

HEALTH CARE AUTHORITY



MEDICAL ASSISTANCE DIVISION
MEDICAID ADVISORY COMMITTEE

AUGUST 4TH, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

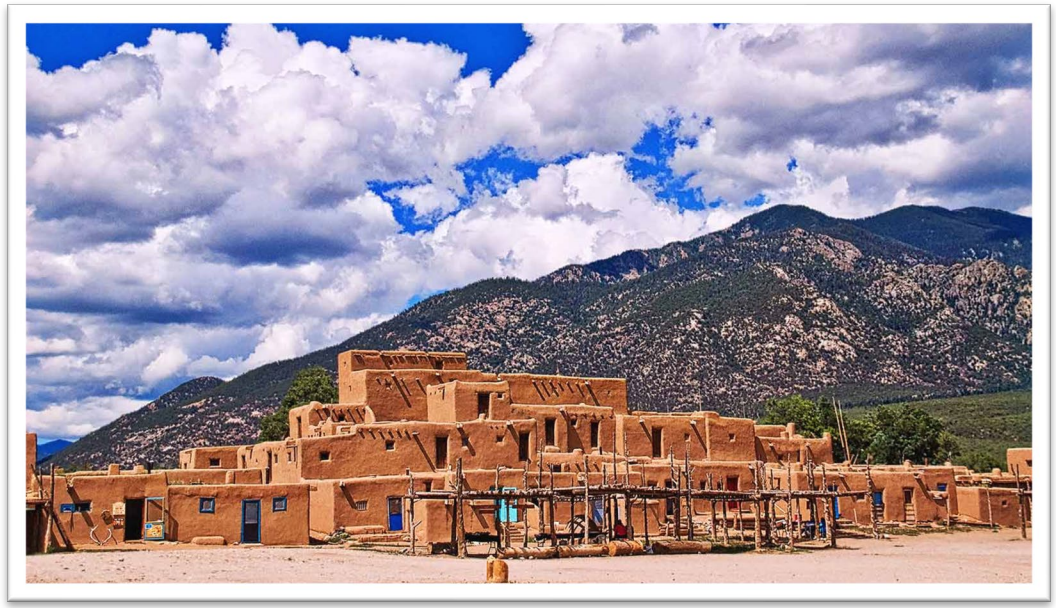
WELCOME & INTRODUCTIONS

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**.

MEETING AGENDA AND APPROVAL

LARRY MARTINEZ, MAC CHAIRPERSON

MEETING AGENDA AND APPROVAL

Time	Agenda Item	Facilitator
1:00	Welcome & Introductions	Larry Martinez, MAC Chairperson
1:05	Meeting Protocols	Trisstin Maroney, Innovation Program Manager
1:10	Agenda/Minute and Approval	Larry Martinez, MAC Chairperson
1:15	Medicaid Director Welcome	Dana Flannery, Medicaid Director
1:20	HCA Staff Updates	Heidi Capriotti, Deputy Director, MAD
1:25	One Big Beautiful Bill Act (OBBBA) Update	Dana Flannery, Medicaid Director & Heidi Capriotti, Deputy Director, MAD
1:45	Legislative Updates	Shreya Arakere, MAD
2:00	DDSD Introductions & DD waiver/rate update	Jennifer Rodriguez, DDSD Director, Melanie Buenviaje, Deputy Director, & Joseph Tighe, Deputy Director
2:15	BAC Members Introductions	LaDon Woodson, Innovation Program Manager, MAD
2:25	Senate Bill 3 Executive Committee Update	Kristie Brooks, Director of BH Transformation & Innovation
2:35	INTERMISSION	Stretch Break/Restroom Break
2:50	Turquoise Claims Update	Lorrina Rivera, Junior Deputy Director
3:05	NM Medicaid Performance Rates 2024	Kathy Leyba, Quality Bureau Chief
3:25	CARA Updates	Alanna Dancis, Chief Medical Officer
3:30	Questions & Feedback on: 1115 Waiver Updates: • Food as Medicine • Medical Respite • Just Health Plus	Alanna Dancis, Chief Medical Officer & Jeanelle Romero, CE Bureau Chief
3:40	Question & Feedback on: • Finity Turquoise Rewards Update	Jeanelle Romero, MAD
3:45	Public Comment 2 minutes per speaker	MAC Chairperson; Larry Martinez
4:00	Meeting Adjournment	MAC Chairperson; Larry Martinez

MEETING MINUTES AND APPROVAL

MEDICAID DIRECTOR WELCOME

DANA FLANNERY, MEDICAID DIRECTOR



MY MESSAGE TO YOU

Dear Medicaid Advisory Committee Members,

Thank you for being here today—and for the deep commitment each of you brings to this work. We know that Medicaid is more than a program. It is people. It is families. It is the health and stability of entire communities across New Mexico. And for so many of you, it is also your life's work.

