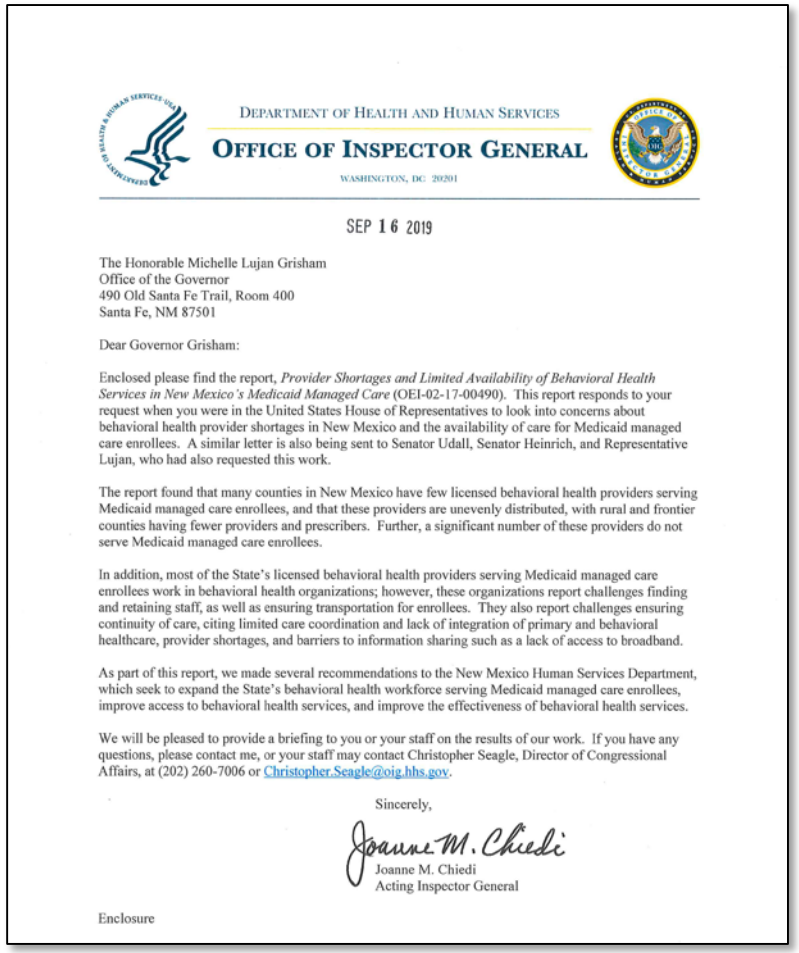
Office of Inspector General

Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care

OEI-02-17-00490
September 2019

oig.hhs.gov

Joanne M. Chiedi
Acting Inspector General



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL
WASHINGTON, DC 20201

SEP 16 2019

The Honorable Michelle Lujan Grisham
Office of the Governor
490 Old Santa Fe Trail, Room 400
Santa Fe, NM 87501

Dear Governor Grisham:

Enclosed please find the report, *Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care* (OEI-02-17-00490). This report responds to your request when you were in the United States House of Representatives to look into concerns about behavioral health provider shortages in New Mexico and the availability of care for Medicaid managed care enrollees. A similar letter is also being sent to Senator Udall, Senator Heinrich, and Representative Lujan, who had also requested this work.

The report found that many counties in New Mexico have few licensed behavioral health providers serving Medicaid managed care enrollees, and that these providers are unevenly distributed, with rural and frontier counties having fewer providers and prescribers. Further, a significant number of these providers do not serve Medicaid managed care enrollees.

In addition, most of the State's licensed behavioral health providers serving Medicaid managed care enrollees work in behavioral health organizations; however, these organizations report challenges finding and retaining staff, as well as ensuring transportation for enrollees. They also report challenges ensuring continuity of care, citing limited care coordination and lack of integration of primary and behavioral healthcare, provider shortages, and barriers to information sharing such as a lack of access to broadband.

As part of this report, we made several recommendations to the New Mexico Human Services Department, which seek to expand the State's behavioral health workforce serving Medicaid managed care enrollees, improve access to behavioral health services, and improve the effectiveness of behavioral health services.

