Summary of the Native American and Cultural Competency Contract Requirements for the Behavioral Health Statewide Entity (SE)

General SE Requirements impacting Native American Services

1. Operate a Comprehensive Service Center, including a clinical call center, and six Regional Offices, one of which will be a Native American Region 6 office. (Page 18)

2. Employ a full-time staff person who shall work on Native American issues. (Page 19)

3. The LCs for the 13 geographical areas and the 5 LCs for the Native American Tribes, as formally recognized by the Collaborative, shall “act as advisors” to the SE, and the SE shall share information with LCs, consult with them, and consider their input on service delivery issues within their geographic or cultural area. (Page 23)

4. SE shall meet and consult with the Collaborative on the use of LCs to shape overall implementation of the Contract and the provision of covered services in NM. (Page 24)

5. Upon request, the SE will consult with LCs to develop service areas plans for each of the six regions. (Page 24)

6. SE shall provide cultural competent training, technical assistance, capacity building, planning, and logistical resources for LCs. (Page 24)

7. As requested, the SE shall work with LCs to develop and provide educational materials for stakeholders in a cultural competent manner and prevalent languages other than English. (Page 24)

8. The SE shall provide and receive information from the BHPC, LCs, and the Collaborative members regarding program development and implementation including but not limited to state, tribal and federal initiatives (including federal initiatives affecting Tribes, Nations and Pueblos) being implemented at the local level. (Page 25)

9. The SE shall ensure that children in Tribal custody or under Tribal supervision receive a behavioral health screening within 24 hours of a referral to a network provider and receive a BH assessment, medically and clinically necessary covered services and as appropriate, care coordination. (Page 39)

10. At the request of a Tribe, the SE shall negotiate in good faith to enter into agreements to develop assessment and treatment protocols and procedures to ensure that services are provided to children in Tribal custody or under Tribal supervision who are in need of such services. Should a Tribe, Nation, or Pueblo
choose not to enter into such agreements, the SE shall not be liable for providing covered services. (Page 39)

11. A consumer handbook and provider directory must be made available to Medicaid consumers. The SE shall send the consumer handbook and provider directory to non-Medicaid consumers upon request by the Consumer or the State. Information on accessing covered services, including consumers’ rights to self-refer must be included. This includes the right of a Native American consumer to self-refer to an IHS or 638 provider. (Page 45-46)

12. The consumer handbook, provider directory, and all other educational material shall meet certain requirements including that it be cultural sensitive and translated into the language of a prevalent population if that population makes up 5% or more of consumers. (Page 47)

13. The SE will track individual performance measures and they may be deleted, added, or modified as determined by the Collaborative. These measures will include the Governor’s Performance and Accountability Measures. Additionally, NA measures will be collected for:
   a. % of Native American individuals committing suicide or reporting suicidal attempts.
   b. Number of programs/agencies using community health workers, peer specialists and practitioners designed specifically for persons who are Native American or Spanish speaking. (Pages 58-59)

14. The SE shall ensure that credentialing/recredentialing requirements and processes are streamlined, enabling providers to move across agencies and settings without unnecessary restrictions. These requirements shall recognize and promote approaches to services such as consumer and family-run programs, Native American healing practices and programs, traditional curanderismo and other acceptable programs. (Page 71)

15. The SE shall ensure telehealth services meet the shared values of the New Mexico Telehealth Commission, including that networked sites are equally distributed across regions of the state, including Native American sites, for both clinical and educational purposes. (Page 79)

**Specific Native American Service Requirements (Pages 42-44)**

1. Nothing in this Section shall deny, diminish or result in withholding covered services to eligible Native American Medicaid and non-Medicaid consumers living on and off reservation. Although Native American needs are unique with respect to disparities and sovereignty, the SE shall recognize that services for Native Americans are also integral to all services delivered by the SE.

2. The SE shall recognize Native American Tribes, Nations, and Pueblos as inherently sovereign nations that have a government to government relationship
with the State of New Mexico. The SE shall work with the State to carry out the New Mexico Health and Human Services Departments State-Tribal Consultation Protocol to seek, incorporate and utilize input and to support and expand behavioral health services for Native Americans.

3. The SE shall establish partnerships and enhance collaboration with Native American Tribes, Nations, and Pueblos in the design, implementation and modification of service delivery and program evaluation.

4. The SE shall design its organizational structure and provider enrollment process to respect and recognize the unique Government to government relationships between the State and the Native American Tribes, Nations, and Pueblos; Indian health care system, which consists of Tribal programs and Tribal organizations, whether operating under Public Law 93-638 agreements or not, and the federal Indian Health Service (IHS).

5. The SE shall provide equitable access for Native American consumers, including consumers living off-reservation and in rural/remote tribal reservation areas, to covered services and non-clinical support services including but not limited to transportation, housing, respite, childcare, training opportunities, as well as consumer education on referral options to providers.

6. The SE shall seek and incorporate the views of Native American stakeholders (consumers and family members; BHPC Native American Subcommittee; providers; Region Six LCs; and advocates) in the design, implementation and modification of the behavioral health service delivery system.

7. The SE shall seek and incorporate input from the Tribes, Nations, and Pueblos; Indian Health Service (IHS); Region Six LCs; Native American consumers and family members; advocates for Native Americans; and providers who serve Native Americans to develop, strengthen, and support the behavioral health service delivery systems for Native Americans.

8. The SE shall have and implement policies and procedures ensuring culturally and linguistically appropriate supports and services for Native American consumers.

