

LEGISLATIVE SUMMARY SHEET

Tracking No. 0220-22

DATE: November 2, 2022

TITLE OF RESOLUTION: AN ACTION RELATING TO THE HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'IYATI' COMMITTEES; APPROVING AND SUPPORTING THE NAVAJO NATION DIVISION OF SOCIAL SERVICES' WRITTEN COMMENTS TO THE NEW MEXICO HUMAN SERVICES DEPARTMENT'S DRAFT MEDICAID 1115 DEMONSTRATION WAIVER RENEWAL APPLICATION

PURPOSE: This resolution, if approved, will support the written comments from the Navajo Nation Social Services Department to the New Mexico Human Services Department regarding the Medicaid 1115 Demonstration Waiver Renewal Application.

This written summary does not address recommended amendments as may be provided by the standing committee. The Office of Legislative Counsel requests each committee member to review the proposed resolution in detail.

5-DAY BILL HOLD PERIOD: Johnson
Website Posting Time/Date: 6:00pm; 11-09-22
Posting End Date: 11-14-22
Eligible for Action: 11-15-22

Health Education & Human Services Committee
Thence
Naabik'iyati' Committee

PROPOSED STANDING COMMITTEE RESOLUTION
24TH NAVAJO NATION COUNCIL — Fourth Year, 2022

INTRODUCED BY


Primary Sponsor

TRACKING NO. 0220-22

AN ACTION

RELATING TO THE HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'IYATI' COMMITTEES; APPROVING AND SUPPORTING THE NAVAJO
NATION DIVISION OF SOCIAL SERVICES' WRITTEN COMMENTS TO THE
NEW MEXICO HUMAN SERVICES DEPARTMENT'S DRAFT MEDICAID 1115
DEMONSTRATION WAIVER RENEWAL APPLICATION

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council empowered to represent the Navajo Nation at local, state and federal levels, in coordination with the President of the Navajo Nation and the Naabi'kiyati Committee, regarding proposed legislation, funding and other actions affecting matters of health, environmental health, social services, education, veteran's services, employment, training and labor. 2 N.N.C. §§ 400(A), 401(B)(7).
- B. The Naabi'kiyati Committee is a standing committee of the Navajo Nation Council and empowered to coordinate all federal, county, and state programs with other standing committees and branches of the Navajo Nation government to provide the most efficient delivery of services to the Navajo Nation. 2 N.N.C. §§ 700(A), 701(A)(4).

1 **SECTION TWO. FINDINGS**

- 2 A. On September 6, 2022, the New Mexico Human Services Department (“NMHSD”) sent a
3 letter to Tribal Leaders, Indian Health Services, Tribal Health Providers, and other
4 Interested Parties, seeking written comments regarding its draft Medicaid 1115
5 Demonstration Waiver Renewal Application, supporting the government-to-government
6 relationship between State of New Mexico, New Mexico’s Indian Nations, Tribes,
7 Pueblos and their health care providers. **Exhibit A.**
- 8 B. The Navajo Nation Division of Social Services (“NNDSS”), has prepared written
9 comments for the NMHSD, in response to NMHSD’s “Dear Tribal Leadership...” letter
10 regarding HHS’ Virtual Annual Regional Tribal Consultation. **Exhibit B.** NNDSS’
11 comments identify the potential impacts to Native American Children in State Custody
12 and Traditional Healing Services, and provides recommendations.

13
14 **SECTION THREE. APPROVAL**

- 15 A. The Navajo Nation hereby supports and approves the written comments prepared by the
16 Navajo Nation Division of Social Services to be submitted to the New Mexico Human
17 Services Department, which identifies possible issues with the Draft Medicaid 1115
18 Demonstration Waiver Renewal Application and encourages NMHSD to consider the
19 recommendations provided.



HUMAN SERVICES
DEPARTMENT

Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

September 6, 2022

RE: Tribal Notification to Request Advice and Comments Letter 22-25: Draft Medicaid 1115 Demonstration Waiver Renewal Application

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico's Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department's (HSD's) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting written comments until **5:00 p.m., Mountain Standard Time (MST) on October 31, 2022** regarding its draft Medicaid 1115 demonstration waiver renewal application.

