A Summary of the Proposal Submitted to the New Mexico Interagency Behavioral Health Purchasing Collaborative by ValueOptions of New Mexico

On April 1, 2005, the New Mexico Interagency Behavioral Health Purchasing Collaborative officially selected ValueOptions of New Mexico (VO-NM) to serve as the Statewide Entity to oversee mental health and substance abuse programs offered by the 15 state agencies that comprise the Collaborative.

The RFP included 469 questions, and the VO-NM proposal is more than 1200 pages in length with three additional notebooks of appendices. The following summary has been created at the request of the Collaborative to highlight the critical components of Phase One (July 2005 through June 2006) and highlights of Phases Two and Three (July 2006 through June 2009). It does not cover the entire content of the VO-NM proposal or the requirements established by the contract between the Collaborative and VO-NM, but was designed to provide an overview of the sections of the proposal of most interest to the New Mexico behavioral health community.¹

All proposals submitted in response to the Collaborative’s Request for Proposals (RFP) are available for public review at the Human Services Department Medical Assistance Division offices, 2025 Pacheco Street, Santa Fe. Appointments may be made by calling Betina Gonzales McCracken at 505 827-6245.

A Comprehensive Service Center in New Mexico

ValueOptions of New Mexico will be a comprehensive organization with New Mexico-based staff performing all required functions with the exception of Pharmacy Operations². VO-NM will have offices in six locations across the state, with administrative headquarters in Albuquerque and Santa Fe as well as Regional Offices in Farmington, Santa Fe (both Region 2 and the Native American Region), Albuquerque, Roswell, and Las Cruces. A staff of more than

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¹ Where references are provided, they are intended as a guide for the reader who wishes to review additional detail. References do not indicate a verbatim excerpt of the proposal, and additional information also may have been included at other sites in the proposal.

² A Clinical Pharmacist will be located in New Mexico to work with customers, providers, the Salud! MCOs and others.
170 people will be hired to work in New Mexico to support the Collaborative, its customers, families, and providers.

**Operationalizing the Principles of Recovery and Resiliency**

To fully realize the benefits of the guidance that can be provided only by customers and families, VO-NM will establish a Recovery and Resiliency Department—organizationally equivalent to other major departments such as Clinical, Quality Management (QM) and Networks—with a Vice President who is part of the Executive Management Team. Peer Specialists and Family Peer Specialists will be located in every VO-NM office across the state. The Recovery and Resiliency Department will complement current customer and family educational and preventive initiatives already under way in New Mexico as they perform their responsibilities, which will include:

- providing training for internal VO-NM staff and also providers, customers, families and other people across the state;
- making available technical assistance to customer and family groups, as well as to the Local Collaboratives;
- assisting with resolution of complaints and grievances;
- developing educational materials with input from the QM Consumer and Family Member Advisory Committee;
- offering training in a recovery-oriented approach to medication management;
- helping customers and families transition to new providers when necessary;
- participating in the quality improvement process and ensuring customer and family member representation on all QM committees and initiatives;
- implementing the New Mexico CAREs Plan, a multi-year strategy to increase capacity and effectiveness of Peer Specialists, Family Peer Specialists and customer- and family-owned/ operated businesses;
- starting self-help groups; and
- ensuring that within VO-NM, the principles of recovery and resiliency drive VO-NM’s work and thinking.

VO-NM also will depend on the guidance and direction of customers and families in a variety of other ways, including:

- recruiting representation on QM committees, including the Customer and Family Member Advisory Committee and the Pharmacy Advisory Board;

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3 A proposed curriculum is included throughout Section C and elsewhere.
4 Contracting with Providers, p. A354
5 Organizational Philosophy, p. A42

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• revising and adapting clinical guidelines, policies and procedures;
• assisting in the design and evaluation of training, including cultural competency curricula;
• conducting satisfaction surveys, especially among customers and family members;
• participating in statewide initiatives supported by VO-NM such as the identification of promising clinical practices, expansion of information technology and telemedicine, coordination of prevention initiatives and implementing Prevention, Education and Outreach programs.

Support for New Mexico Providers

Providers are the most critical component in assuring the effective delivery of mental health and substance abuse services. VO-NM will support New Mexico providers in a variety of ways, including:

• continuing the same reimbursement strategies being used by the Collaborative agencies as of June 30, 2005 through at least the end of the first contract year;
• accepting all current network providers into the Collaborative’s new network and maintaining the current array of services for at least the first six months of the contract period;
• establishing a variety of reimbursement options, including the Ready Pay Payment Plan, which offers providers an upfront payment every month based on the previous year’s fee-for-service revenues with reconciliation conducted as providers submit claims; it is designed to ensure a positive cash flow for providers and practitioners; and
• accommodating existing provider networks that want to participate in the network as a single organization.  

