

HEALTH CARE AUTHORITY



MEDICAL ASSISTANCE DIVISION
MEDICAID ADVISORY COMMITTEE

NOVEMBER 3, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

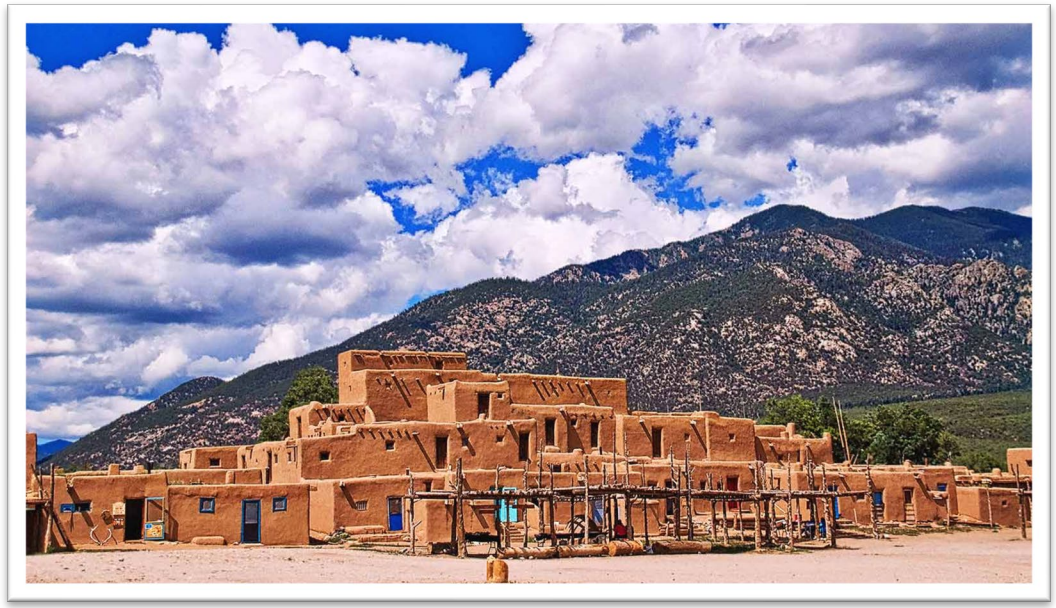
CALL TO ORDER

LARRY MARTINEZ, MAC CHAIRPERSON

BEFORE WE START…

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico**.



A cloudy morning looking over Taos Pueblo

Photo provided by elpueblolodge.com

Learn more: About Taos Pueblo at Taospueblo.com

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

HEALTH CARE AUTHORITY

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS

LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.

BUILD the best team in state government by supporting employees' continuous growth and wellness.

ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

MAC MEETING PROTOCOLS

- MAC Members may ask questions during the designated presentation segments
  - Please raise your hand in person or use the **“Raise Hand” feature** if participating virtually.
  - When speaking, be sure to **state your name and organization** for the record.
- **Public comments** will be welcomed at the **end of the meeting**.

ROLL CALL & AGENDA APPROVAL

LARRY MARTINEZ, MAC CHAIRPERSON

MEETING AGENDA AND APPROVAL

Approval of 8/04/2025 minutes

Introduction of guests

Medicaid Director Welcome

Introductions

New Medicaid Staff & Announcements

Reports

- NM Special Session & HR1
- Rural Health Transformation Plan
- SB3
- DDSD close out of Supports waiver

Intermission

New Business

- HCA Website Overhaul in procurement
- Overview of CMS Final Rule, 2442-F

Public Comment (Please limit comments to 2 – 3 minutes per person.