HSD's current Centennial Care 2.0 waiver (Project Number 11-W-00285/6) will expire on December 31, 2023 and HSD will submit a 5-year Medicaid 1115 demonstration waiver renewal application under the name **Turquoise Care** to the Centers for Medicare and Medicaid Services (CMS) in 2022 for an anticipated effective date of January 1, 2024 through December 31, 2028, seeking federal approval to renew and enhance the current Centennial Care 2.0 waiver.

In addition to providing critical health coverage and access to care, Turquoise Care's goals and initiatives center on improving core health outcomes and attending to the social and economic determinants of health, particularly centered on addressing the needs of the State's historically underserved populations. Our vision is that every New Mexico Medicaid member has high-quality, well-coordinated, person-centered care to achieve their personally defined health and wellness goals.

The following continuations and additions are being considered for the renewal:

1. Eligibility and Enrollment

A. Continuing Demonstration Features

The State will continue to include the Medicaid and CHIP State Plan eligibility groups approved in Appendix F of the Centennial Care 2.0 approved demonstration, including the 217-like eligibility groups made eligible through demonstration authority.

Tribal Impact: *HSD does not anticipate an adverse service or financial impact to individual tribes or their health care providers.*

B. New Demonstration Proposals

The State aims to expand eligibility and strengthen access to coverage, while also improving care delivery. In addition to the Medicaid eligibility groups currently enrolled in Centennial Care 2.0, the State will:

1) Provide Continuous Enrollment for Children up to Age Six

In order to maximize other efforts to improve access to care and services for children, New Mexico is seeking authority under the 1115 waiver demonstration to provide continuous enrollment in Medicaid for children from the time of application up to age six.

Tribal Impact: *HSD anticipates expanded access to services for Native American children covered by Medicaid upon implementation of this initiative.*

2) Expand Home and Community Based Services (HCBS) Community Benefit (CB) Enrollment Opportunities through Additional Waiver Slots

HSD's goal is the elimination of the CB Waitlist by the end of 2028. To start, HSD will permanently add 1,000 CB enrollment "slots," which have already been approved through New Mexico's American Rescue Plan Section 9817 HCBS Spending Plan. Over the course of the five-year waiver renewal period, HSD will evaluate and make targeted requests for new capacity to eliminate the current waitlist for CB services.

Tribal Impact: *HSD anticipates expanded access to HCBS under the CB for Native American members.*

2. Premiums and Cost-Sharing

Premiums and cost-sharing will continue to follow the approved Medicaid State Plan. New Mexico removed premiums and cost-sharing elements from Centennial Care 2.0 in the amendment approved in February 2020 and there will continue to be no cost sharing elements.

Tribal Impact: *HSD does not anticipate an adverse service or financial impact to individual tribes or their health care providers.*

3. Benefits

A. Continuing Demonstration Benefits

Benefits will continue to include those approved in Centennial Care 2.0, including: Community Intervener services, Medicaid home visiting services, Pre-Tenancy and Tenancy Support services, Participant Direction for select CB services, opioid use disorder (OUD)/substance use disorder (SUD) treatment services and withdrawal management during short-term residential and inpatient stays in Institution for Mental Diseases (IMDs), the Member Rewards Program approved in Centennial Care 2.0, and family planning-only eligibility to otherwise ineligible individuals age 50 and under who do not have other health insurance coverage and individuals who are under age 65 who have only Medicare coverage that does not include family planning benefits.

The State will also continue to include the approved Centennial Care 2.0 benefits, including the CB services described in Attachment B of the Centennial Care 2.0 approved waiver and expanded benefits described in Appendix G of the draft Turquoise Care renewal application.

These include comprehensive benefits that are at least equal in amount, duration, and scope to those described in the State Plan, with the exception of the Adult Group, who receive the benefits in their approved Alternative Benefit Plan (ABP). Those in the Adult Group who are medically frail will continue to have a choice of the approved ABP with the ten essential health benefits required by the Affordable Care Act, or the ABP with the approved State Plan benefit package.

Tribal Impact: *HSD does not anticipate an adverse service or financial impact to individual tribes or their health care providers.*

B. New Demonstration Benefits Proposals

The State aims to expand eligibility and strengthen access to coverage, while also improving care delivery. In addition to the Medicaid benefits currently included in Centennial Care 2.0, HSD is requesting:

1) Expanded Centennial Home Visiting Pilot Programs

HSD requests continuation and expansion of the Centennial Home Visiting program. It is proposed that the State will continue the two existing evidence-based models and expand the program to also include four new evidence-based programs on a pilot basis. The four new programs are Child First, Healthy Families America, Family Connects, and Safe Care Augmented.