That makes this moment all the more difficult. As we face the far-reaching implications of the OBBBA and significant proposed federal funding cuts, we are not just confronting budget decisions—we are confronting what those decisions mean for the care and well-being of hundreds of thousands of New Mexicans.

We are grateful—truly—for your willingness to show up in this moment, to bring your expertise, your lived experience, and your unwavering commitment to equity and access. Your perspective is essential as we work together to respond with clarity, courage, and compassion.

Thank you for all you've done—and continue to do—for the people of New Mexico. We don't take it for granted.

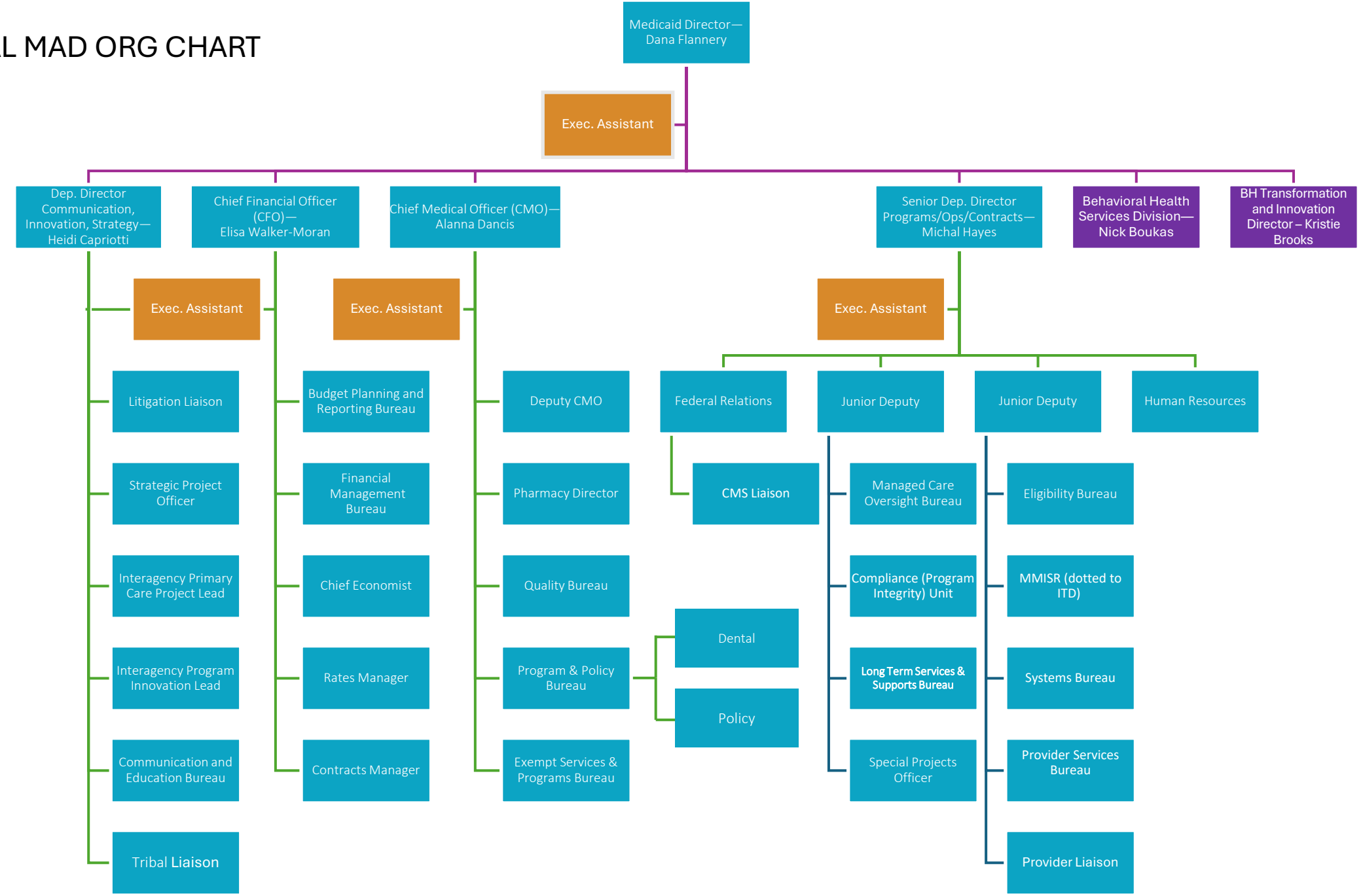
With appreciation,

Dana

HCA STAFF UPDATES

HEIDI CAPRIOTTI, DEPUTY DIRECTOR

EXTERNAL MAD ORG CHART
7/1/2025



YOUR MEDICAL ASSISTANCE DIVISION STAFF



Dana Flannery
Medicaid Director



Alanna Dancis
Chief Medical Officer



Michal Hayes
Senior Deputy Director



Elisa Walker-Moran
Chief Financial Officer



Heidi Capriotti
Deputy Director



Lorrina Rivera
Junior Deputy Director,
Systems and Operations



Cynthia Gustafson
Litigation Coordinator



Keenan Ryan
Director of Pharmacy



Erica Cerno
Executive Assistant to