Adjourn

08/04/2025 MINUTES APPROVAL

LARRY MARTINEZ, MAC CHAIRPERSON

INTRODUCTION OF GUESTS

LARRY MARTINEZ, MAC CHAIRPERSON

MEDICAID DIRECTOR WELCOME

DANA FLANNERY, MEDICAID DIRECTOR



NEW MAD/BHSD STAFF



Jarel LaPan Hill, Assistant Deputy overseeing MCOB, Compliance & Program Integrity, LTSSB, Federal Relations, and Special Projects

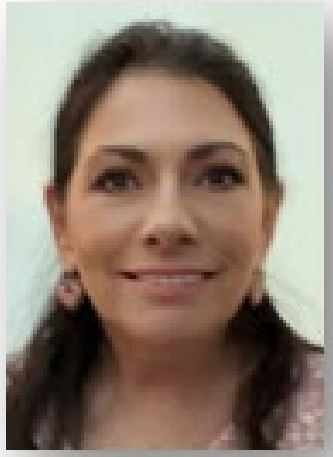


Zachary Larry, Stakeholder Engagement coordinator supporting MAC, BAC and PCC



Chastity Sandoval, BHSD Tribal Liaison

STAFF ANNOUNCEMENTS



Retiring: Theresa Belanger,
MAD Tribal Liaison
With 22 years of service to
the State, retiring Dec. 2025



Alanna Dancis,
Interim Medicaid
Director
Effective 12/5/25

HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

INTRODUCTIONS

LARRY MARTINEZ

REPORTS

REPORTS

NM Special Session	Dana Flannery
HR1 and Rural Health Transformation Plan	Trisstin/Heidi
SB3	Kristie Brooks
DDSD close out of Supports waiver	Jennifer Rodriguez

2025 SPECIAL LEGISLATIVE SESSION OUTCOMES

- Governor Lujan Grisham deployed **$162 million** in emergency funds to protect food and health programs due to federal cuts.
- Investments support **health care, food security, and rural health care services.**
- **Health Care Authority** received **$66 million** for SNAP, food banks, staffing, IT upgrades, and insurance cost relief.
- HCA also received **$50 million for the Rural Health Care Delivery Fund** to expand access and stabilize services in underserved and tribal communities.
- Criminal competency reform increases access to behavioral health services by reliving administrative pressure on district courts.