Tribal Impact: *HSD anticipates expanded access to home visiting programs for Native American members, and increased support for Tribal providers participating in these programs.*

2) Expanded Access to Supportive Housing

Under the demonstration renewal, the Supportive Housing Program will continue providing pre-tenancy and tenancy support activities to members with serious mental illness (SMI) that are part of the Linkages Supportive Housing Program approved in Centennial Care 2.0. HSD also requests to increase enrollment of this program from 180 to 450 annually to provide services to members who are associated with a Local Lead Agency and provider, and the Special Needs/Set Aside Housing Program (SAHP).

Tribal Impact: *HSD anticipates increased access to Pre-Tenancy and Tenancy supports for Native American members.*

3) Medicaid Services for High-Need Justice-Involved Populations 30 Days Before Release

Expanding on the State's previous efforts to support the justice-involved population, New Mexico is proposing to provide active Medicaid coverage and a targeted set of benefits 30 days prior to exiting incarceration for a defined high-needs population. This population includes incarcerated persons in state prisons, local jails, youth correctional facilities, Department of Health forensic unit state hospitals, tribal holding facilities, or tribal jails targeting members with high needs, including but not limited to SMI, serious emotional disturbance (SED), or SUD. The proposed benefits are commensurate to the population's needs, including enhanced care management and coordination, medication assisted treatment (MAT), and 30-day supplies of medications and durable medical equipment

(DME), as appropriate.

Tribal Impact: *HSD anticipates increased access to services for Native American members who are incarcerated.*

4) Chiropractic Services Pilot

In order to provide a robust benefit package to support the State's focus on person-centered care, HSD is requesting to implement a pilot program to improve quality, access, and cost-effectiveness of needed chiropractic services for eligible members, up to \$2,000 per year.

Tribal Impact: *HSD anticipates expanded access to chiropractic care for Native American members who qualify for these services under the pilot.*

5) Member-Directed Traditional Healing Benefits for Native Americans

HSD is proposing to expand the availability of culturally competent, traditional healing benefits to Native American members enrolled in managed care, up to \$500 per year.

(Note: The State has hosted Tribal Listening Sessions to gather feedback on the new Member-Directed Traditional Healing Benefits for Native Americans. The State will continue to engage Tribal leaders while finalizing this proposal.)

Tribal Impact: *HSD anticipates that Native American members selecting to use this benefit will have expanded health care options and providers may have new processes for reimbursement.*

6) Enhanced Services and Supports for Members in Need of Long-Term Care

HSD is proposing to implement two new waiver initiatives to transform the experience members have when accessing assisted living and nursing facility services, including:

a) ***Legally responsible individuals as providers of HCBS CB Services.*** HSD is proposing to permanently allow State-authorized relatives, guardians, and/or legally responsible individuals to render CB Personal Care Services.

b) ***LTSS Transformation: Expanding Access to Assisted Living Services and Promoting a person-centered LTSS Experience for New Mexicans.*** HSD is proposing to implement two new waiver strategies to transform the experience members have when accessing assisted living and nursing facility services, including:

- Waiver Investments in Small-Home Assisted Living and Nursing Facility Pilots to incentivize the growth of smaller, more community-based spaces in both Nursing Facilities and Assisted Living Facilities and to implement person-centered concepts through a quality incentive process to enhance living arrangements and care for members.
- Medicaid funding for room and board payments to Assisted Living Facilities for Medicaid members receiving the assisted living service through the CB package when person-centered, cost-effective, and clinically appropriate.

These proposals compliment the preceding request to increase CB slots.

Tribal Impact: *HSD anticipates expanded supports for Native American members and providers within LTSS.*

7) Environmental Modifications Benefit Limit Increase

HSD proposes to increase HCBS environmental modifications benefit limits from \$5,000 to \$6,000 every five years for the CB population authorized expressly by New Mexico's 1115 demonstration (i.e., the 217-like group).

Tribal Impact: *HSD anticipates expanded financial resources for environmental modifications for Native American members in need of these services.*

8) Transitional Services Benefit Limit Increase

HSD proposes to increase limits on Community-Based Transition Services from \$3,500 to \$4,000 every five years for CB population authorized expressly by New Mexico's 1115 demonstration (i.e., the 217-like group).