Director

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YOUR MEDICAL ASSISTANCE DIVISION STAFF



Roy Burt
Bureau Chief
Eligibility Bureau



Diego Marquez
Bureau Chief
Managed Care
Oversight Bureau



Rayna Fagus
Bureau Chief
Financial
Management



Christie Guinn
Bureau Chief,
Exempt Services &
Programs Bureau



Kathy Leyba
Bureau Chief,
Quality Bureau



Jeanelle Romero
Bureau Chief,
Communications &
Education



Tallie Tolen
Bureau Chief
Long-Term Supports
and Services



Carlos Ulibarri
Bureau Chief
Budget Planning and
Reporting



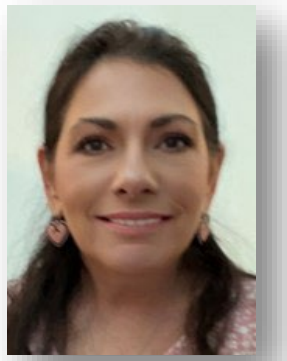
Valerie Tapia
Federal Relations
Manager



Paoze Her
Chief Economist



Kresta Opperman
Bureau Chief
Program & Policy Bureau

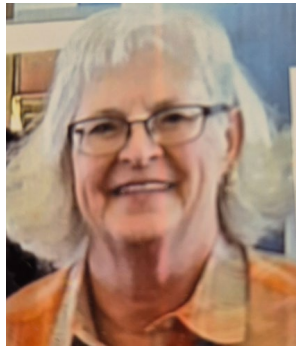


Theresa Belanger
Native American Liaison

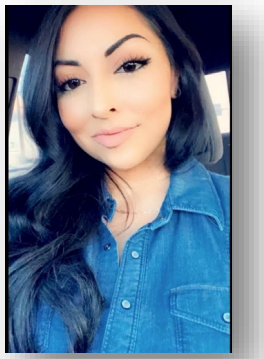
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Tommie Sanchez
Deputy Bureau Chief
Financial Management



Amy Salazar
Deputy Bureau Chief,
Quality Bureau



Joey Kellenaers
Deputy Bureau Chief,
Eligibility



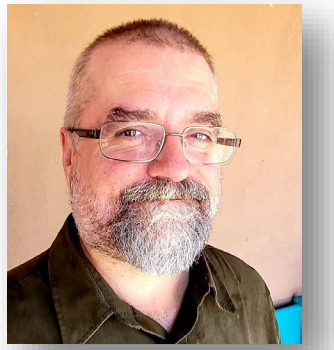
La Risa Rodges
Deputy Bureau Chief,
Program & Policy Bureau



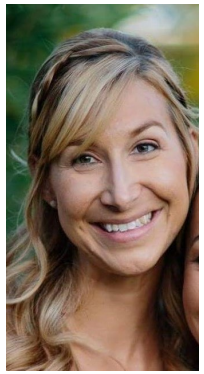
Erica Leyba
Deputy Bureau Chief,
Program & Policy Bureau