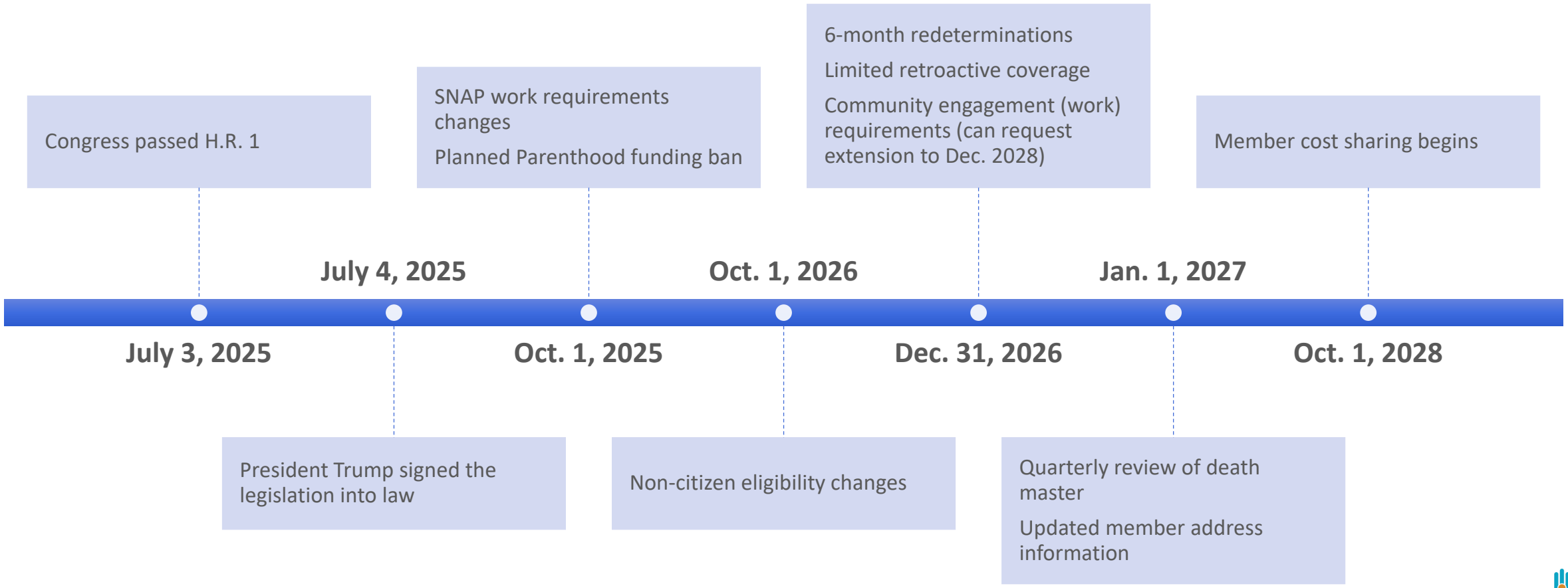


New Mexico Legislature approves bills to prop up rural health care, underwrite food assistance

KRWG | By Associated Press

Published October 2, 2025 at 5:30 PM MDT

H. R. 1 FEDERAL BUDGET BILL



HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

RURAL HEALTH TRANSFORMATION PROGRAM

- $50 Billion fund over 5 years (through 2030)
  - $10 Billion per year split evenly among approved states
  - No matching funds required from states
  - Supplement, not supplant other state financing systems
  - Unused/unobligated funds must be returned by Oct. 1, 2032
- NM will submit application by Nov. 5, 2025
  - Opened RFI Sept. 23-Oct. 10 to solicit ideas to inform plan
  - Held Tribal Listening Session Oct. 21
  - Held Public Forum Oct. 22
  - RHT web page: www.hca.nm.gov/rural-health-transformation-program/

BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT (SB3)

HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT

- **SB1/HB2:** Addresses the financial component that help support SB3
- **SB1/HB2:** Establishes the Behavioral Health Trust Fund—$100M
- **SB3:** Establishes the **Behavioral Health Reform and Investment Act**, which takes a regional approach to behavioral health care, involving all three branches of government.
  - Each region, established by the Administrative Office of the Courts, will identify up to five behavioral health priorities and request funding to implement a four-year plan.
  - Requires that local organizations, healthcare agencies, and government officials **work together** to support the expansion of behavioral health services in New Mexico.

Signed by the Governor 2/27/2025

RESPONSIBLE AGENCIES

- **Health Care Authority (HCA)**
  - Behavioral Health Services Division (BHSD)
  - Medicaid Assistance Division (MAD)
- **Administrative Office of the Courts (AOC)**
- **Legislative Finance Committee (LFC)**
- **Behavioral Health Executive Committee—New!**

HEALTH CARE AUTHORITY

Administrative Office of the Courts

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

BEHAVIORAL HEALTH EXECUTIVE COMMITTEE

Consists of:

- ✓ Secretary of HCA
- ✓ Director of BHSD*
- ✓ Director of MAD
- ✓ Director of AOC
- ✓ 3 Behavioral Health experts, designated by AOC
- ✓ 3 Behavioral Health Experts appointed by AOC:
  - **Dr. Stacey Cox**, of Silver City
    CEO of the Center for Health Innovation —NM Public Health Institute
  - **Dr. Violette Cloud**, of Albuquerque,
    Senior Project Associate with Policy Research Associates, Inc.
  - **Gerald "Jerry" Ortiz y Pino**, of Albuquerque
    Former State Senator

*Committee Chair

Key Focus:

- Meet at least *quarterly* (public meetings)
- Reports to LFC *quarterly*, regarding implementation of regional plans

	Key Goals:
I.	Designate behavioral health regions
II.	Review and approve regional plans
III.	Establish funding strategies
IV.	Monitor and track deliverables

BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT (BHRIA): SENATE BILL 3

February 27, 2025 – Governor Lujan signs Senate Bill 3 into law.

June 5, 2025 – Behavioral Health Service Division publishes SB3 webpage.

June 24, 2025 – Behavioral Health Executive Committee holds first meeting. Votes to adopt 13 Behavioral Health Regions, mirroring state Judicial Districts.

September 30, 2025 – Third Behavioral Health Executive Committee meeting. Early Access Regional Plans, Quarterly Report to LFC, and Tribal Behavioral Health Highlights reviewed.

June 1, 2025 – *Behavioral Health Service Standards* are published.

June 1, 2025 – *Behavioral Health Evaluation Guidelines* are published.