9. The SE shall promote, maintain and enhance the use of culturally appropriate traditional healing services to Native American consumers. However, the SE shall recognize that some Tribes, Nations and Pueblos may prefer to limit their participation because of cultural beliefs and to keep religious practices safeguarded. Services may include but are not limited to tribally-based community wellness and cultural teachings programs, ceremonies, sweat lodges, Native healers, etc.

10. The SE shall ensure that its staff have knowledge, experience, and training in providing behavioral health services to Native Americans and have experience with and knowledge of New Mexico tribal communities.
11. The SE shall preserve the current reimbursement system for providers serving Native American consumers with the goal of providing specific programs and services for Native Americans.

12. For Medicaid consumers, the SE shall:
   a. Contract with the Albuquerque Area IHS and Navajo Area IHS, and with Tribal 638 behavioral health providers that meet Medicaid minimum licensing and certification requirements for service delivery within New Mexico.
   b. Accept a provider employed by the IHS or Tribal 638 facility that holds a current license to practice in the United States or its territories as meeting licensure requirements.

13. For non-Medicaid consumers, the SE shall contract with Tribal and Urban Indian behavioral providers that meet minimum licensing/certification requirements for service delivery within New Mexico.

14. The SE shall develop, maintain and improve linkages with Tribes, the IHS, and the Bureau of Indian Affairs (BIA) in order to ensure appropriate coordination of care for Native American consumers utilizing services from those entities.

15. The SE shall provide technical assistance and training to IHS, Tribal, and Urban Indian behavioral health providers regarding provider enrollment, billing, credentialing standards, covered services, utilization review, prior authorizations, and quality of care. Training shall be conducted following any major program changes or at the Collaborative’s request, but no less than two (2) times a year.

16. The SE shall provide support, technical assistance and training to the Region Six LCs.

17. The SE shall provide to Native American consumers comprehensive information of all covered services and providers available through the SE, including Native American providers and services. The SE shall ensure that Native American consumers are provided full information to access the most appropriate, accessible and quality services based on their individual needs and preferences.

18. The SE shall work with public, Tribal and BIA schools and Tribal judges and courts, regarding behavioral health care for Native American consumers and their families.

19. The SE shall provide a quarterly written report to the Collaborative, the co-chairs of the BHPC Native American Subcommittee, and the chair of the Region Six LCs on the planning and progress of the Region Six office and implementing the activities identified above.

20. The SE shall collect, track, and provide data to Native American Tribes, Nations and Pueblos, as well as Region Six LCs, on a regular monthly, quarterly, and
annual basis. The SE shall provide assurances that this data shall be appropriately stored, analyzed, and released with any State and tribal approvals required.

**Cultural Competency Requirements (Pages 79-80)**

1. The SE shall develop, implement, evaluate, and update a Cultural Competency Plan encompassing all types of disability for itself and for all network providers to ensure that consumers and their families, including individuals with disabilities, receive covered services that are culturally and linguistically appropriate to meet their needs.

2. The SE shall submit its Cultural Competency Plan to the Collaborative on an annual basis for approval.

3. The SE’s Cultural Competency Plan shall describe how the SE shall ensure that covered services are culturally and linguistically appropriate and shall incorporate nationally accepted Cultural Competence standards.

4. The SE shall develop and implement policies and procedures that implement the Cultural Competency Plan.

5. The SE shall develop and implement a plan for sign language interpreter, oral interpreter and written translation services to meet the needs of consumers (their families, legal guardians, and/or designated representative) who have a hearing impairment or whose primary language is not English. The SE shall use qualified medical interpreters, if available.

6. The SE shall identify community advocates, agencies, and providers to assist individuals who have a hearing impairment or are non-English or limited-English speaking and/or that provide other culturally appropriate and competent services, including outreach and referral activities.

7. The SE shall incorporate cultural competence into assessment, treatment planning, utilization management, its QM/QI program, and discharge planning.

8. The SE shall identify resources and interventions for high-risk behavioral health conditions found in certain cultural groups.

9. The SE shall develop and incorporate cultural and linguistic competency requirements into provider agreements and subcontracts.

10. The SE shall recruit and train a diverse staff and leadership that are representative of the demographic characteristics of consumers.

11. The SE shall select a staff member with appropriate training and experience to serve as the Director of Diversity Initiatives. The Director shall implement cultural community support system activities as well as evaluation activities. The
Director shall also work with the SE’s QM/QI Department to monitor, evaluate and address diversity issues within the SE and the delivery system.

12. The SE shall conduct initial and annual organizational self-assessments of culturally and linguistically competent-related activities and is encouraged to integrate cultural and linguistic competence-related measures into its QM/QI activities.

13. The SE shall work with the Collaborative to appoint individuals within each member agency to form a workgroup with the SE to identify and make recommendations regarding systems-wide issues, indicators, goals, and objectives related to the development of a culturally and linguistically competent behavioral health system.

14. The SE shall submit a quarterly progress report to the Collaborative outlining progress in implementing activities outlined in the SE’s Cultural Competency Plan. This report shall identify difficulties and barriers and a plan for remediation of same, as appropriate.

15. The SE shall participate with the State’s efforts to promote the delivery of covered services in a culturally and linguistically competent manner to all consumers, including consumers who have a hearing impairment, consumers with limited English proficiency, consumers who have a speech or language disorders, consumers who have physical disabilities, consumers who have developmental disabilities, consumers who have differential abilities, and consumers who have diverse cultural and ethnic backgrounds.