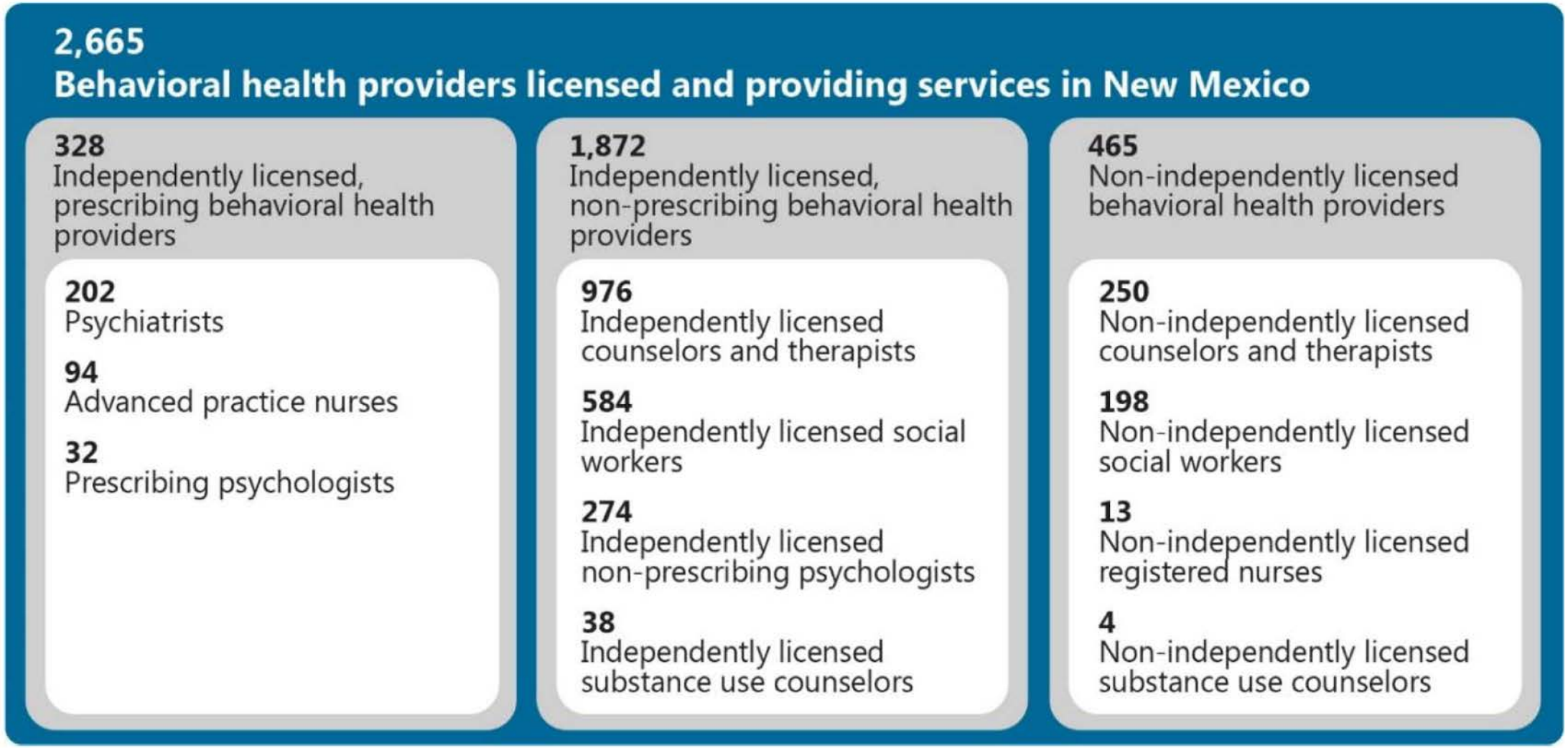
We will be pleased to provide a briefing to you or your staff on the results of our work. If you have any questions, please contact me, or your staff may contact Christopher Seagle, Director of Congressional Affairs, at (202) 260-7006 or Christopher.Seagle@oig.hhs.gov.

Sincerely,

Joanne M. Chiedi
Acting Inspector General

Enclosure

NEW MEXICO HAS 2,665 LICENSED BEHAVIORAL HEALTH PROVIDERS THAT SERVE NEARLY 670,000 MEDICAID MANAGED CARE ENROLLEES



ONLY 30% OF NM BEHAVIORAL HEALTH PROVIDERS SERVE MEDICAID MANAGED CARE ENROLLEES

- Many of the State's licensed behavioral health providers do not serve Medicaid managed care enrollees
- Shortages of behavioral health providers are a problem that affects behavioral healthcare for all populations, not just for its managed care enrollees.
- A study of the New Mexico healthcare workforce found that 9,528 behavioral health providers had active licenses in the State in 2016.
- The smaller number of providers that we identified—just 2,665 providers or 30%—indicates that many behavioral health providers in New Mexico do not provide services to Medicaid managed care enrollees.

MORE THAN HALF OF NEW MEXICO'S COUNTIES HAVE FEWER THAN 2 LICENSED PROVIDERS PER 1,000 ENROLLEES; ALL OF THESE COUNTIES ARE RURAL OR FRONTIER