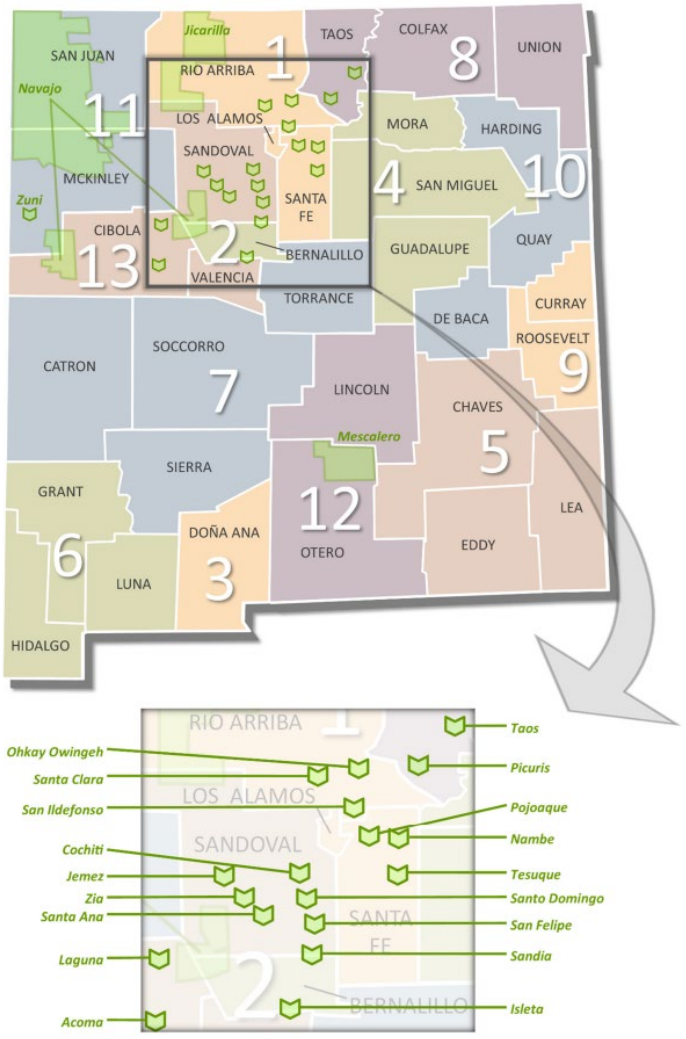
August 4, 2025 – Second Behavioral Health Executive Committee meeting held. Fast-track option for funding discussed.

November 12, 2025– Up Next! Fourth Behavioral Health Executive Committee meeting.

BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT (BHRIA): SENATE BILL 3

ADDITIONAL HIGHLIGHTS

- Behavioral Health Regional Plan funding opportunity released by the Administrative Office of the Courts (AOC)
  - $45,000 allocated to each Behavioral Health Region
  - Applications due September 30, 2025
- Presentations, Conferences, & Regional Engagement:
  - Behavioral Health Planning Council and Local Collaboratives
  - Meeting with Tribes, Nations, and Pueblos
  - National Academy for State Health Policy (NASHP) conference
- Agency & Government Collaboration:
  - Working with AOC and UNM Health Sciences to support Enhanced Sequential Intercept Mapping (E-SIM) process for regional planning.
- Developed Rubric for Evaluation of Regional Plans



HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

DDSD SUPPORTS WAIVER

§The Supports Waiver, with the assistance of the Centers for Medicare and Medicaid Services (CMS), was successfully sunseted on September 29, 2025.

§This marks the conclusion of a five-year initiative to provide service to individuals with intellectual and developmental disabilities (I/DD) who were previously on long waitlists.

§Most utilized services under Supports Waiver: Case Management, Personal Care Services, Customized Community Supports, Assistive Technology.

§All Supports Waiver participants were successfully transitioned to the Developmental Disabilities (DD) or Mi Via waivers without interruption of services.

§Throughout the transition process, the HCA ensured: continuity of care, person-centered planning, support from community supports coordinators/case managers/consultants and providers, and ongoing stakeholder communication.

§In addition to participant transition activities the sunset included the repeal of the New Mexico Administrative Code (NMAC) 8.314.7 Supports Waiver.

