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HOUSE BILL 91

**49TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2010**

INTRODUCED BY

Ray Begaye

FOR THE INDIAN AFFAIRS COMMITTEE

AN ACT

RELATING TO HEALTH; REQUIRING CONSIDERATION OF OUT-OF-STATE  
ALCOHOL TREATMENT PROGRAMS THAT OFFER RESIDENTIAL TREATMENT FOR  
MEDICAID RECIPIENTS, ESPECIALLY FOR RECIPIENTS ON TRIBAL LANDS.

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, as amended) 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; workforce solutions; public  
education; and transportation; the directors of the

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

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

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

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

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

23 (4) plan, design and direct a statewide  
24 behavioral health system, ensuring both availability of  
25 services and efficient use of all behavioral health funding,

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1 taking into consideration funding appropriated to specific  
2 affected departments and the need for out-of-state residential  
3 alcohol treatment if appropriate alcohol treatment is otherwise  
4 unavailable to a medicaid recipient on tribal lands within the  
5 state; and

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

9 C. The plan for delivery of behavioral health  
10 services shall include specific service plans to address the  
11 needs of infants, children, adolescents, adults, [~~and~~] seniors  
12 and medicaid recipients who live on tribal lands within New  
13 Mexico borders, as well as to address workforce development and  
14 retention and quality improvement issues. The plan shall be  
15 revised every two years and shall be adopted by the department  
16 of health as part of the statewide health plan.

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

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

23 (2) services should be delivered in a  
24 culturally responsive manner in a home or community-based  
25 setting, where possible, except that out-of-state residential

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1 alcohol treatment shall be considered when residential  
2 inpatient treatment is unavailable, especially for a medicaid  
3 recipient who lives on tribal land within New Mexico borders;

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

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

11 (5) services should be coordinated,  
12 accessible, accountable and of high quality;

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

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

17 (8) services should include behavioral health  
18 promotion, prevention, early intervention, treatment and  
19 community support; [~~and~~]

20 (9) out-of-state residential alcohol treatment  
21 should be made available to a medicaid recipient who lives on  
22 tribal lands within New Mexico boundaries when residential  
23 alcohol treatment is not available within New Mexico; and

24 [~~(9)~~] (10) services should consider regional  
25 differences, including cultural, rural, frontier, urban and

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1 border issues.

2 E. The collaborative shall seek and consider  
3 suggestions of Native American representatives from Indian  
4 nations, tribes, pueblos and the urban Indian population,  
5 located wholly or partially within New Mexico, in the  
6 development of the plan for delivery of behavioral health  
7 services and shall ensure that residential alcohol treatment is  
8 available as needed, especially for a medicaid recipient who  
9 lives on tribal lands within New Mexico boundaries.

10 F. Pursuant to the State Rules Act, the  
11 collaborative shall adopt rules through the human services  
12 department for:

13 (1) standards of delivery for behavioral  
14 health services provided through contracted behavioral health  
15 entities, including:

- 16 (a) quality management and improvement;
- 17 (b) performance measures;
- 18 (c) accessibility and availability of  
19 services;
- 20 (d) utilization management;
- 21 (e) credentialing of providers;
- 22 (f) rights and responsibilities of  
23 consumers and providers;
- 24 (g) clinical evaluation and treatment  
25 and supporting documentation; and

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1 (h) confidentiality of consumer records;  
2 and

3 (2) approval of contracts and contract  
4 amendments by the collaborative, including public notice of the  
5 proposed final contract.

6 G. The collaborative shall, through the human  
7 services department, submit a separately identifiable  
8 consolidated behavioral health budget request. The  
9 consolidated behavioral health budget request shall account for  
10 requested funding for the behavioral health services program at  
11 the human services department and any other requested funding  
12 for behavioral health services from agencies identified in  
13 Subsection A of this section that will be used pursuant to  
14 Paragraph (5) of Subsection B of this section. Any contract  
15 proposed, negotiated or entered into by the collaborative is  
16 subject to the provisions of the Procurement Code.

17 H. The collaborative shall, with the consent of the  
18 governor, appoint a "director of the collaborative". The  
19 director is responsible for the coordination of day-to-day  
20 activities of the collaborative, including the coordination of  
21 staff from the collaborative member agencies.

22 I. The collaborative shall provide a quarterly  
23 report to the legislative finance committee on performance  
24 outcome measures. The collaborative shall submit an annual  
25 report to the legislative finance committee and the interim

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1 legislative health and human services committee that provides  
2 information on:

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

5 (2) the collaborative's performance  
6 information, including contractors and providers; and

7 (3) the number of people receiving services,  
8 the most frequently treated diagnoses, expenditures by type of  
9 service and other aggregate claims data relating to services  
10 rendered and program operations."

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