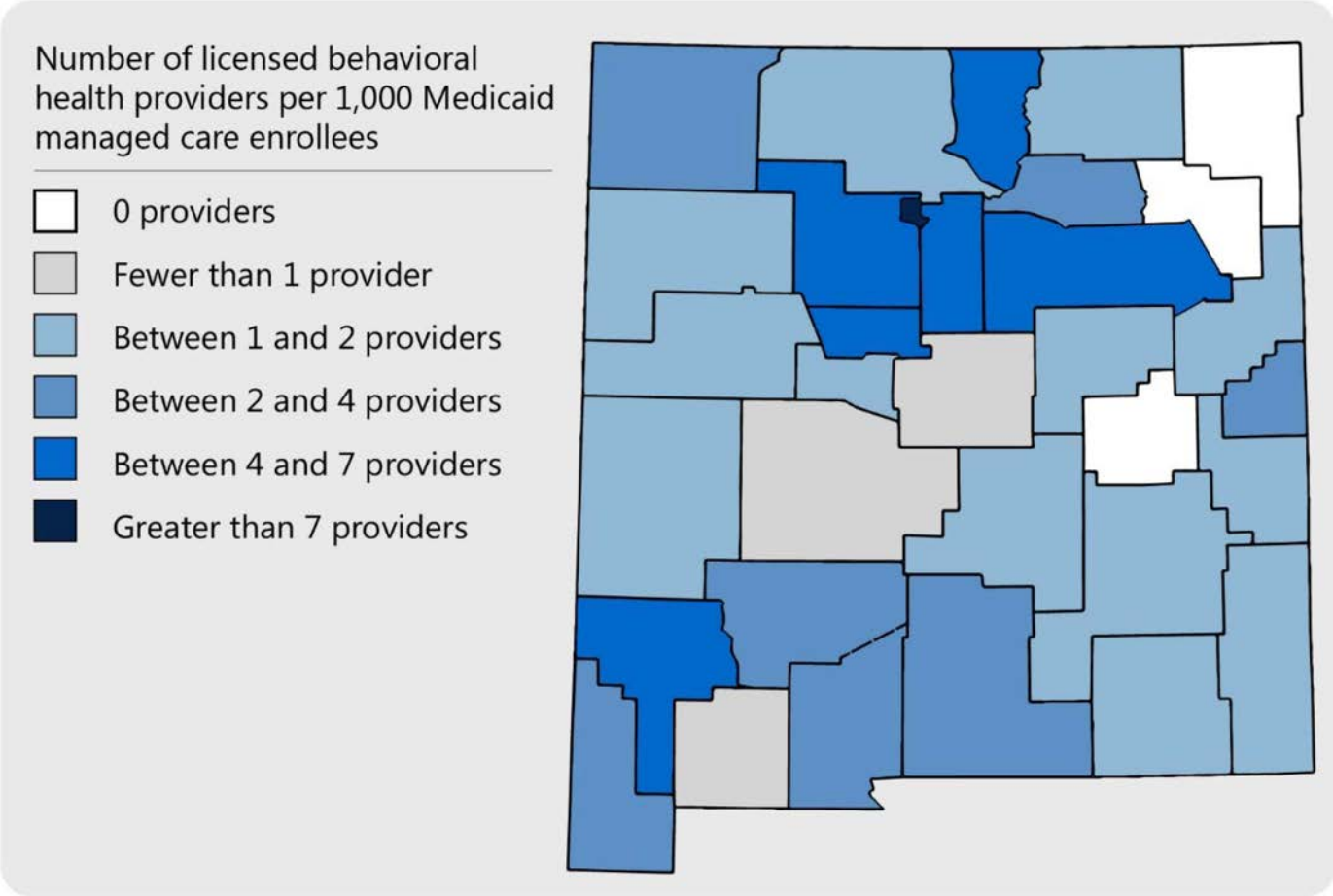


Exhibit 3: Rural and frontier counties have a lower median number of providers and prescribers.

County Type	Median Number of Behavioral Health Providers per 1,000 Enrollees	Median Number of Prescribing Behavioral Health Providers per 1,000 Enrollees
Urban	6.4	0.7
Rural	1.8	0.2
Frontier	1.5	0.0

Source: OIG analysis of State Medicaid data, 2019.

62% OF NM BEHAVIORAL HEALTH PROVIDERS WORK IN BEHAVIORAL HEALTH ORGANIZATIONS

- However, these organizations report challenges with finding and retaining staff
- Of these BHOs, one in three did not have a prescriber on staff
- Two in three BHOs did not have a provider specializing in substance use disorders on staff
- Most of the BHOs in need of additional staff are located in rural and frontier areas
- BHOs further note that staffing challenges affect enrollees with all types of diagnoses

43% OF BHOs REPORT THAT ENROLLEES HAVE DIFFICULTY ACCESSING THE FULL RANGE OF BH SERVICES AT THE FREQUENCY THEY NEED

- Most BHOs (29 of 53) report that they do not have urgent appointments available within 24 hours or routine appointments available within 14 days with providers in their BHO for Medicaid managed care enrollees.
- According to New Mexico's standards, appointments for urgent conditions must be available within 24 hours and appointments for routine behavioral healthcare must be available within 14 days