Tribal Impact: *HSD anticipates expanded financial resources for the transitional services benefit for Native American members in need of these services.*

9) Home-Delivered Meals Pilot Programs

HSD is proposing two new home-delivered meals pilots through the Waiver. These pilots aim to serve:

- a) CB members who are facing food insecurity that jeopardizes the member's ability to remain in a community-based setting.
- b) Pregnant members with gestational diabetes.

MCOs will provide up to two meals a day for eligible members.

Tribal Impact: *HSD anticipates expanded access to home delivered meals for Native American members who qualify under the pilot.*

10) Addition of a Closed-Loop Referral System

HSD seeks to establish an integrated closed-loop referral system to allow providers to securely and efficiently refer members with complex health and social needs to other organizations or services as needed. This system would be developed through a technological-based platform that electronically and securely exchanges information through a referral network of providers and organizations.

Tribal Impact: *HSD anticipates a time-limited administrative impact on providers who choose to use this system. Once established, HSD anticipates improved care coordination for Native American members experiencing complex health and social needs.*

11) Medical Respite for Members Experiencing Homelessness

HSD seeks reimbursement for medical respite for members experiencing homelessness after discharge from the hospital. The state proposes a medical respite pilot in Albuquerque, New Mexico, operated by Healthcare for the Homeless, an FQHC in the process of constructing a medical respite unit. The payment delivery system is through Managed Care Organizations (MCOs) with an adjustment to their capitated rate. Services will include care coordination, medical care on site, personal care services, and 24-hour staffing.

Tribal Impact: *HSD anticipates increased access for Native American members in need of Medical Respite services in the Albuquerque area.*

The following two Medicaid initiatives are still pending approval under a waiver amendment request that is under CMS review:

1. Medicaid Reimbursement for IMD Settings for Individuals with SMI/SED.
2. High-fidelity “wraparound” Services for Children and Youth with Complex Care Needs, including Behavioral Health and LTSS needs.

Tribal Impact: *HSD anticipates expanded access to services for Native American members with behavioral health and LTSS needs.*

4. Delivery System

A. Continuing Demonstration Elements

With the exception of Native American members, New Mexico will continue to direct mandatory managed care through Managed Care Organizations in order to deliver quality care through integrated physical health, behavioral health, and managed LTSS to members. The future Medicaid program will build upon the successes of Centennial Care 2.0 and will continue to include care coordination, targeted care coordination for high needs populations and transitions of care for high-needs populations, value-based payment (VBP) arrangements and telehealth through MCO contract requirements. All managed care contracts will continue to comply with federal managed care requirements at 42 CFR Part 438 except that HSD will continue to request a waiver of federal regulations at 42 CFR 438.56(g) to allow HSD to automatically reenroll an individual who loses eligibility or whose eligibility is suspended for a period of three months or less in the same managed care plan in which the individual was previously enrolled. HSD will also continue to seek expenditure authority to allow HSD to include costs associated with the provision of beneficiary rewards program incentives in the calculation of the MCO capitation rates.

Tribal Impact: *HSD does not anticipate an adverse service or financial impact to individual tribes or their health care providers.*

B. New Demonstration Proposals

- 1) **Graduate Medical Education (GME) funding and technical assistance for new and/or expanded primary care medical residency programs**

HSD has a pending waiver amendment under CMS review to provide funding and

technical assistance to new and/or expanded primary care medical residency programs in community-based primary care settings, such as Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), and Tribal health centers. If approved, the State will include this proposal in the renewal.

Tribal Impact: *HSD anticipates this expanded funding will support new Tribal providers working in certain clinic settings, therefore expanding access and helping with provider shortages.*

2) Request for expenditure and waiver authority to support rural hospitals

HSD is requesting expenditure authority for payment flexibility to support rural hospitals, with an additional focus on obstetric care and other services that support parents with infants or young children. This request has two parts: 1) stabilize the rural hospital system through investments and 2) transform the rural health system to support continued access in rural communities through sustainable models and innovative reimbursement strategies that recognize the resources required of rural providers.

