

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

SENATE BILL 290

**54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019**

INTRODUCED BY

Gerald Ortiz y Pino

AN ACT

RELATING TO PUBLIC ASSISTANCE; ENACTING A NEW SECTION OF THE PUBLIC ASSISTANCE ACT; REQUIRING THE SECRETARY OF HUMAN SERVICES TO ESTABLISH MEDICAID HOME VISITING SERVICES TO IMPROVE THE HEALTH AND DEVELOPMENT OF NEW MEXICO CHILDREN AND FAMILIES; ESTABLISHING A MEDICAID HOME VISITING ADVISORY COUNCIL; 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 HOME VISITING SERVICES.--

A. Beginning January 1, 2020, consistent with federal law and subject to the appropriation and availability of state and federal funds, the secretary shall provide home visiting services to medicaid recipients whom the department

underscored material = new  
~~[bracketed material] = delete~~

underscored material = new  
~~[bracketed material] = delete~~

1 deems eligible for those services.

2 B. The medical assistance division of the  
3 department shall work with home visiting services providers to  
4 execute provider participation agreements establishing these  
5 providers as eligible for reimbursement for furnishing home  
6 visiting services to medicaid recipients. The medical  
7 assistance division shall ensure that home visiting services  
8 providers are able to receive reimbursement through managed  
9 care or fee-for-service arrangements.

10 C. The secretary shall:

11 (1) ensure that the home visiting services  
12 provided under this section are aligned with home visiting  
13 standards and are not duplicative in the provision of services;

14 (2) develop a mechanism for reimbursing home  
15 visiting services providers to prevent duplicative payments and  
16 to maximize available federal funding to the greatest extent  
17 possible, including for any services that are federally  
18 reimbursable through the medical assistance division, such as:

19 (a) case management services;

20 (b) licensed practitioner services;

21 (c) preventive services;

22 (d) services that meet federal

23 requirements under the early, periodic, screening, diagnostic  
24 and treatment program benefit;

25 (e) rehabilitative services;

.211534.3

underscored material = new  
~~[bracketed material] = delete~~

- 1 (f) therapy services;  
2 (g) home health services as prescribed  
3 by a physician;  
4 (h) home health for individuals with  
5 chronic conditions;  
6 (i) language translation and  
7 interpreting services; and  
8 (j) extended services to pregnant women;  
9 and

10 (3) ensure meaningful access to language  
11 access services pursuant to federal law and United States  
12 department of health and human services guidelines.

13 D. The secretary shall adopt and promulgate rules  
14 consistent with this section.

15 E. The department, in consultation with New Mexico  
16 tribal governments, providers of home visiting services and one  
17 or more experts in home visiting, shall:

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

21 (2) develop indicators that measure each  
22 outcome measure established pursuant to Subparagraph (c) of  
23 Paragraph (1) of Subsection I of this section; and

24 (3) complete and submit the outcomes  
25 measurement plan by December 1, 2019 to the legislature, the

.211534.3

underscoring material = new  
~~[bracketed material] = delete~~

1 governor, the medicaid home visiting advisory council and all  
2 New Mexico tribal governors.

3 F. Beginning July 1, 2019, the secretary shall  
4 establish a "medicaid home visiting advisory council" that  
5 shall consist of the following:

6 (1) the secretary of human services, or the  
7 secretary's designee;

8 (2) the secretary of children, youth and  
9 families, or the secretary's designee;

10 (3) the secretary of health, or the  
11 secretary's designee;

12 (4) at least five home visiting services  
13 providers, including at least one each from the northern,  
14 central and southern New Mexico regions;

15 (5) at least one tribal home visiting expert  
16 from a provider in New Mexico; and

17 (6) at least one community-based advocacy  
18 group working on home visiting and other early childhood  
19 issues.

