

Appendix D

This report is offered in fulfillment of the following commitment detailed in the *Kevin S. Settlement Agreement*.

Implementation Target 3.1a

HSD will develop and publish reimbursement methodology, billing rates (taking into account validated information regarding adequate rates), and guidance for providers for screening/assessment, High Fidelity Wraparound services, evidence-based, well-supported, or promising therapeutic treatment for children with complex trauma, intensive case management, mobile crisis response services and intensive home-based services, leveraging Medicaid whenever possible. The methodology and guidance will include provider eligibility criteria as well as billing and coding procedures.

Introduction

This document is a report on the status of the State's efforts to ensure appropriate guidance to providers of an array of services as a function of the Kevin S settlement. We describe the process to be taken, along with which department or division will be responsible for various parts, including subject matter experts (SMEs) and specifics of actions that will be taken on a given timeline.

Reimbursement Methodology

Responsible Department and Divisions: HSD – Medical Assistance Division (MAD), with assistance and support from the Behavioral Health Services Division (BHSD)

Description:

- The reimbursement for High Fidelity Wraparound (HFW) services will be a per member per month (PMPM) rate, offered to all providers statewide and calculated according to extant rates for providers of HFW, developed by the State's Medicaid actuary, Mercer.
- Most trauma treatment, including for complex trauma, is currently fully reimbursable through Medicaid, Medicare, and Private Insurance. In the event there are children that do not fall into one of those categories, HSD and the Collaborative have already instituted mechanisms for providers to enroll with the Administrative Services Organization (ASO) Falling Colors to be paid from State General Funds, as the payer of last resort.
 - This would be the case, for example, with Trauma Focused Cognitive Behavioral Therapy (TF-CBT); Eye Movement Desensitization and



Reprocessing (EMDR); Dialectical Behavior Therapy (DBT); and most other EBPs based on a traditional approach to psychotherapy.

Timeline: The Centers for Medicare & Medicaid Services (CMS) may authorize states to conduct demonstration projects that are likely to assist in promoting the objectives of the Medicaid program, allowing for the federal financial participation for state expenditures that would not normally qualify. Currently, HSD operates the New Mexico Managed Care program through an 1115 waiver and will be requesting federal authority to include High Fidelity Wraparound services in the Spring 2021 amendment submission to CMS, with implementation beginning the Summer of 2021. This waiver request should allow HSD to provide payment for services not otherwise billable as an all-inclusive rate including the cost of intensive care coordination in addition to all other necessary behavioral health services and supports. HSD will also be requesting the inclusion of administrative costs for provider training, monitoring fidelity of the model, and evaluation of the High Fidelity Wraparound program. 1115 Waiver submission is planned for March 1, 2021, with implementation beginning the Summer of 2021.

Billing Rates

Responsible Department and Divisions: HSD MAD, with assistance and support from BHSD, along with CYFD and the Behavioral Health Collaborative

Description: The rates for HFW will be determined through an actuarial process provided by Mercer. Billing rates for most trauma treatment, including for complex trauma, would not need to be revisited for full implementation at this time.

Timeline: 1115 Waiver submission is planned for March 1, 2021, with implementation beginning in the Summer of 2021.

Guidance for Providers

All six subtitles included below will be included in and addressed directly in specific Provider Guides, such as the documents and training developed by BHSD and provided to the agencies returning to the BH Network following settlements of their suits arising from the 2013 “shake up.” (Attachment) and included in the BH Provider and Billing Manual.

This guidance will be supplemented by recorded guidance (most likely by recording an initial training session for the first cohort of new HFW providers), so as to be available for asynchronous learning by subsequent providers. The training will be provided by BHSD program managers in collaboration with CYFD and the NMSU Center for Innovation.



Screening/Assessment

Responsible Departments and Divisions: CYFD Behavioral Health Services (CYFD-BHS), with assistance as required from HSD BHSD.

Description: The screening assessment will be covered by the finalization and use of the New Mexico (NM) CANS 2020 and the NM CAT (2020) once approved by the Kevin S Co-Neutrals.