§The sunset reflects New Mexico's achievement in eliminating the waitlist and expanding access to comprehensive waiver services.

INTERMISSION

NEW BUSINESS

HCA WEBSITE RE-DESIGN

HCA will RFP a website developer to re-design the HCA.NM.gov website.

Please give us our input using this Mural interactive tool.

Click the Mural link (in the chat) to answer 4 questions

- *Mural link*



OVERVIEW OF MEDICAID BENEFICIARY ADVISORY COUNCIL PURPOSE AND ROLE

The new rule includes the following important changes:

1. **Rename the Medical Care Advisory Committees (MCAC) to the Medicaid Advisory Committee (MAC), and expand the scope of purpose of the committee;**

2. **Require states to establish a Beneficiary Advisory Council (BAC);**

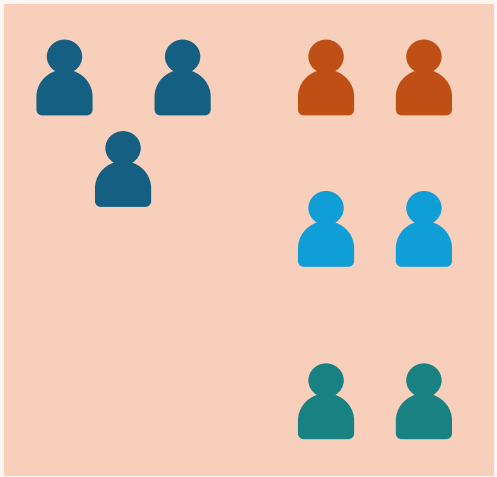
3. **Establish minimum requirements for Medicaid member representation on the MAC;**

4. **Promote transparency and accountability of the MAC and BAC through the public reporting of membership, meeting materials, bylaws, and attendance; and**

5. **Require states to develop public-facing annual reports on MAC and BAC activities.**

Medicaid Advisory Committee (MAC)

The MAC is a **diverse group of Medicaid stakeholders** with a wide range of perspectives and experiences. The MAC includes BAC members and at least one representative from each of these categories:



Clinical providers/ administrators

Participating plans/ state associations

Other state agencies as ex officio members

State, local, or community-based organizations

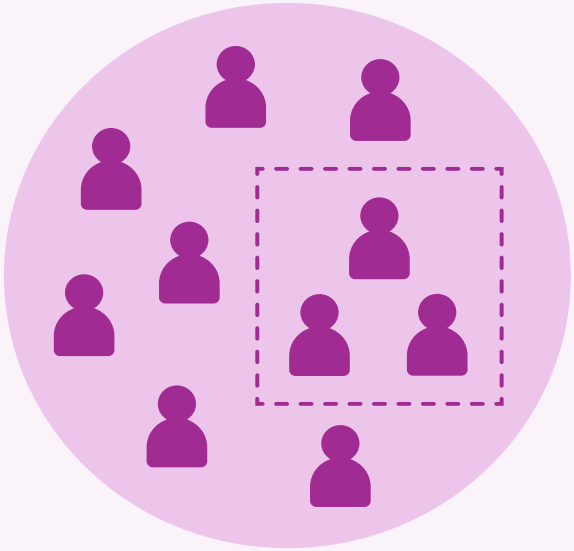
Beneficiary Advisory Council (BAC)

The BAC is a dedicated forum for **people with lived experience** of the Medicaid program. BAC members must include:

Current and/or former Medicaid enrollees

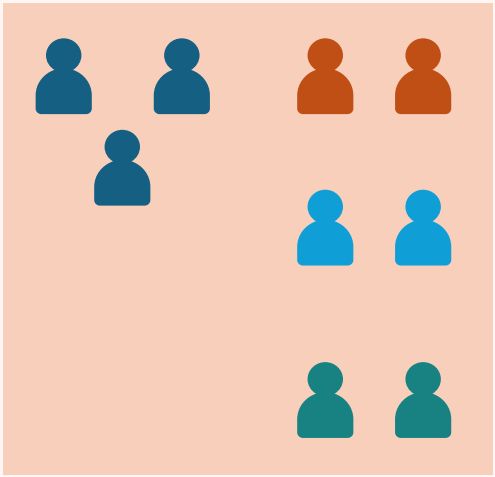
Family members of enrollees

Paid or unpaid caregivers of enrollees



Medicaid Advisory Committee (MAC)

