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HOUSE BILL 181

48TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2008

INTRODUCED BY

Luciano "Lucky" Varela

FOR THE WELFARE REFORM OVERSIGHT COMMITTEE

AN ACT

RELATING TO BEHAVIORAL HEALTH; PROVIDING FOR RULEMAKING
AUTHORITY OF THE INTERAGENCY BEHAVIORAL HEALTH PURCHASING
COLLABORATIVE; REQUIRING A SEPARATELY IDENTIFIABLE BUDGET
REQUEST FOR BEHAVIORAL HEALTH SERVICES.

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

Section 1. Section 9-7-6.4 NMSA 1978 (being Laws 2004,
Chapter 46, Section 8) is amended to read:

"9-7-6.4. INTERAGENCY BEHAVIORAL HEALTH PURCHASING
COLLABORATIVE.--

A. There is created the "interagency behavioral
health purchasing collaborative", consisting of the secretaries
of aging and long-term services; Indian affairs; human
services; health; corrections; children, youth and families;
finance and administration; [~~labor~~] workforce solutions; public

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1 education; and transportation; the directors of [~~the state~~
2 ~~agency on aging~~] the administrative office of the courts; [~~the~~
3 ~~New Mexico office of Indian affairs~~] the New Mexico mortgage
4 finance authority; the governor's [~~committee on concerns of the~~
5 ~~handicapped~~] commission on disability; the developmental
6 disabilities planning council; the instructional support and
7 vocational rehabilitation division of the public education
8 department; and the New Mexico health policy commission; and
9 the governor's health policy coordinator, or their designees.
10 The collaborative shall be chaired by the secretary of human
11 services with the respective secretaries of health and
12 children, youth and families alternating annually as co-chairs.

13 B. The collaborative shall meet regularly and at
14 the call of either co-chair and shall:

15 (1) identify behavioral health needs
16 statewide, with an emphasis on that hiatus between needs and
17 services set forth in the department of health's gap analysis
18 and in ongoing needs assessments, and develop a master plan for
19 statewide delivery of services;

20 (2) give special attention to regional
21 differences, including cultural, rural, frontier, urban and
22 border issues;

23 (3) inventory all expenditures for behavioral
24 health, including mental health and substance abuse;

25 (4) plan, design and direct a statewide

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1 behavioral health system, ensuring both availability of
2 services and efficient use of all behavioral health funding,
3 taking into consideration funding appropriated to specific
4 affected departments; and

5 (5) contract for operation of one or more
6 behavioral health entities to ensure availability of services
7 throughout the state.

8 C. The plan for delivery of behavioral health
9 services shall include specific service plans to address the
10 needs of infants, children, adolescents, adults and seniors, as
11 well as to address workforce development and retention and
12 quality improvement issues. The plan shall be revised every
13 two years and shall be adopted by the department of health as
14 part of the statewide health plan.

15 D. The plan shall take the following principles
16 into consideration, to the extent practicable and within
17 available resources:

18 (1) services should be individually centered
19 and family focused based on principles of individual capacity
20 for recovery and resiliency;

21 (2) services should be delivered in a
22 culturally responsive manner in a home or community-based
23 setting, where possible;

24 (3) services should be delivered in the least
25 restrictive and most appropriate manner;

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1 (4) individualized service planning and case
2 management should take into consideration individual and family
3 circumstances, abilities and strengths and be accomplished in
4 consultation with appropriate family, caregivers and other
5 persons critical to the individual's life and well-being;

6 (5) services should be coordinated,
7 accessible, accountable and of high quality;

8 (6) services should be directed by the
9 individual or family served to the extent possible;

10 (7) services may be consumer or family
11 provided, as defined by the collaborative;

12 (8) services should include behavioral health
13 promotion, prevention, early intervention, treatment and
14 community support; and

15 (9) services should consider regional
16 differences, including cultural, rural, frontier, urban and
17 border issues.

18 E. The collaborative shall seek and consider
19 suggestions of Native American representatives from Indian
20 nations, tribes, pueblos and the urban Indian population,
21 located wholly or partially within New Mexico, in the
22 development of the plan for delivery of behavioral health
23 services.

24 F. Pursuant to the State Rules Act, the
25 collaborative shall adopt rules through the human services

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1 department for:

2 (1) standards of delivery for behavioral
3 health services provided through contracted behavioral health
4 entities, including:

5 (a) quality management and improvement;
6 (b) performance measures;
7 (c) accessibility and availability of
8 services;

9 (d) utilization management;
10 (e) credentialing of providers;
11 (f) rights and responsibilities of
12 consumers and providers;

13 (g) clinical evaluation and treatment
14 and supporting documentation; and

15 (h) confidentiality of consumer records;
16 and

17 (2) approval of contracts and contract
18 amendments by the collaborative, including public notice of the
19 proposed final contract.

20 G. The collaborative shall, through the human
21 services department, submit a separately identifiable
22 consolidated behavioral health budget request. The
23 consolidated behavioral health budget request shall account for
24 requested funding for the behavioral health services program at
25 the human services department and any other requested funding

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1 for behavioral health services from agencies identified in
2 Subsection A of this section that will be used pursuant to
3 Paragraph (5) of Subsection B of this section. Any contract
4 proposed, negotiated or entered into by the collaborative is
5 subject to the provisions of the Procurement Code.

6 H. The collaborative shall, with the consent of the
7 governor, appoint a "director of the collaborative". The
8 director is responsible for the coordination of day-to-day
9 activities of the collaborative, including the coordination of
10 staff from the collaborative member agencies.

11 I. The collaborative shall provide a quarterly
12 report to the legislative finance committee on performance
13 outcome measures. The collaborative shall submit an annual
14 report to the legislative finance committee and the interim
15 legislative health and human services committee that provides
16 information on:

17 (1) the collaborative's progress toward
18 achieving its strategic plans and goals;

19 (2) the collaborative's performance
20 information, including contractors and providers; and

21 (3) the number of people receiving services,
22 the most frequently treated diagnoses, expenditures by type of
23 service and other aggregate claims data relating to services
24 rendered and program operations."