Evaluation is a standard part of services provided by licensed behavioral health professionals, and a required element of a diagnostic process. The diagnostic qualification for HFW must include such an evaluation. Children found to have complex trauma, neurological conditions (e.g. ADHD), or other complex presentations may be referred to a licensed psychologist for diagnostic testing to ensure accurate diagnosis included objective, validated tests.

Timeline: This will be largely determined by acquisition and deployment of the CAT for screening and the CANS for assessing strengths and needs. Behavioral Health evaluation is available currently. CYFD and BHSD will develop and maintain a statewide cadre of License practitioners available for diagnostic evaluation, including a process of continuous quality improvement. Goal: Late Autumn 2021 for complete development.

High Fidelity Wraparound Services

Responsible Department & Division: New Mexico State University (NMSU) Center for Innovation (COI), under contract with CYFD BHS, with assistance as required from HSD BHSD.

Description: A clear description of the steps needed to be recognized as a Hi Fidelity Wraparound provider already exists, developed by NMSU-COI. It will be reviewed and updated as necessary according to the Wraparound interim report of December 1, 2021.

Timeline: Spring 2021 for submission to Co-Neutrals

Treatment for Children with Complex Trauma

Responsible Department and Divisions: CYFD BHS; CYFD Infant Mental Health Team; HSD BHSD.

Description: Develop menu of potential therapeutic responses for children with complex trauma, with a specific treatment plan (integrated with the overall care plan developed for the child and family) that will include review of progress and needed adjustments to the plan. This menu will include at a minimum: Dialectical Behavior Therapy (DBT),



Multi-systemic Therapy (MST), Trauma Focused -Cognitive Behavioral Therapy (TF-CBT), Functional Family Training (FFT), and Eye Movement Desensitization and Reprocessing (EDMR) therapy. A part of the treatment plan will be regular review of therapeutic outcomes (e.g., integrated Quality Service Review) and re-evaluation of approved therapeutic approaches at a rhythm not less frequent than every two years. Reimbursement approach and amounts as well as billing guidance for each element in the menu will be described in provider guidance documents.

Timeline: Summer 2021 for draft submission of menu, training to be offered to appropriate providers in specific therapies, and the plan for evaluation of outcomes

Intensive Case Management

Responsible Departments and Divisions: HSD BHSD and CYFD BHS.

Description: There are already sections on intensive case management in the HSD Provider Manual (Attachment B for the updated version being submitted in December 2020 for public comment; <https://www.hsd.state.nm.us/providers/behavioral-health-policy-and-billing-manual.aspx> for the current version). The Manual will be reviewed and revised as needed to incorporate the expected revision of the criteria for serious emotional disturbance (SED) expected during the January 2021 Behavioral Health Collaborative meeting.

Timeline: Late Spring 2021 for draft revision of provider manual section on intensive case management as required by Kevin S Settlement Agreement

Mobile Crisis Response Services

Responsible Departments and Divisions: CYFD BHS; HSD BHSD.

Description: CYFD is developing Mobile Response as part of a SAMSHA System of Care grant deliverable. Elizabeth Manley, technical consultant, has been helping develop the model based on what New Jersey used to reform their system of care. In addition, BHSD is in the process of developing a plan for mobile crisis response statewide as an essential element of the BH Crisis Response system arising from development of the national 988 Suicide Prevention Hotline. This development provides for 988 as the national number to call for BH crises, including suicidality, thus relieving 911 of this responsibility. The planning for implementation of 988 includes a dedicated BH crisis call center (in New Mexico this function will be shared by Agora and the New Mexico Crisis and Access Line); mobile response to BH crisis provided by BH professionals; and BH Crisis response centers.



Timeline: Late Spring 2021 for draft service definitions and the process for rate development; Summer 2022 for deployment of mobile crisis response.

Intensive Home-Based Services

Responsible Departments & Divisions: CYFD BHS with assistance from HSD BHSD.

Description: The State will utilize Multi Systemic Therapy (MST), and other evidence based approaches, such as Functional Family Therapy (FFT) as appropriate.

Timeline: Spring 2021 for draft payment methodology and rate.