The MAC is a **diverse group of Medicaid stakeholders** with a wide range of perspectives and experiences. The MAC includes BAC members and at least one representative from each of these categories:



Clinical providers/ administrators

Participating plans/ state associations

Other state agencies as ex officio members

State, local, or community-based organizations

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

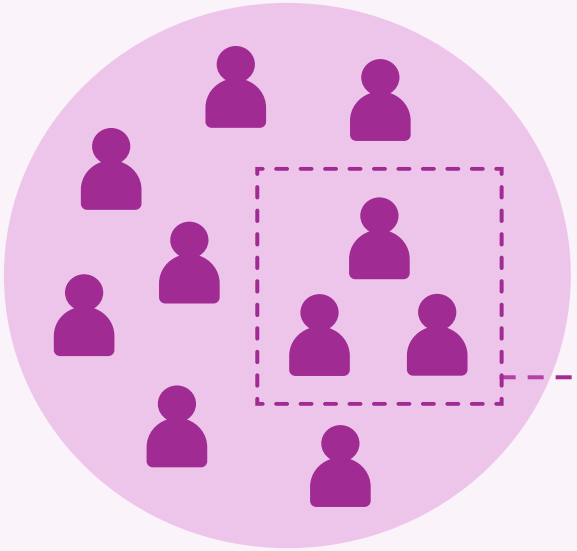
Beneficiary Advisory Council (BAC)

The BAC is a dedicated forum for **people with lived experience** of the Medicaid program. BAC members must include:

Current and/or former Medicaid enrollees

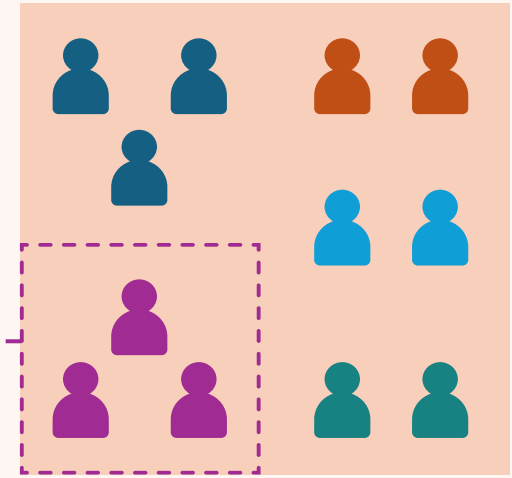
Family members of enrollees

Paid or unpaid caregivers of enrollees



Medicaid Advisory Committee (MAC)

The MAC is a **diverse group of Medicaid stakeholders** with a wide range of perspectives and experiences. The MAC includes BAC members and at least one representative from each of these categories:



Clinical providers/ administrators

Participating plans/ state associations

Other state agencies as ex officio members

State, local, or community-based organizations

By July 10, 2027, 25% of MAC members must be from the BAC*

**In the final rule, CMS opted to phase in this requirement, providing that 10% of MAC members must also be members of the BAC for the period July 9, 2025, through July 9, 2026; 20% for the period July 10, 2026, through July 9, 2027; and 25% thereafter.*

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

MAC/BAC Joint Requirements

- Membership that reflects the diversity of the Medicaid population
- Participant voice: 25% of make comprised of BAC
- Non-biased member selection process
- Focused topics
- Quarterly Meeting schedule
- Public Access
- Annual reporting
- Established Term limits
- Dedicated Staffing