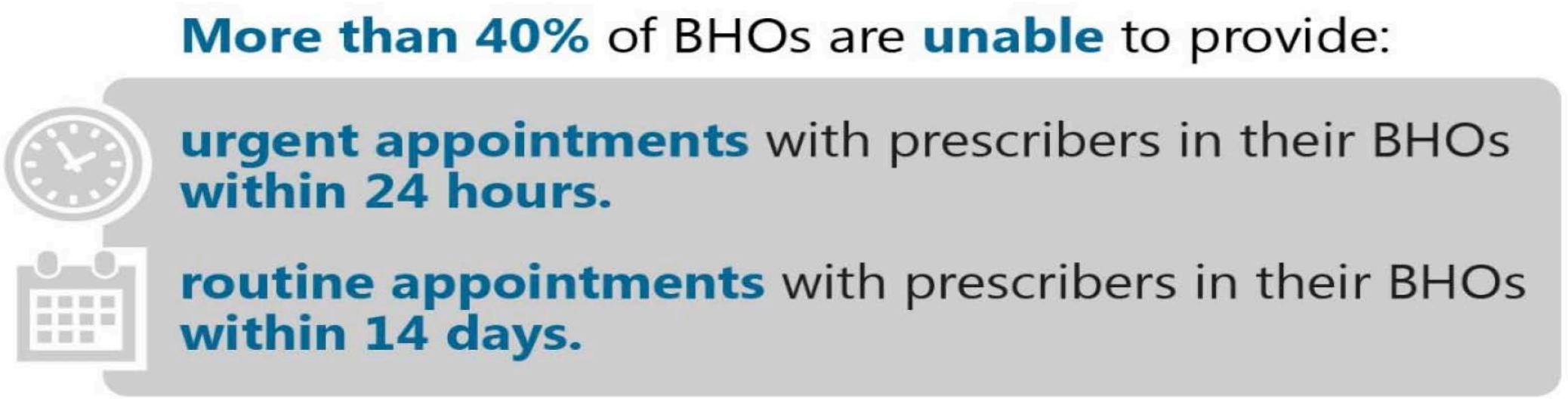


Exhibit 4: Behavioral health services includes a variety of services that are generally organized into four categories.

Recovery and support services
include a range of educational, psychosocial rehabilitation, and supported employment services.

Non-intensive outpatient services
is the broadest category and includes assessments and therapy for behavioral health conditions and medication assisted treatment for opioid use disorder.

Intensive outpatient services
are sometimes used as an alternative to inpatient psychiatric care, such as applied behavior analysis and intensive outpatient programs for substance use disorder.

Inpatient and residential services
are the most intensive level of treatment, often requiring 24-hour care in a hospital or group living environment.

Source: OIG analysis of State documentation on behavioral health services, 2019.

Reporting difficulty arranging:

81% (43 of 53)

79% (42 of 53)

74% (39 of 53)

OIG KEY CONCLUSIONS

- Despite the need for behavioral health services—which includes treatments and services for mental health and substance use disorders—**many counties** in New Mexico **have few licensed behavioral health providers** serving Medicaid managed care enrollees.
- These behavioral health providers are **unevenly distributed** across the State, with rural and frontier counties having fewer providers and prescribers per 1,000 Medicaid managed care enrollees.
- Further, a **significant number** of New Mexico's licensed behavioral health providers **do not provide services to Medicaid** managed care enrollees.

OIG KEY RECOMMENDATIONS

1. The Centers for Medicare & Medicaid Services (**CMS**) **identify States that have limited availability of behavioral health services** and develop strategies and share information with them to ensure that Medicaid managed care enrollees have timely access to these services.
2. The New Mexico Human Services Department **expand New Mexico's behavioral health workforc**e that serves Medicaid managed care enrollees.
3. [HSD] should also **improve access to services by reviewing its access to care standards** and by **increasing access to transportation, access to broadband, and the use of telehealth**.

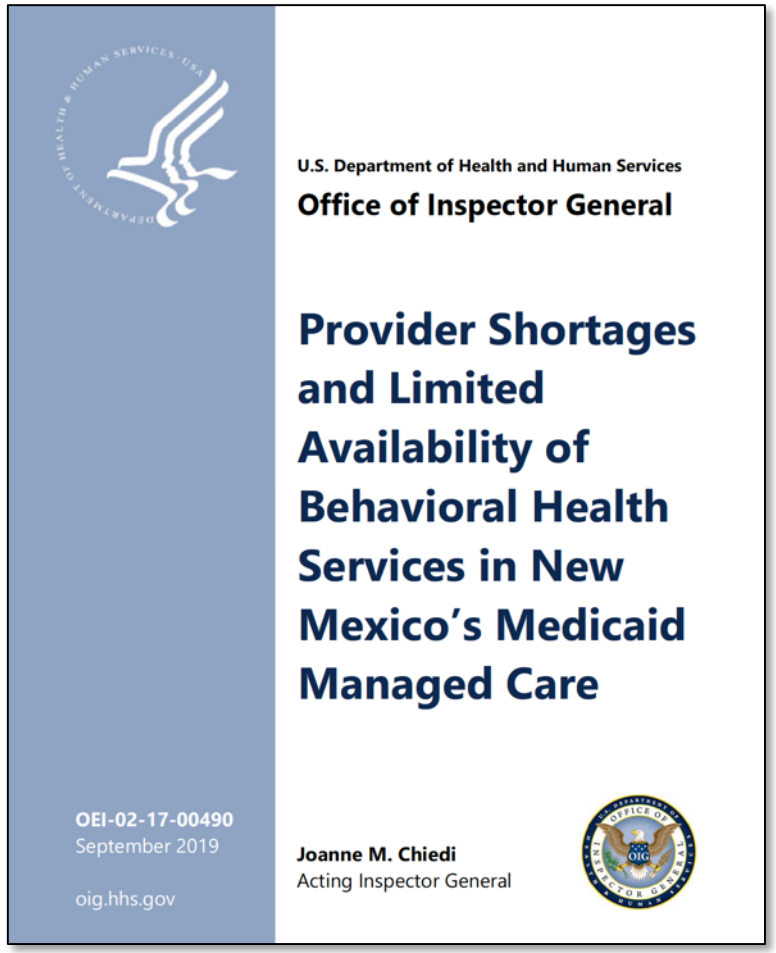
OIG KEY RECOMMENDATIONS

4. Lastly, it should improve the effectiveness of services by **increasing adoption of electronic health records**, identifying and sharing information about **strategies to improve care coordination**, expanding initiatives to **integrate behavioral and primary healthcare**, and sharing information about **open-access scheduling** and the **Treat First Clinical Model**.