Tribal Impact: *HSD does not anticipate an adverse service or financial impact to individual tribes or their health care providers.*

Tribal Advice and Comments

The draft Medicaid 1115 demonstration waiver renewal application is open for public comment from September 6, 2022 to October 31, 2022. Public comment is open to anyone who would like to share feedback. We encourage health care and social service providers, Tribal leadership, Indian Health Service, Tribal Nations, Tribal health providers, Urban Indian healthcare providers, Managed Care Organizations, hospitals and health systems, medical associations, community-based organizations, the public, and others to provide input.

All information and materials pertaining to the renewal, including public hearing dates and times, tribal consultation date and time, public comment submission instructions, and a copy of HSD's full draft demonstration renewal application are available at: <https://www.hsd.state.nm.us/medicaid-1115-waiver-renewal/>.

If you do not have internet access, a copy of the draft waiver application may be requested by contacting HSD's Medical Assistance Division (MAD) at 505-827-1337. If you are a person with a disability and require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD in Santa Fe at 505-827-1337. The Department requests at least ten (10) calendar days advance notice to provide requested alternative formats and special accommodations.

Share your feedback by:

Tribal Consultation

HSD has scheduled a virtual government-to-government Tribal Consultation on October 14, 2022 from 10:00 am to 12:00 pm. Please contact Theresa Belanger at Theresa.Belanger@state.nm.us and/or Shelly Begay at Shelly.Begay@state.nm.us with any questions or needs before the consultation.

Meeting information for the Tribal Consultation is as follows:

October 14, 2022

10:00 am – 12:00 pm Mountain Standard Time (MST)

Zoom Meeting Information:

Dial In: 312-626-6799

Meeting ID: 924 8429 8381

Password: 304364

Link: <https://mmc.zoom.us/s/92484298381>

Public Hearings

HSD will hold two public hearings to receive comments by teleconference due to the Public Health Emergency (PHE):

September 30, 2022

10:00 a.m. – 12:00 p.m. Mountain Standard Time (MST)

Zoom Webinar Information:

Dial In: 312-626-6799

Meeting ID: 952 6881 1134

Password: 759475

Link: <https://mmc.zoom.us/s/95268811134>

October 7, 2022

10:00 a.m. – 12:00 p.m. MST

Zoom Webinar Information:

Dial In: 312-626-6799

Meeting ID: 914 0081 8765

Password: 197908

Link: <https://mmc.zoom.us/s/91400818765>

Email: 1115.PublicComments@state.nm.us

Mail:

Human Services Department

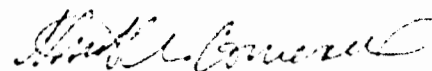
ATTN: HSD/MAD 1115 Public Comments

P.O. Box 2348

Santa Fe, New Mexico 87504-2348

The deadline to provide public comment is Monday, October 31, 2022 at 5:00 pm MST.

Sincerely,



Nicole Comeaux, J.D., M.P.H, Director
Medical Assistance Division



**Navajo Division of Social Services
Recommendations for New Mexico Human Services Department
1115 Waiver Renewal Application and Medicaid MCO Procurement
May 27, 2022**

The Navajo Division of Social Services welcomes and appreciates the opportunity to submit recommendations for the New Mexico Human Services Department's 1115 Waiver Renewal Application and Medicaid Managed Care Organization Procurement consistent with the New Mexico Tribal Consultation policy.

The Navajo Nation is the largest land-based Native American tribe in the country, encompassing over 27,000 square-miles and spanning three states – Arizona, New Mexico, and Utah. Currently, the Nation has approximately over 400,000 members, half of whom reside on the Navajo reservation. As the COVID pandemic has spread throughout the country, we have unfortunately been one of the hardest hit communities in the nation. Yet, through our dedication to promote the health and well-being of our tribal members and partnership with the federal government, we are proud to report that our members are being vaccinated and our COVID rates are declining. However, we have much more work to do in offsetting the impacts of the COVID pandemic on our tribal members, including but not limited to, supporting the Medicaid program and supporting the unmet needs of our Navajo children and families negatively impacted by the COVID pandemic.

For this reason, we encourage the New Mexico HSD to take into consideration the following recommendations as it considers how best to renew the 1115 Waiver Application and Medicaid MCO procurement.