MAC/BAC Joint Requirements

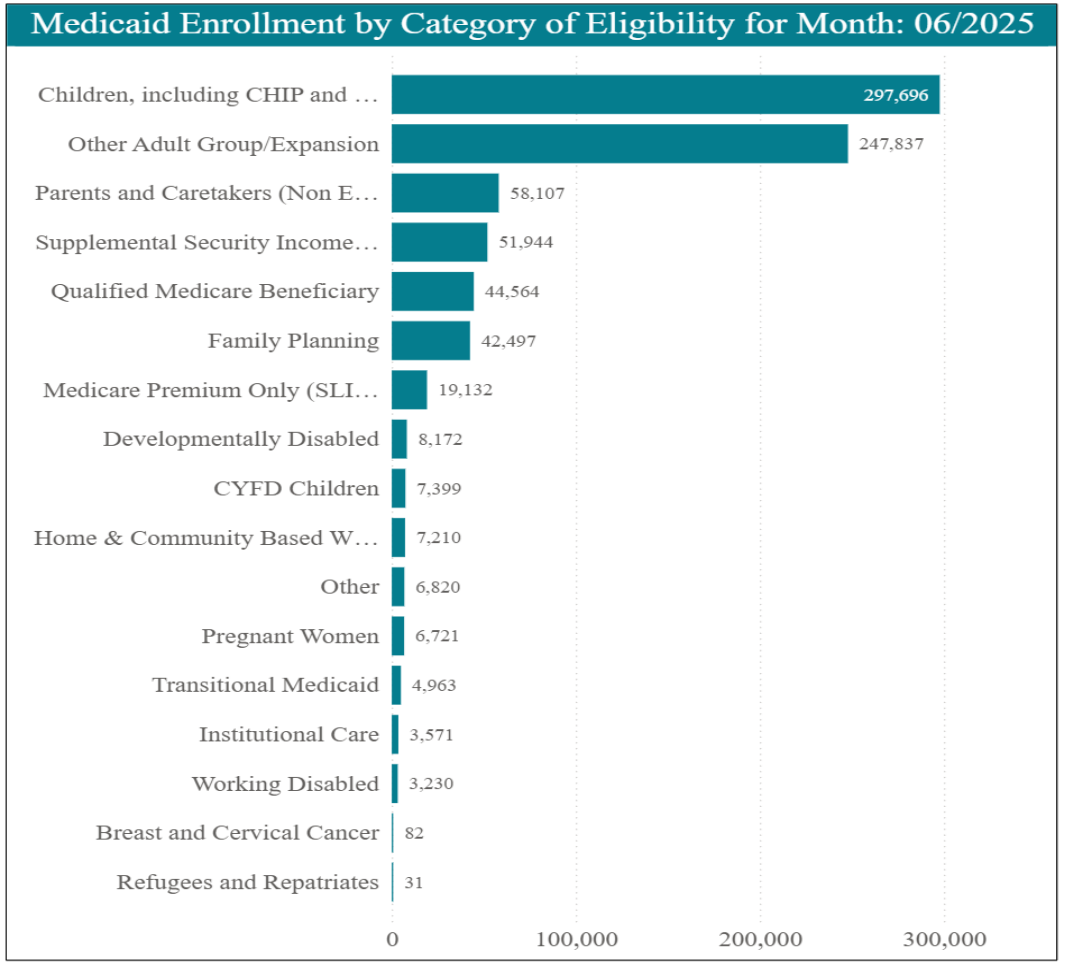
The state will collaborate with the MAC and BAC to determine topics to discuss, including at a minimum:

- Changes to services
- Coordinating care
- Service quality
- Enrollment and renewal
- Member and provider communication
- Cultural and language access, health equity, and bias
- Access to care
- Other important Medicaid issues that affect Medicaid services or health outcomes.

