



January 27, 2023

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Turquoise Care Section 1115 Medicaid Demonstration Waiver Renewal Request

Dear Secretary Becerra:

NAMI appreciates the opportunity to submit comments on New Mexico's five-year Medicaid 1115 Demonstration Waiver Renewal application. NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for people affected by mental illness. New Mexico seeks a five-year demonstration extension under the new name Turquoise Care to provide comprehensive and supportive strategies for beneficiaries to manage their full health needs. We focus our comments on strategies important for people with mental health conditions, including reentry for justice-involved populations and expanded access to supportive housing. **We strongly support these initiatives and urge their approval by CMS.** We also encourage CMS to approve the pending waiver amendment for waiving the payment exclusion for Institutions for Mental Disease (IMD).

Medicaid and Mental Illness

Throughout our 40-year history, NAMI has fought for dignity, fairness, and equity for people with mental illness. Many of those we represent receive health care as a result of Medicaid, the nation's largest payer of behavioral health services,ⁱ which covers more than one in four adults with a serious mental illness (SMI).ⁱⁱ We know that access to mental health services is essential for people with mental illness to successfully manage their condition, get on a path of recovery, and live healthy, fulfilling lives. Research shows that people with Medicaid coverage are more than twice as likely to receive behavioral health treatment as adults without any health insurance.ⁱⁱⁱ

Medicaid coverage is also incredibly important for New Mexico residents. The state has a greater percentage of adults with moderate and severe mental illness not receiving treatment in comparison to the U.S. average,^{iv} and a lower rate for follow-up within 30 days after hospitalization for mental illness for children ages 6 to 17.^v NAMI appreciates that New Mexico has identified Medicaid beneficiaries with behavioral health conditions as one of five populations that have been historically and intentionally disenfranchised, and seeks to address their health disparities through many components of this waiver.

Reentry for Justice-Involved Populations

NAMI supports comprehensive reentry policies and programs for people with mental illness who are returning to their community after a period of incarceration. As such, we are grateful for CMS's recent

(January 26, 2023) approval of California’s demonstration request to provide Medicaid coverage for 90 days prior to release, and hope that this approval sets the tone for expedited approval of pending reentry waivers, as well as this one from New Mexico. Specifically, NAMI supports the state’s request to provide Medicaid coverage and a targeted set of benefits 30 days prior to exiting incarceration for a defined high-needs population. Reentry services and supports are particularly critical for people with mental health and substance use conditions, as they are disproportionately represented in our penal institutions, with about 80 percent of individuals released from prison in the U.S. each year having a substance use disorder (SUD) or chronic medical or psychiatric condition.^{vi}

When individuals with mental illness are released from incarceration and return to the community, it is a crucial period because it is associated with significant stress and high risk of recidivism, relapse, or crisis. Once individuals re-enter their community, establishing or re-establishing health care often takes the backburner as they deal with more pressing needs like housing and food security, reconnecting with family members, and finding employment.^{vii} Many do not have appropriate access to coverage and continuity of care and are more likely to lack health insurance.^{viii} On release, people with SMI, particularly those with co-occurring SUD, recidivate at higher rates than those without SMI or SUD. This is frequently attributable to lack of timely access to needed services and supports for their condition.^{ix} Former inmates’ risk of a fatal drug overdose is 129 times as high as it is for the general population during the two weeks after release.^x

To improve outcomes and health inequities for justice-involved members, New Mexico proposes to provide Medicaid coverage and a targeted set of benefits 30 days prior to incarcerated persons in state prisons, local jails, youth correctional facilities, Department of Health forensic unit state hospitals, tribal holding facilities, or tribal jails. NAMI supports this reentry proposal and urges its approval by CMS. At the same time, we also encourage the state to consider supplying beneficiaries with a 60–90-day supply of medication, instead of the slated 30-day supply. As noted above, people who reenter the community have a myriad of pressing needs; a limited supply of needed medications risks these individuals’ prior stability and chances of success. A 60- or 90-day supply will help the state reach its goal of “ensuring medication and medical resource continuity upon community re-entry.”

Expanded Access to Supportive Housing

NAMI also supports the state’s request to expand access to supportive housing for beneficiaries with behavioral health conditions and appreciates the state’s recognition that many individuals with behavioral health conditions are not able to maintain housing without supportive services.

Having a safe and stable place to call home is an essential component of recovery for people with mental illness. Access to affordable housing is a social determinant of health,^{xi} and a person’s access to housing can affect — and is affected by — mental health. Experiencing housing instability may contribute to stress, anxiety or other mental health symptoms, and people with mental illness are overrepresented in the unhoused population, as about one in five people experiencing homelessness in the U.S. have a serious mental health condition.^{xii} Homelessness has a profoundly negative impact on mental health, and children are especially susceptible to the psychological effects of homelessness and housing instability.^{xiii} As the proposal notes, over 17 percent of New Mexicans experience severe housing problems, the thirteenth highest rate in the country.