A. Children in State Custody Discussion Questions:

1. Do you believe the proposal will address the challenges faced by Native American children in state custody?

Response:

- a. We believe the proposal will address the challenges by having the same MCO provider for the duration while Native American children are in state custody will establish trust between the provider and Native American children, improve Care Coordination, simplify access to care, and support on-going uninterrupted service for Native American children's physical, mental, and emotional health, including continued aftercare services; however, there remains several concerns that we like clarified prior to the Tribal Consultation session and they are:
 - 1) there is not mention of the challenges Medicaid has outside available services;
 - 2) does having one dedicated MCO mean there will be more culturally appropriate services for our Navajo children?
 - 3) does this mean that our children will not be transferred out of state for inpatient treatment? and
 - 4) does having one dedicated MCO mean that our children will be properly assessed to ensure educational services are in place, so they are successful in school? It is our belief that given our inquiries that the proposal probably does not address the challenges faced by Native American children in

state custody and it would be helpful to see numbers specific to Navajo children and what these numbers identify as individual needs of each respective child.

- b. The MCO provider with expertise should also have knowledge about Native American culture, customs, and beliefs which could be acquired through HSD-sponsored culture training.
2. Are there barriers and challenges those Native American children in state custody would face being served by one dedicated MCO?

Response:

- a. Native American children should have full access to the Fee-For-Service and MCO of their choice for their physical health, behavioral health, and Native Traditional Healing because they often re-locate or are placed in foster care or placed back in custody of their parents or guardians.
3. What expertise/resources would you want MCOs to have/demonstrate for ensuring coordination of care and managing services for the Native American Children in State Custody?

Response:

- a. To be: 1) culturally competent; 2) culturally respectful; 3) culturally aware; 4) improved coordination efforts to best understand the Native population by having an improved relationship with tribes; 5) continue to work with tribes to obtain feedback; 6) ensure the MCO representative is available for treatment team meetings to assist with coordination of care for minor in need of specialized services; and 7) to assist caretakers with connection to services on/off the reservation since minor is in the state's custody.
- b. More outreach services; educational and health wellness information to rural areas. Expanding of broadband services in these rural areas for enrollment. Waiver period of vital information for enrollment on Native American children. Tribal court/legal documents would suffice for verification. Communication and follow up with Tribal resources (Department of Child Care Development, Department for Self Reliance, Department of Family Services, and Head Start), health facilities, and Providers on enrollment/recertifications.

B. Traditional Healing Services

1. What is the preferred terminology for traditional healing services?

Response:

- a. Native Traditional Healing Benefit is preferred. It will provide cultured holistic healing health care (physical, mental, emotional, and spiritually) to improve health outcomes through providing an alternative benefit plan giving the native traditional medicine the same respect and consideration as western medicine.
- b. For the Navajo Nation, there are different categories of native traditional healing practices, including: diagnostic, protection prayer, blackening ceremony, mountain

tobacco smoke for purification, and other advanced ceremonies that require several days and nights, and related costly expenses.

- c. The Faith-based Services should be considered. It assists people who make faith choices which may help them make moral decisions, establish positive relationships, and be involved in community activities. Faith-based organizations also help make an informed decision for improved quality of life through counseling, artwork, outdoor activities, and indoor activities.
2. Do you believe the proposal for an annual budget will address the challenges faced by Native Americans trying to access traditional healing services?
Response:
 - a. While Native American children and families should choose their healing methods (Native Traditional Healing or Faith-based), the benefit amount should be increased to \$500.00 per beneficiary.
 3. Are there concerns with receiving this service through the Managed Care Delivery System?
Response:
 - a. We appreciate the MCO offering Native Traditional Healing Benefit as a value-added benefit and by providing an appropriate payment method for its members for their chosen use, such as pay direct to a healer, supplies, or food to be used during a ceremony.
 - b. It is recommended that the Managed Care Delivery System recognize, know, and understand that their listed goals: Whole Person Care & Healthy Families and Provide Value-Based Care will have differing interpretations for Native people and that this be acknowledged and respected. Therefore, we respectfully request for the following clarification prior to the Tribal Consultation session:
 - 1) how will providers be identified?
 - 2) does this give the families an opportunity to work with a traditional practitioner of their choice or will a listing of providers be provided to them?
 - 3) does this mean that a listing of cultural and spiritual services be provided to the MCO? and
 - 4) how do we determine what ceremony is necessary?
 - c. The Native American children and families should not have to incur debt related to their health services, including Native Traditional Healing. Increased advocacy for proper health care services for low-income families with supporting services such as transportation, lodging, meals, and related expenses are paramount.
 4. If the service was subject to an annual dollar limit/budget, what would be an appropriate amount for the year?
Response:

- a. According to the New Mexico Medicaid Program Expenditures from 10/2020-9/2021, the total MCO Medical Expenditures were \$4.56 Billion. It is uncertain how much of that was spent on Native Traditional Healing services; therefore, we respectfully request for additional information specific to this question prior to the Tribal Consultation session.