- MAC SharePoint

Role and Expectations of the BAC

Summary



Medicaid Enrollment for Month: 06/2025

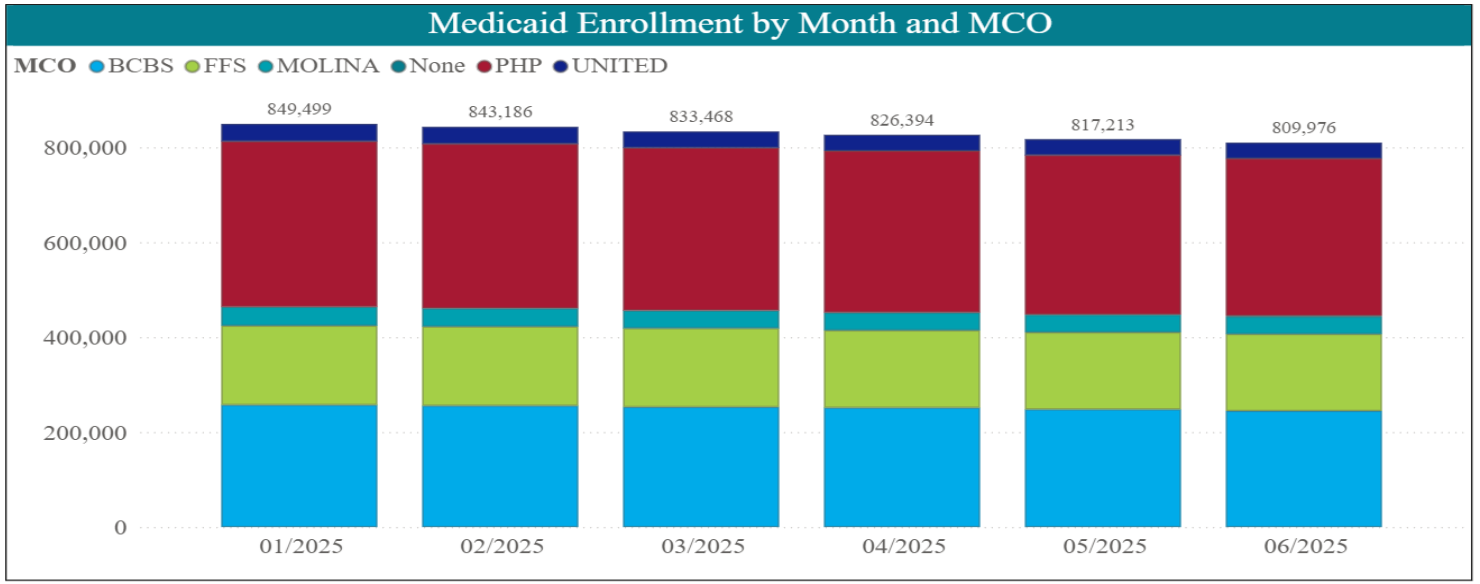
809,976

Enrollment as a Percentage of State's Population

38.25%

Territory	Region

Share of Rural Population Enrolled	Share of Urban Population Enrolled	Share of Frontier Population Enrolled
39.92%	**33.14%**	**45.43%**



https://www.hca.nm.gov/medicaid-eligibility-reports/

HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

NM MEDICAID BAC OBJECTIVES

To foster open communication, identify areas for improvement, and assign clear action items for enhanced accountability and transparency.

- **Year 1 – Lay the groundwork for a much more interactive member relationship**
  - Incorporating member voice in decision making.
  - Foster greater understanding of member point of view.
  - Provide greater transparency on Medicaid decisions and direction to the public.

- **Year 2 – Greater communication on how NM Medicaid can improve.**
  - Provide opportunities for member feedback, i.e., document/plan reviews, focus group involvement, etc.

Key deliverables

- **Sharing Feedback and Perspectives:** Provide feedback on Medicaid programs, policies, and services, drawing on their lived experiences as beneficiaries, family members, or caregivers.
- **Identifying Barriers and Suggesting Improvements:** Identify barriers to care and suggest practical improvements to enhance access, quality, and equity in the Medicaid program.
- **Policy and Program Input:** Work with state Medicaid agencies to shape initiatives and contribute to decisions that can make Medicaid work better for everyone.
- **Serving as a Liaison:** Serve as a liaison between Medicaid members and leadership, advocating for the needs and perspectives of the beneficiary community.
- **Contributing to Public Information:** Contribute to more open and responsive Medicaid program by aiding in the creation and maintenance of the public documents that highlight MAC and BAC activities, such as bylaws, meeting schedules, agendas, minutes, etc.

PUBLIC COMMENT

*WHEN SPEAKING, BE SURE TO **STATE YOUR NAME AND ORGANIZATION** FOR THE RECORD.

LIMIT COMMENTS TO **2 – 3 MINUTES**

CLOSING

LARRY MARTINEZ, MAC CHAIRPERSON



HEALTH CARE
AUTHORITY



THANK YOU

INVESTING FOR TOMORROW, DELIVERING TODAY.