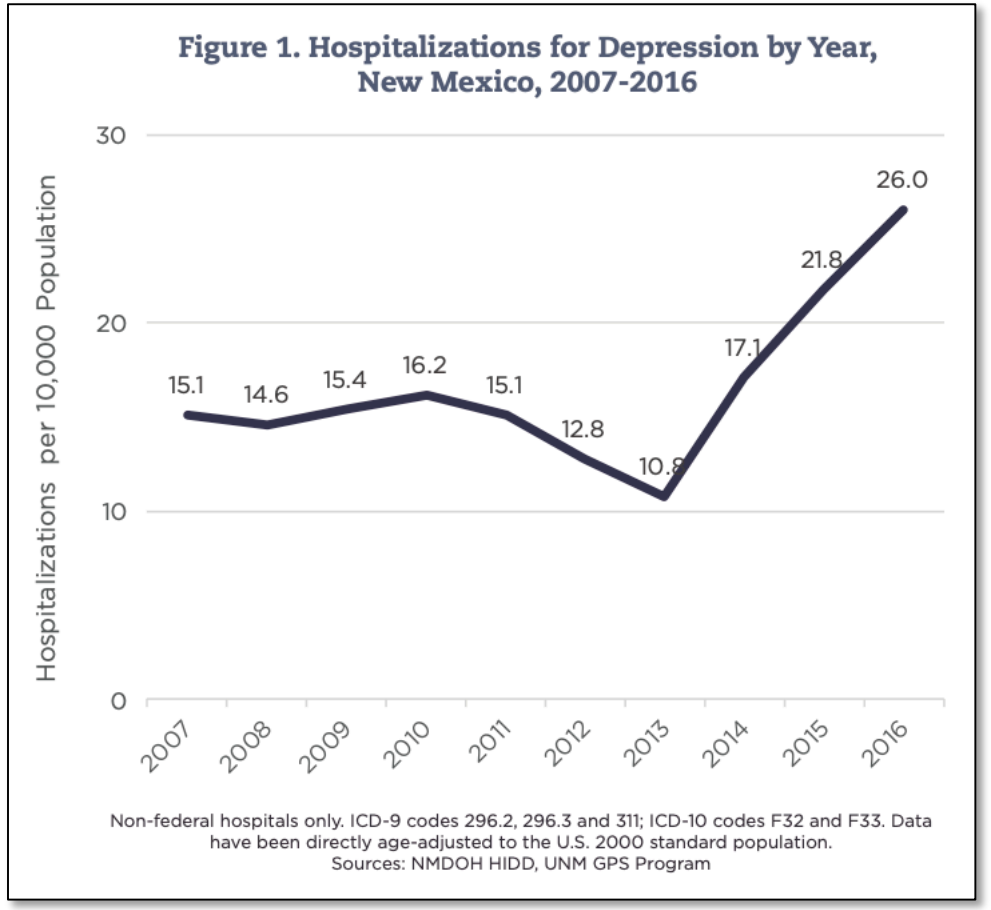
Both CMS and the New Mexico Human Services Department concurred with our recommendations.

KEY TAKEAWAY FROM OIG REPORT

- The challenges faced by New Mexico—including provider shortages and limited availability of behavioral health services—are likely shared by other States and will require both State and national attention.



WE RECOMMEND THAT YOU SEE THE DOCUMENTARY CALLED “THE SHAKE-UP”



SOLUTIONS

Editorial: Gov. should take lead on access to health care

BY ALBUQUERQUE JOURNAL EDITORIAL BOARD
Sunday, March 3rd, 2019 at 12:02am

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Is there a doctor in the house? Or at least in the office?

Maybe, but you might have to wait weeks – or longer – to see him or her.

That message came through loud and clear in Journal investigative reporter Colleen Heild's "Feeling the Pain" series. Over two weekends she detailed the shortage of physicians in New Mexico and its impact on people seeking medical help. Journal readers chimed in with their own first-person accounts of their frustrations and long waits to see a doctor for ailments ranging from cancer to gastrointestinal bleeding to simply seeing a primary care doctor.

One study ranks us 48th in the nation for physician access, and some specialties, neurology for example, are in short supply. The shortage is particularly acute in rural New Mexico.

ALBUQUERQUE JOURNAL, FEBRUARY 25, 2019

- Medicaid rate increases
- Fund more NM GME slots
- Increase recruiting efforts and funding
- Expand team and multidisciplinary approaches

Initiatives could bolster NM's physician ranks

BY COLLEEN HEILD / JOURNAL INVESTIGATIVE REPORTER

Published: Monday, February 25th, 2019 at 12:02am

Updated: Monday, February 25th, 2019 at 12:29am

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MORE INFO:

- Proposed center offers new hope for Parkinson's patients, others
- Part 1: Feeling the pain: Waits frustrate patients seeking prompt medical care
- Part 2: A small town struggles to find doctors
- Part 3: NM faces hurdles recruiting doctors

Medical residents, from left, Caitlin Allen, Lisa Ruvuna, and Tirajeh Saadatzadeh consult with each other on the intensive care floor of University of New Mexico Hospital. (Jim Thompson/Albuquerque Journal)

