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HOUSE BILL 651

46TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2003

INTRODUCED BY

John A. Heaton

AN ACT

RELATING TO HEALTH CARE; EXCLUDING MEDICAID BEHAVIORAL HEALTH SERVICES FROM MEDICAID MANAGED CARE PROGRAMS; AMENDING AND ENACTING SECTIONS OF THE NMSA 1978; DECLARING AN EMERGENCY.

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

Section 1. [NEW MATERIAL] SHORT TITLE. -- Sections 1 through 5 of this act may be cited as the "Medicaid Behavioral Health Program Act".

Section 2. [NEW MATERIAL] DEFINITION. -- As used in the Medicaid Behavioral Health Program Act, "department" means the human services department.

Section 3. [NEW MATERIAL] DEPARTMENT DUTIES. --

A. The department shall establish a medicaid behavioral health program to provide behavioral health services to medicaid recipients and begin providing services pursuant to

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1 that program no later than July 1, 2004.

2 B. The program established by the department  
3 pursuant to Subsection A of this section shall have its own  
4 dedicated budget that shall be expended solely to provide  
5 behavioral health services to medicaid recipients.

6 C. The department or its designee with experience  
7 in provision of services for behavioral health clients and  
8 knowledge of the management of behavioral health services shall  
9 provide services pursuant to the Medicaid Behavioral Health  
10 Program Act.

11 Section 4. [NEW MATERIAL] OPEN PLANNING PROCESS. --The  
12 department shall begin a planning process involving a  
13 cross-section of people involved in receiving or providing  
14 behavioral health services. The process shall be designed to  
15 advise the department on the structure and services to be  
16 provided by the medicaid behavioral health program and convene  
17 meetings of a medicaid behavioral health planning group,  
18 including at least:

- 19 A. representatives of medicaid recipients;
- 20 B. consumers of medicaid-funded behavioral health  
21 services;
- 22 C. family members of consumers of medicaid-funded  
23 behavioral health services;
- 24 D. providers of medicaid-funded behavioral health  
25 services;

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1 E. advocates for consumers of medicaid-funded  
2 behavioral health services;

3 F. mental health professionals;

4 G. representatives of a hospital association;

5 H. representatives of medicaid managed care  
6 providers;

7 I. representatives of the health care agencies of  
8 governments of the Indian nations, tribes or pueblos located  
9 wholly or partially within New Mexico; and

10 J. representatives of state agencies involved in  
11 the delivery of behavioral health services or populations  
12 requiring behavioral health services, including the state  
13 agency on aging, the children, youth and families department,  
14 the corrections department, the department of health and the  
15 state department of public education.

16 Section 5. [NEW MATERIAL] MEDICAID BEHAVIORAL HEALTH  
17 PROGRAM - SERVICES. --

18 A. The services provided by the medicaid behavioral  
19 health program shall be delivered on the assumption that  
20 recovery is possible for all people who suffer from adverse  
21 behavioral health conditions.

22 B. The medicaid behavioral health program shall:

23 (1) deliver a full range of behavioral health  
24 services including prevention, early intervention, recovery  
25 services, community-based services, in-home services,

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1 residential treatment, day services, inpatient services, non-  
2 residential intensive services, case management and care  
3 coordination services;

4 (2) be designed so that the complement of  
5 services delivered to each individual medicaid recipient  
6 accommodates the special needs of the recipient;

7 (3) address the special needs that arise due  
8 to the location of a medicaid recipient in an urban or rural  
9 community or the special needs that exist due to the recipient  
10 residing in a community near the international border of New  
11 Mexico and Mexico;

12 (4) be designed so that the greatest amount of  
13 funding feasible is expended on the delivery of direct  
14 services; and

15 (5) provide effective monitoring and  
16 accountability of the funds and services provided.

17 Section 6. Section 27-2-12.6 NMSA 1978 (being Laws 1994,  
18 Chapter 62, Section 22) is amended to read:

19 "27-2-12.6. MEDICAID PAYMENTS--MANAGED CARE. --

20 A. The department shall provide for a statewide,  
21 managed care system to provide cost-efficient, preventive,  
22 primary and acute care for medicaid recipients by July 1, 1995.

23 B. The managed care system shall ensure:

24 (1) access to medically necessary services,  
25 particularly for medicaid recipients with chronic health

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1 problems;

2 (2) to the extent practicable, maintenance of  
3 the rural primary care delivery infrastructure;

4 (3) that the department's approach is  
5 consistent with national and state health care reform  
6 principles; and

7 (4) to the maximum extent possible, that  
8 medicaid-eligible individuals are not identified as such except  
9 as necessary for billing purposes.

10 C. The department may exclude nursing homes,  
11 intermediate care facilities for the mentally retarded and  
12 medicaid in-home and community-based waiver services [~~and~~  
13 ~~residential and community-based mental health services for~~  
14 ~~children with serious emotional disorders]~~ from the provisions  
15 of this section.

16 D. The department shall exclude all behavioral  
17 health services for children and adults from the provisions of  
18 this section."

19 Section 7. EMERGENCY.--It is necessary for the public  
20 peace, health and safety that this act take effect immediately.

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