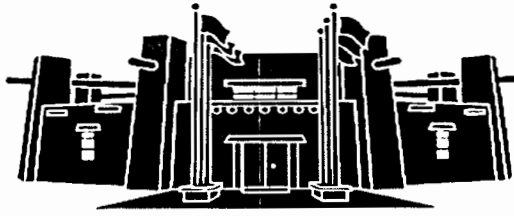
Thank you for the opportunity to submit these recommendations.

Contact Persons: Deannah Neswood-Gishey, Executive Director
dngishey@nndss.org
Marlinda Littleman, Deputy Division Director
Marlinda.Littleman@nndss.org
(928) 871-6851

ok to send

Marlinda Littleman

5/27/22



MEMORANDUM

TO: Delegate Pernell Halona

FROM:

Loya M. Honaghaahnii Henderson
Office of Legislative Counsel

DATE: November 2, 2022

SUBJECT: AN ACTION RELATING TO THE HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'IYATI' COMMITTEES; APPROVING AND SUPPORTING THE NAVAJO NATION DIVISION OF SOCIAL SERVICES' WRITTEN COMMENTS TO THE NEW MEXICO HUMAN SERVICES DEPARTMENT'S DRAFT MEDICAID 1115 DEMONSTRATION WAIVER RENEWAL APPLICATION

I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. Based on existing law and review of documents submitted, the resolution as drafted is legally sufficient. As with any action of government however, it can be subject to review by the courts in the event of proper challenge.

The Office of Legislative Counsel confirms the appropriate standing committee(s) based on the standing committees powers outlined in 2 N.N.C. §§301, 401, 501, 601 and 701. Nevertheless, "the Speaker of the Navajo Nation Council shall introduce [the proposed resolution] into the legislative process by assigning it to the respective oversight committee(s) of the Navajo Nation Council having authority over the matters for proper consideration." 2 N.N.C. §164(A)(5).

Please ensure that his particular resolution request is precisely what you want. You are encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction.

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW PUBLICATION



LEGISLATION NO: _0220-22_

SPONSOR: Pernell Halona

TITLE An Action Relating to the Health, Education and Human Services and Naabik'iyáti' Committee; Approving and Supporting the Navajo Nation Division of Social Services' Written Comments to the New Mexico Human Services Department's Draft Medicaid 1115 Demonstration Waiver Renewal Application

Date posted: November 09, 2022 at 6:00 PM

Digital comments may be e-mailed to comments@navajo-nsn.gov

Written comments may be mailed to:

Executive Director
Office of Legislative Services
P.O. Box 3390
Window Rock, AZ 86515
(928) 871-7586

Comments may be made in the form of chapter resolutions, letters, position papers, etc. Please include your name, position title, address for written comments; a valid e-mail address is required. Anonymous comments will not be included in the Legislation packet.

Please note: This digital copy is being provided for the benefit of the Navajo Nation chapters and public use. Any political use is prohibited. All written comments received become the property of the Navajo Nation and will be forwarded to the assigned Navajo Nation Council standing committee(s) and/or the Navajo Nation Council for review. Any tampering with public records are punishable by Navajo Nation law pursuant to 17 N.N.C. §374 *et. seq.*

**THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW SUMMARY**

LEGISLATION NO.: 0220-22

SPONSOR: Honorable Pernell Halona

TITLE: An Action Relating to the Health, Education and Human Services and Naabik'iyáti' Committee; Approving and Supporting the Navajo Nation Division of Social Services' Written Comments to the New Mexico Human Services Department's Draft Medicaid 1115 Demonstration Waiver Renewal Application

Posted: November 9, 2022 at 6:00 PM

5 DAY Comment Period Ended: November 14, 2022

Digital Comments received:

| | |
|---------------------------------|-------------|
| Comments Supporting | <i>None</i> |
| Comments Opposing | <i>None</i> |
| Comments/Recommendations | <i>None</i> |



**Policy Analyst
Office of Legislative Services**

**November 15, 2022; 7:50 AM
Date/Time**