MEDICAID BEHAVIORAL HEALTH PROVIDER NETWORK ENHANCEMENT STRATEGIES

- Execute strategic BH provider rate increases and new payment methodologies
- Settle BH Lawsuits (more on this later)
- Simplify credentialing
- Expand primary care and psychiatry training slots in NM
- Expand and invest in telehealth models (Project ECHO, UNM Access, other ACCESS programs)
- Loan forgiveness expansion
- Expand value based purchasing to improve outcomes
- Provide help with service start-up
- Create a Medicaid provider network analysis for the State of NM using existing DOH, UNM, and other data
  - Identify and prioritize gaps in network
  - Make selective and strategic investment to broaden access
    - Behavioral Health
    - Primary Care
    - Rural healthcare (30% of Medicaid)
    - Others as identified by network analysis
- Realign MCO and network incentives

MEDICAID FEE SCHEDULE THREE YEAR PLAN

- Fee Schedule that is:
  - Fair
  - Benchmarked to regional/national rates (e.g., RBRVS)
  - Adjustable based on state revenue
  - Aligned with Medicaid strategic plan

PROVIDER RATE INCREASES PART 1A

7/1/2019: $60 M

- $37.4 M: E&M codes
- $11.9 M: LTSS providers
- $4.6 M: dental services
- $2.1 M: community-based pharmacies
- $2.0 M: topical fluoride varnish
- $800,000: TCM and CCM codes
- $650,000: PACE
- $320,000: assisted living facilities.
- $230,000: supportive housing services

Lujan Grisham: Medicaid reimbursements rates to rise

BY COLLEEN HEILD / JOURNAL INVESTIGATIVE REPORTER
Wednesday, May 15th, 2019 at 12:13pm

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Gov. Michelle Lujan Grisham

Gov. Michelle Lujan Grisham this morning announced a $60 million plan aimed at enhancing access to health care in New Mexico and halting rising commercial health insurance rates by increasing Medicaid reimbursements rates for medical and other health providers.

Lujan Grisham's administration is proposing to leverage $13 million in state general funds to combine with a near $47 million federal match to increase rates for physicians and other health professionals who have sustained several years of decreases in reimbursements for care of the estimated 832,000 New Mexicans, or 40% of the state's population, enrolled in the state's Medicaid program.Under the plan, which goes into effect July 1, Medicaid rates for the most frequently billed services will increase from 70% to 90% of what Medicare pays for such services.

"Raising our Medicaid payments rate strengthens our partnership with key health care providers," Lujan Grisham said in a news release. "I want to thank

PROVIDER RATE INCREASES PART 1B

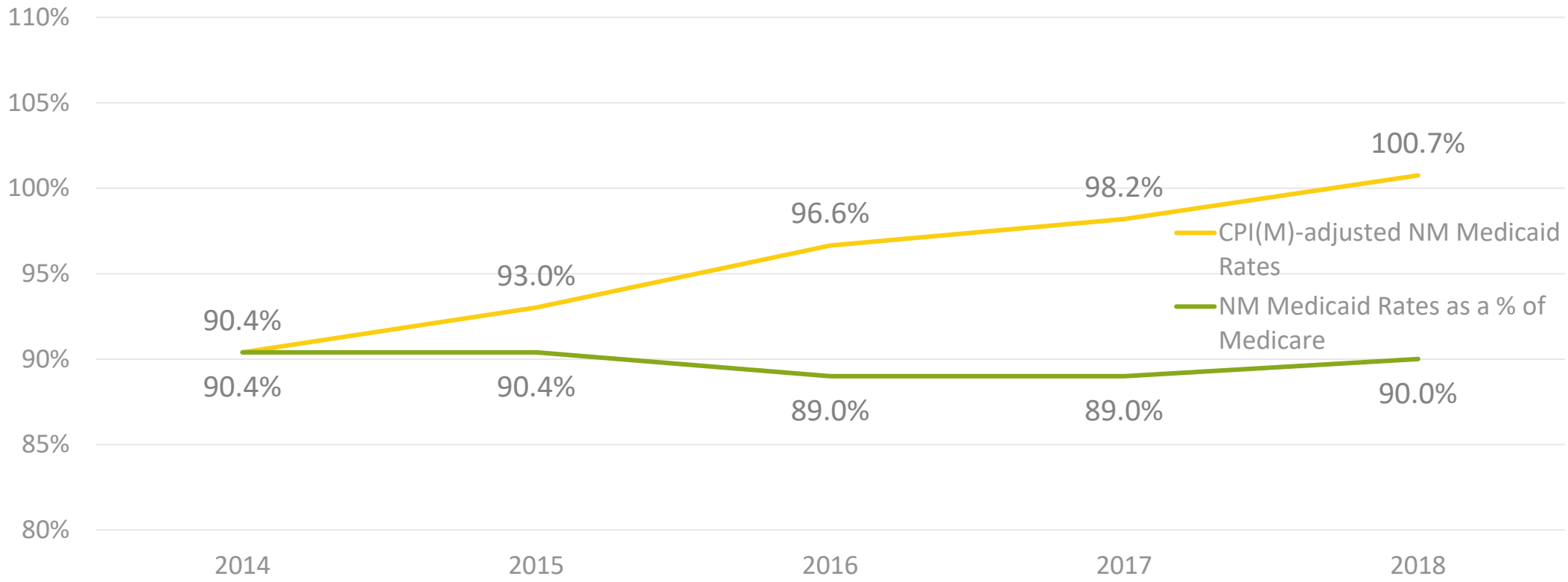
10/1/2019: $78.5 million

- **Outpatient BH codes $58.6 M**
- ~$15 M NFP Hospitals
- FQHCs: $4.4 M
- Project ECHO provider presentations: $0.9 M