Under Turquoise Care, the Supportive Housing Program will continue providing pre-tenancy and tenancy support activities to members with SMI that are part of the Linkages Supportive Housing Program approved in Centennial Care 2.0. The state also requests to increase program enrollment of this

program from 180 to 450 annually to provide services to members who are associated with a Local Lead Agency and provider and the Special Needs/Set Aside Housing Program (SAHP). This more than doubling of access to critical housing supports will greatly enhance housing stability for many Turquoise Care beneficiaries with mental illness. [NAMI urges CMS to approve this request to expand access to supportive housing.](#)

Waiving the Payment Exclusion for Institutions for Mental Disease (IMD)

NAMI echoes the waiver renewal application's hope that CMS will soon approve New Mexico's pending IMD demonstration amendment to provide services to individuals with SMI and SED in all inpatient levels of care that meet the federal definition of IMDs. NAMI submitted detailed comments on the need to approve this waiver in April 2022. But in short, we encourage approval of this waiver because it will allow New Mexico to provide better support for individuals who may require inpatient psychiatric treatment. Altogether, NAMI believes that these efforts will help address key gaps in coverage for essential behavioral health services and improve health outcomes for more New Mexicans. [We urge CMS to approve this pending IMD waiver amendment request.](#)

Amidst a time of increasing mental health needs, NAMI is thankful for New Mexico's commitment to improving core health outcomes and attending to the social and economic determinants of health for people with mental health conditions. We urge CMS to approve this demonstration renewal as well as outstanding amendments. Thank you for the opportunity to provide comments on this important issue. If you have any questions or would like to discuss this issue, please do not hesitate to contact Jodi Kwarciany, Senior Manager of Mental Health Policy at jkwarciany@nami.org.

Sincerely,

/s/

Jennifer Snow
National Director, Government Relations and Public Policy
NAMI, National Alliance on Mental Illness

ⁱ Medicaid and CHIP Payment and Access Commission, "Behavioral Health in the Medicaid Program—People, Use, and Expenditures," June 2015, <https://www.macpac.gov/publication/behavioral-health-in-the-medicaid-program%E2%80%95people-use-and-expenditures/>.

ⁱⁱ Rebecca Ahrnsbrak et al., "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health," Substance Abuse and Mental Health Services Administration, September 2017, <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>.

ⁱⁱⁱ Kaiser Family Foundation, "Medicaid's Role in Behavioral Health," May 2017, <https://www.kff.org/infographic/medicaids-role-in-behavioral-health/>.

^{iv} America's Health Rankings, United Health Foundation, "Public Health Impact: Overall – Annual in New Mexico," accessed January 2023, <https://www.americashealthrankings.org/explore/annual/state/NM?edition-year=2021>.

^v Georgetown University Center for Children and Families, "Analysis of the Centers for Medicaid and Medicare Services' (CMS) FFY 2020 Child Health Quality Measures Dataset," Accessed January 2023, <https://kidshealthcarereport.ccf.georgetown.edu/states/new-mexico/>.

^{vi} Shira Shavit et al. Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released from Prison. *Health Affairs* 36, no. 6 (June 2017): 1006–15. DOI: 10.1377/hlthaff.2017.0089.

^{vii} Reentry from incarceration is a difficult transition, and health management is often a low priority as people grapple with more basic survival needs (e.g., food and housing), reconnecting with family members, and finding employment (Mallik-Kane 2005).

^{viii} Tyler Winkelman et al. Health Insurance Trends and Access to Behavioral Healthcare Among Justice-Involved Individuals—United States, 2008–2014. *Journal of General Internal Medicine* 2016 Sep 16; 31: 1523-1529. DOI: 10.1007/s11606-016-3845-5.

^{ix} Glenda Wrenn, Brian McGregor, and Mark Munetz. The Fierce Urgency of Now: Improving Outcomes for Justice Involved People with Serious Mental Illness and Substance Misuse. *Psychiatric Services*, published online (April 16, 2016), <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700420>.

^x Ingrid Binswanger et al. Release from prison—a high risk of death for former inmates. *The New England Journal of Medicine* 356, no. 2 (Jan 2007): 157-65. DOI: 10.1056/NEJMsa064115.

^{xi} Centers for Disease Control and Prevention, “Social Determinants of Health: Know What Affects Health,” last reviewed September 30, 2021, <https://www.cdc.gov/socialdeterminants/index.htm>.

^{xii} U.S. Department of Housing and Urban Development, “HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations,” December 15, 2020, https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2020.pdf.

^{xiii} E.L. Bassuk, M.K. Richard, and A. Tsertsvadze. The Prevalence of Mental Illness in Homeless Children: A Systematic Review and Meta-Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry* 2015;54(2):86-96. <https://doi.org/10.1016/j.jaac.2014.11.008>.