Some of the key strategies guiding VO-NM’s network development activities include:

• seeking the advice of consumers and family members, as well as advocacy organizations and the providers in identifying needed services, access-related concerns, quality of care concerns, and other issues;
• considering data, surveys, recommendations and other information gathered by or for the Collaborative, the Behavioral Health Planning Council (BHPC), Local Collaboratives, work groups and task forces in the development and expansion of the provider network and service array;
• maintaining an open panel, and actively recruiting all willing and qualified New Mexico behavioral health providers and practitioners;

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6 Contracting with Providers, p. A 333
• seeking ways to expand utilization of peer and family supports and foster the development of consumer-centered and consumer-owned businesses;

• working with current providers to enable them to become contracted to serve consumers in multiple funding streams.

To ensure that both administrative and clinical supports are available to network providers, VO-NM will:

• locate at least one Field Provider Liaison in each Regional Office to ensure the availability of on-site technical assistance for network providers;

• locate at least two Field Care Managers in each Regional Office to work with providers who are serving consumers and families with particularly complex needs

• offer training on both administrative and clinical topics, with input from providers on the topics to be offered;

• offer training at Regional Offices and at provider locations;

• include provider representatives as part of the QM Clinical and Services Advisory Committee to ensure input in clinical policies and procedures, clinical guidelines, quality management initiatives, review of data and all related QM activities

• issue Provider Performance Reports that will identify areas of excellence as well as areas needing improvement; 7

• invite providers to participate in on-site record audits and other reviews as a way to ensure communication and mutual training between VO-NM and provider staff. 8

• develop and maintain a claims processing unit in New Mexico that is dedicated solely to processing claims for services provided to the Collaborative’s consumers and families.

To ensure statewide consistency and equity, as well as a single point of accountability to the Collaborative, VO-NM will retain all responsibility for network development and oversight. 9

7 Quality Assurance, p. B530
8 Quality Assurance, p. B531
9 Contracting with Providers, p. A329
Clinical Management

VO-NM will implement a data-driven clinical model that focuses the attention and clinical expertise of Care Managers to the consumers and providers who can benefit most from additional clinical support.

Highlights of the clinical model include:

• requiring prior authorization and clinical review only for 24-hour services and for those providers and customers/families identified as needing more focused clinical supervision and attention;

• assigning well over half the VO-NM Clinical Care Managers to provide care coordination to consumers and family members identified as priority populations, those with complex needs or those accessing care in multiple delivery systems;

• implementing diagnosis-related treatment guidelines as recommended treatment strategies for providers and as templates to monitor the way in which services are provided to consumers in particular diagnostic or disability groups. Diagnosis-related treatment guidelines incorporate the latest in evidence-based practices while filling in the gaps in evidence with expert consensus. They will not serve as a basis for authorizing or reimbursing treatment.

Prior to July 1, 2005, representatives of customers, family members, providers and advocacy organizations will be convened by the Collaborative and VO-NM to review and revise all clinical policies and procedures, including diagnosis-related treatment guidelines, to ensure their appropriateness for New Mexico.\(^\text{10}\) All clinical policies will be reviewed as part of the annual Quality Management evaluation.

Quality Management

To allow VO-NM to benefit from the experience and enthusiasm of New Mexicans who have been involved in the creating the vision for an integrated behavioral health care delivery system, QM Committees will include members from existing work groups of the Collaborative and the Behavioral Health Planning Committee.

The proposed QM Committee structure includes: a Steering Committee, Customer and Family Member Advisory Committee, Clinical and Service Advisory Committee, and a Regional Advisory Committee comprised of representatives from each Local Collaborative. A core responsibility of all QM committees will be the review of data reflecting the overall functioning of the delivery system and VO-NM’s performance.

\(^{10}\) Quality Assurance, p. B536
A standard set of reports also will be provided to each Local Collaborative, the BHPC and the Collaborative for their review. Directors of the Regional Offices will be responsible to share QM data and information with Local Collaboratives and to route Local Collaboratives’ input back into the QM process. The VO-NM Chief Executive Officer will be responsible to share information with the Collaborative and the BHPC and to provide their feedback to QM Committees.