- Other legislation that also helps providers:
  - Hospitals - resulted in **$53 M NET** payment increase
  - Nursing Homes - will result in a **$32 M NET** payment increase

MAINTAINING PROVIDER NETWORK: HISTORIC NM MEDICAID PROVIDER RATES VS. CPI (MEDICAL) INFLATED RATES

Sources: https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D , https://www.bls.gov/charts/consumer-price-index/consumer-price-index-by-category-line-chart.htm



- A 1 percentage point increase in NM Medicaid provider payment rates requires $10 million in General Fund dollars
- It would cost $110 million in General Fund dollars to move from our current payment rate of 89% of Medicare to 100% of Medicare

A HIGH RATIO OF PUBLIC TO PRIVATE INSURANCE PUTS PRESSURE ON OUR NM NETWORK

	State	Public	Commercial	Ratio of P:C
1	New Mexico	50%	41%	1.22
2	West Virginia	47%	47%	1.00
3	Arkansas	45%	48%	0.94
4	Vermont	45%	51%	0.88
5	Louisiana	43%	50%	0.86
46	South Dakota	30%	61%	0.49
47	Wyoming	29%	59%	0.49
48	Nebraska	28%	64%	0.44
49	North Dakota	26%	67%	0.39
50	Utah	22%	69%	0.32

Adapted from *Henry J Kaiser Family Foundation.* Health Insurance Coverage of the Total Population. 31 January 2019 <https.kff.org>

PROVIDER RATE INCREASES PART 1C

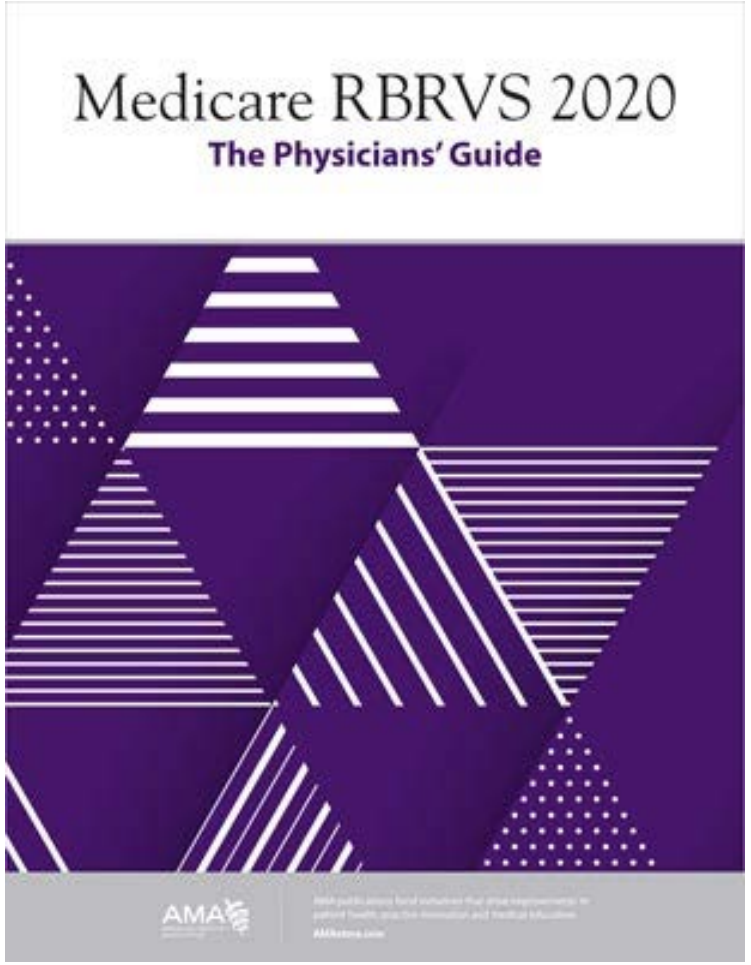
1/1/2020:

- Safety Net Care Pool
- Investor-Owned/Municipal Hospitals
- NFP Tribal Hospitals
- LARC
- PACE expansion
- Nursing Facility VBP program
- Behavior Management Services (BMS) enhanced rate

- All amounts and methodologies are still to be determined

MEDICAID FEE SCHEDULE THREE YEAR PLAN

- Next two years:
  - Continue to focus on BH
  - Additional providers not addressed in year 1
  - Move to single multiple of Medicare RBRVS fee schedule
  - How do we get $ to actual providers vs. organization?