20 G. The medicaid home visiting advisory council  
21 shall:

22 (1) review and evaluate the outcomes set forth  
23 in Subparagraph (c) of Paragraph (1) of Subsection I of this  
24 section;

25 (2) review the annual outcomes report

.211534.3

underscoring material = new  
~~[bracketed material] = delete~~

1 analyzing outcomes of the measures set forth in Subparagraph  
2 (c) of Paragraph (1) of Subsection I of this section;

3 (3) develop a community-oriented plan that  
4 includes outreach strategies to families prenatally or at  
5 birth; and

6 (4) develop a plan that includes strategies to  
7 ensure that children and families at the highest risk are  
8 targeted and receive appropriate services.

9 H. Beginning July 1, 2020, and annually thereafter,  
10 the department shall produce an annual outcomes report to the  
11 legislature and the governor. The annual outcomes report shall  
12 include:

13 (1) achieved outcomes in each area outlined in  
14 Subparagraph (c) of Paragraph (1) of Subsection I of this  
15 section;

16 (2) data regarding:  
17 (a) the cost per family served;  
18 (b) the number of families served;  
19 (c) demographic data on families served;  
20 (d) the number of visits provided to  
21 families; and

22 (e) the percentages of families served  
23 respectively in rural, tribal and urban areas;

24 (3) recommendations for health outcome and  
25 program quality improvements; and

.211534.3

underscoring material = new  
~~[bracketed material] = delete~~

1 (4) recommendations to ensure that  
2 reimbursement to home visiting services providers is effective  
3 and maximizing federal match dollars to the greatest extent  
4 possible.

5 I. As used in this section:

6 (1) "home visiting services" means a program  
7 that serves infants, toddlers and their families and:

8 (a) uses home visiting as a primary  
9 service delivery strategy;

10 (b) includes regular, voluntary visits  
11 provided in the home of eligible infants and toddlers and their  
12 families;

13 (c) is grounded in best practices that  
14 are designed to produce and measure the following outcomes: 1)  
15 improvement of infant, toddler and parental health outcomes; 2)  
16 positive parenting practices; 3) healthy parent and child  
17 relationships; 4) child well-being and prevention of adverse  
18 childhood experiences; 5) enhanced social-emotional  
19 development; 6) cognitive development of infants and toddlers;  
20 7) increased use of early childhood learning programs; 8)  
21 increased school readiness; 9) increased parental engagement in  
22 education, vocational or job training; 10) the provision of a  
23 variety of information on education, child safety, health and  
24 development; and 11) referrals and other support provided to an  
25 infant or toddler and the infant or toddler's family;

.211534.3

underscoring material = new  
~~[bracketed material] = delete~~

1 (d) has comprehensive home visiting  
2 standards that ensure high-quality service delivery and  
3 continuous quality improvement;

4 (e) has demonstrated significant,  
5 sustained positive outcomes;

6 (f) follows a program manual or design  
7 that specifies the purpose, outcomes, duration and frequency of  
8 home visiting services;

9 (g) follows research-based protocols;

10 (h) employs well-trained, competent and  
11 culturally sensitive staff and provides continual professional  
12 supervision, training and development relevant to the specific  
13 program or model being delivered;

14 (i) provides professional training in  
15 diverse cultural practices of child rearing and family systems;

16 (j) demonstrates strong links to other  
17 community-based services, including behavioral health care,  
18 medical and dental care, public assistance programs, stable  
19 housing programs, transportation services, youth mentor  
20 programs, early childhood development programs, schools and  
21 vocation and job training;

22 (k) continually evaluates performance to  
23 ensure fidelity to the program model;

24 (l) collects and shares data on program  
25 activities and outcomes; and

.211534.3

1 (m) is adapted to a family's cultural  
2 and linguistic background; and

3 (2) "medicaid" means the joint federal-state  
4 health coverage program pursuant to Title 19 or Title 21 of the  
5 federal act."

6 - 8 -  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

underscoring material = new  
~~[bracketed material] = delete~~