Across the contract period, VO-NM will implement a number of assessment and level-of-functioning scales, including the Customer Recovery Outcome System and the Recovery Enhancing Environment Scale.\(^\text{11}\)

### Support for Local Collaboratives and the Behavioral Health Planning Council

Because of the knowledge and commitment their members have demonstrated to their local behavioral health delivery system, Local Collaboratives will be critical to VO-NM. To leverage that knowledge and commitment, VO-NM will provide administrative support through the Regional Offices and ensure the involvement of Local Collaboratives by:

- providing data and staff to support local needs assessment and planning,
- requesting that Local Collaboratives review and offer input into QM, network development and training plans;
- incorporating their review and input into coordination of care protocols that affect local agencies and local consumers;
- gathering their recommendations for local service plans, quality management and performance initiatives;
- assisting with the identification of local workforce development opportunities, such as programs for employee recruitment and retention, and opportunities to develop consumer- and family-owned/operated businesses; and
- apprising them of opportunities to undertake pilot projects or other program initiatives;
- providing meeting space and administrative support in the Regional Offices.

Barring major schedule conflicts, VO-NM staff will attend every meeting of Local Collaboratives to which they are invited, and will present data reflecting local service utilization for the review of the members. Regular reports also will be provided to the Collaborative and BHPC at their request.

In addition, to support the work of the Local Collaboratives and the BHPC, VO-NM included technical assistance grants in its administrative budget:

- $3000 to each Local Collaborative and
- $5000 to the BHPC.

\(^\text{11}\) Phase Two, p. D27
The Collaborative will work with VO-NM to facilitate transfer of funds to Local Collaboratives and the BHPC and accounting for expenditures

**Management Information Systems**

An integrated behavioral health care delivery system demands a robust and flexible management information system (MIS) infrastructure. VO-NM will incorporate information from every Department and provider, enabling more effective care coordination for individual customers and more comprehensive system-level planning and evaluation than any single Collaborative Department can do on its own today.

Some of the technology that VO-NM will introduce in Phase One includes:

- **The Collaborative Reporting Matrix**, which will support online reporting of all data elements required by all Collaborative Departments.
- **The Collaborative Clinical Profile**, which is a Web-enabled online electronic record that will incorporate information from all funding streams for every consumer.
- **Achieve Solutions**, an Internet “library” of information about mental health and substance abuse services, childcare, stress management and a variety of issues of interest to consumers, family members and providers.
- **Sigaba encryption software**, which will be made available to providers, state staff and others with whom VO-NM will share confidential information.
- A dedicated **New Mexico website**, which will offer the New Mexico behavioral health community easy access to data, handbooks and other information about VO-NM and the Collaborative’s program as well as links to other websites.
- **A Program Availability Roster**, which will be an on-line listing of program openings updated by providers to assist those who are searching for referrals and placements.
- **NetVantage**, an on-line credentialing application, which will streamline the process of credentialing the Collaborative’s individual practitioners.
- **The Electronic Script Writer**, which will automatically notify a consumer’s PCP whenever a behavioral health prescriber writes a prescription.
- **The Personal Health Organizer**, will allow consumers to access a list of their medications on line, print a copy for their health care providers, read information about those medications, and register for medication reminders.

In addition, designated Collaborative staff will be given access to the VO-NM MIS and data warehouse, and training in VO-NM’s decision support software, which will enable them to generate reports and monitor VO-NM’s operations independently.
In Phase II, the IT Blueprint Initiative described below will provide a process by which VO-NM’s management information system can be expanded across the contract period to more fully support the integrated delivery system envisioned by the Collaborative.

**A Preview of Phases II and III**

Some of the initiatives projected after the first year of operations include:

- A Self-Directed Care Initiative as a pilot project for customers with serious mental illness and families with children who have serious emotional disorders\(^{12}\)
- A system-wide process to identify and select an array of evidence-based and promising practices to be implemented by New Mexico providers\(^{13}\)
- An IT Blueprint Development process to assess all options for fully utilizing the VO-NM management information system and create recommendations for a five-year expansion of information technology\(^{14}\)
- A Financial Task Force to complete a comprehensive review of all potential administrative efficiencies in network providers and VO-NM and oversee implementation of selected improvements\(^{15}\)
- Task forces to explore a variety of critical issues including workforce development and increasing cultural competency and diversity, the expansion of telehealth, a partnership with the business community to promote supported employment, implementing a comprehensive clinical assessment process and standardized forms, a long-range housing development plan and analyzing options for state-operated facilities.

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\(^{12}\) Phase II, p. D47
\(^{13}\) Phase II, p. D17
\(^{14}\) Phase II, p. D51
\(^{15}\) Phase II, p. D39