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SENATE BILL 175

**53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017**

INTRODUCED BY

Gerald Ortiz y Pino

AN ACT

RELATING TO PUBLIC ASSISTANCE; ENACTING A NEW SECTION OF THE PUBLIC ASSISTANCE ACT TO REQUIRE THE SECRETARY OF HUMAN SERVICES TO ESTABLISH A PROGRAM TO PROVIDE HOME VISITING SERVICES TO MEDICAID-ELIGIBLE INFANTS, TODDLERS AND THEIR FAMILIES TO IMPROVE THE HEALTH OF NEW MEXICO FAMILIES; PROVIDING FOR RULEMAKING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Public Assistance Act is enacted to read:

"[NEW MATERIAL] MEDICAID INFANT, TODDLER AND FAMILY HOME VISITING PROGRAM.--

A. Consistent with federal law and subject to the appropriation and availability of state and federal funds, the secretary shall establish an infant, toddler and family home

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1 visiting program.

2           B. The medical assistance division of the  
3 department shall work with eligible home visiting program  
4 providers to execute provider participation agreements and, in  
5 accordance with department rules, establish procedures for  
6 establishing home visiting providers as eligible for  
7 reimbursement for furnishing home visiting services to medical  
8 assistance recipients.

9           C. A home visiting program shall:

10                   (1) use home visiting as a primary service  
11 delivery strategy;

12                   (2) include regular, voluntary visits provided  
13 in the homes of infants and toddlers, from birth to three years  
14 of age, and their families;

15                   (3) be evidence-based and grounded in best  
16 practices that are designed to produce and measure the  
17 following outcomes:

18                           (a) improvement of infant, toddler and  
19 parental health outcomes;

20                           (b) positive parenting practices;

21                           (c) healthy parent and child  
22 relationships;

23                           (d) child well-being and prevention of  
24 adverse childhood experiences;

25                           (e) enhanced social-emotional

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1 development;

2 (f) support of cognitive development in  
3 infants and toddlers;

4 (g) increased school readiness; and

5 (h) delivery of a variety of  
6 information, education, developmental, referral and other  
7 supports to an infant or toddler and the infant or toddler's  
8 family;

9 (4) have comprehensive home visiting standards  
10 that ensure high-quality service delivery and continuous  
11 quality improvement;

12 (5) have demonstrated significant, sustained  
13 positive outcomes;

14 (6) follow program standards that the  
15 secretary has established by rule and that specify the purpose,  
16 outcomes, duration and frequency of home visiting services;

17 (7) follow research-based protocols;

18 (8) employ well-trained and competent staff  
19 and provide continual professional supervision and development  
20 relevant to the specific program or model being delivered;

21 (9) demonstrate strong links to other  
22 community-based services;

23 (10) continually evaluate performance to  
24 ensure fidelity to the program standard;

25 (11) collect data on program activities and

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1 outcomes; and

2 (12) be culturally and linguistically  
3 appropriate.

4 D. The human services department and the children,  
5 youth and families department shall cooperate to:

6 (1) ensure that the home visiting services  
7 provided under this section align with children, youth and  
8 families department standards for home visiting and are not  
9 duplicative in the provision of services; and

10 (2) develop a mechanism for reimbursing home  
11 visiting program providers for services to prevent duplicative  
12 payments and to maximize available federal funding, including  
13 federal funding for any services that are federally  
14 reimbursable through the medical assistance division,  
15 including:

- 16 (a) case management services;  
17 (b) licensed practitioner services;  
18 (c) preventive services;  
19 (d) services that meet federal  
20 requirements under the early and periodic screening, diagnostic  
21 and treatment benefit;  
22 (e) rehabilitative services;  
23 (f) therapy services;  
24 (g) home health services as recommended  
25 or prescribed by a physician;

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1 (h) health homes for individuals with  
2 chronic conditions; and

3 (i) extended services to pregnant women.

4 E. The secretary shall adopt and promulgate rules  
5 in accordance with the provisions of this section.

6 F. In consultation with New Mexico's Indian tribes,  
7 nations and pueblos, providers of home visiting services and  
8 one or more experts in home visiting, the department shall:

9 (1) jointly develop an outcomes measurement  
10 plan to monitor outcomes for infants, toddlers and families  
11 receiving services through home visiting programs;

12 (2) develop indicators that measure each  
13 outcome measure established pursuant to Paragraph (3) of  
14 Subsection C of this section; and

15 (3) complete and submit the outcomes  
16 measurement plan by December 1, 2017 to the governor,  
17 legislative finance committee, the legislative health and human  
18 services committee and the chief executive of each Indian  
19 tribe, nation and pueblo in the state.

20 G. Beginning July 1, 2018, and by July 1 each year  
21 thereafter, the department shall produce a written report on  
22 annual outcomes of the home visiting programming implemented  
23 pursuant to this section to the governor, the chief executive  
24 of each Indian nation, tribe and the pueblo in the state, the  
25 legislative finance committee and the legislative health and

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1 human services committee. The annual outcomes report shall  
2 include:

3 (1) achieved outcomes in each area outlined in  
4 Paragraph (3) of Subsection C of this section, as measured by  
5 the outcomes measurement plan; and

6 (2) data regarding:

7 (a) the cost per family served;

8 (b) the number of families served;

9 (c) demographic data of families served;

10 (d) percentages of families served in  
11 rural, tribal and urban areas;

12 (e) recommendations for health outcome  
13 and program quality improvements; and

14 (f) recommendations to ensure that  
15 reimbursement is effective and maximizing federal match  
16 dollars."