BEHAVIORAL HEALTH COLLABORATIVE

Four Goals

1. Expansion of behavioral health provider network (HSD)
2. Expansion of community-based mental health services for children (CYFD)
3. Effectively address Substance Use Disorder (DOH)
4. Provide effective behavioral health services for justice-involved individuals (Governor's office, ALTSD, NMCD)

BEHAVIORAL HEALTH COLLABORATIVE

FY20 Budget Requests

- Requests from ALTSD, CYFD, DOH, HED, HSD, IAD, and NMCD
- Requests total more than $35M
- Bring minimum matching federal funds of $22M

EXPANSION OF BEHAVIORAL HEALTH PROVIDER NETWORK FY20 BUDGET REQUEST: $12.45M

Initiative	Agency	Description
1. BH workforce analysis	HSD	Identify existing capacities, resources, needs, and gaps.
2. BH Provider Taskforce	DWS	Identify needs and address challenges in recruitment and retention.
3. Loan repayment	HED	Encourage BH providers to remain in NM with loan repayments.
4. Physician training & financial aid for non-physicians	HSD	Correct barriers to training completion; implement all fed/state financial aid.
5. BH startup fund	HSD	Loan program for BH startups.
6. BH provider rate increases	HSD	Provider rate increases, including Gross Receipts Tax relief.
7. NMSU Innovation Center support	CYFD	Provides training and disseminates evidence-based practices to BH providers.
8. Nurtured Hearts program support	CYFD	Expands trauma informed program to all congregate care settings, foster parents, and CYFD staff.
9. Peer support and community health workers for elders/PWD	ALTSD	New statewide network of peer support and community health workers, who provide support for people with disabilities and older adults with BH conditions.
10. Improving Las Vegas BH Institute client mix	DOH	Require Institute to increase number of behavioral and psychiatric long-term care patients as a percentage of the overall client mix.
11. New BH wing Fort Bayard	DOH	15-bed psychiatric/BH long-term care wing at Fort Bayard.

COMMUNITY-BASED MENTAL HEALTH SERVICES FOR CHILDREN FY20 BUDGET REQUEST: $9.57M

Initiative	Agency	Description
1. Native Youth Suicide Prevention	IAD	Pilots to decrease Native American youth suicide, including crisis response plans.
2. Expand Multisystemic Therapy	CYFD	Expands program to 10 statewide teams, who will provide evidence-based family and community treatment for juvenile offenders and their families.
3. Young parents clinical supports	CYFD	Clinical and support services for young parents and babies, including 16-bed facility.
4. Children & Adolescent Needs and Strengths Assessment	CYFD	Licensing, training, and provider support for only statewide assessment tool related to Adverse Childhood Experiences and outcomes.
5. Undocumented youth supports	CYFD	Funding source provides programs and services to children who are undocumented.
6. Transition Supportive Housing	CYFD	60 housing vouchers in Hobbs, Roswell, Carlsbad, Las Cruces and Farmington for youth exiting juvenile justice facilities and permanent supportive housing.
7. Behavioral Management Services	CYFD	Launch pilots in rural and urban settings designed to de-institutionalize youth and prevent institutionalization.
8. Building Bridges Initiative	CYFD	BBI is an evidence-based methodology linking services to residential treatment centers, decreasing incidents, and increasing positive outcomes.
9. Intensive Transitional Living Programs	CYFD	Programs designed for youth exiting supportive housing, juvenile justice facilities, group homes, etc.
10. FTE for Evidence Based & Promising Practices	CYFD	New staff positions to provide infrastructure needed to develop and implement EBP services.
11. Commercial Sexual Exploitation- Identification Tool	CYFD	CSE-IT is a validated screening instrument- will support CYFD and providers in appropriately identifying human trafficking victims.

EFFECTIVELY ADDRESS SUBSTANCE USE DISORDER
FY20 BUDGET REQUEST: $6.46M

Initiative	Agency	Description
1. Increased Medication Assisted Treatment	DOH	FTE to provide outpatient alcohol and opiate outpatient recovery services.
2. Alcohol Prevention Office	DOH	Creation of new DOH office that will collaborate with HSD and conduct community outreach and education.
3. SUD Incubator Pilot	DOH	Increase number of crisis triage centers, crisis stabilization, mobile crisis centers by building state owned facilities to lease to providers.
4. Housing vouchers for those in recovery	DOH	Housing vouchers for individuals who have successfully detoxed, allowing them to continue treatment.
5. Licensed SUD Counselors	DOH	Counselors will support DOH MAT and Alcohol programs.
6. Youth Support Services	CYFD	Life skills program for youth, by youth to be delivered at existing 13 sites and expand to additional sites.

PROVIDE EFFECTIVE BH SERVICES FOR JUSTICE-INVOLVED INDIVIDUALS FY20 BUDGET REQUEST: $7.13M

Initiative	Agency	Description
1. Youth Trafficking Survivor Housing	CYFD	First-of-its-kind housing for youth trafficking survivors in NM to be located at Lincoln Pines.
2. Statewide County-level BH Grant Program	HSD	Support counties in addressing BH needs of people who are involved in the criminal justice systems, including housing needs.
3. Peer support workers	NMCD & HSD	Peer support workers in 15 districts, who will engage those exiting state prisons and ensure they obtain needed services.

CONCLUSIONS

- A multifaceted approach to rebuilding the New Mexico BH provider network is necessary
  - Rural and frontier counties will be particularly challenging
- HSD is now looking to expand focus on access by reevaluating metrics and aligning incentives with MCOs
- Value based purchasing will be built upon better access and will be developed collaboratively with our BH partners
- Provider input and active involvement will be critical to success at every level

QUESTIONS

HUMAN SERVICES
DEPARTMENT