Deanne Tapia
LTSSB Nurse
Manager



Charles Canada
Compliance Unit



Trisstin Maroney
Innovations Project
Manager, PCPR & PCC



La Don Woodson
Innovations Project Manager
, BAC & CLRS

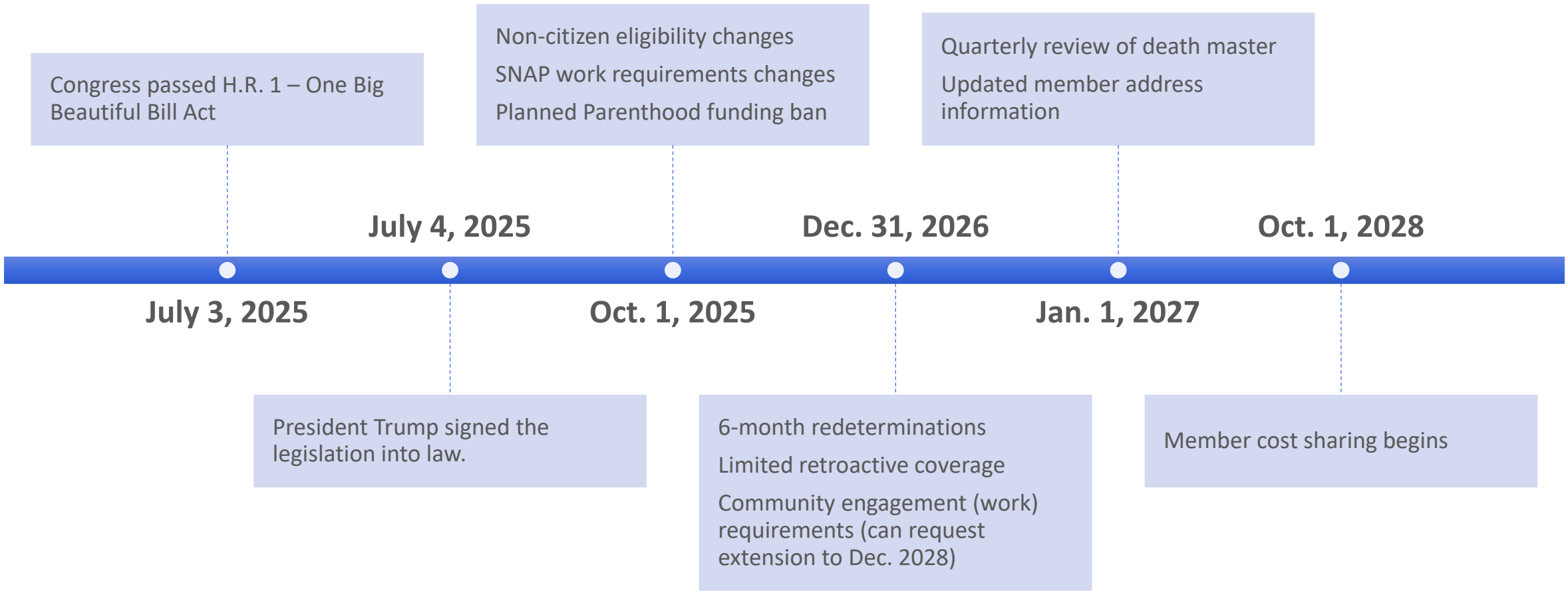
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ONE BIG BEAUTIFUL BILL ACT (OBBBA) UPDATE

DANA FLANNERY, MEDICAID DIRECTOR &
HEIDI CAPRIOTTI, DEPUTY DIRECTOR

H. R 1 (ONE BIG BEAUTIFUL BILL ACT (OBBBA))



H.R. 1 (ONE BIG BEAUTIFUL BILL ACT (OBBBA) IMPACTS TO MEDICAID*

IMPACTS TO NEW MEXICANS

98,210 New Mexicans permanently lose Medicaid coverage

- **9,680** active Medicaid non-citizens will likely be disenrolled permanently beginning October 2026
- **88,530** expansion adults likely permanently disenrolled due to work requirements beginning January 2027

5,648 could lose at least 1 month of coverage due to limits on retroactive coverage starting Jan. 2027

42,074 subject to new co-pays

254,000 subject to increased administrative burdens

FISCAL IMPACTS

Loss of **$8.5** billion in federal funding due to provider payments 2028-2037

PROVIDER IMPACTS

50+ safety net providers lose critical funding

6-8 hospitals could close within 18-24 months

SYSTEMS IMPACT

18 months and **$35 million** needed to support integrated Medicaid & SNAP IT systems changes including Call Center and YES-NM

**estimated as of 7/17/25*

H.R. 1 (ONE BIG BEAUTIFUL BILL ACT (OBBBA) IMPACTS TO SNAP*

IMPACTS TO NEW MEXICANS

457,655 New Mexicans see SNAP benefits reduced 21% (drops from $6.40/per person per day to $5/per person per day

55,750 subject to new work requirements

20,070 likely to lose all SNAP benefits

FISCAL IMPACTS

Loss of **$203 million** federal funds

PROVIDER IMPACTS

1,700 SNAP retailers at risk of lost revenue

6-8 hospitals could close within 18-24 months

**estimated as of 7/17/25*

H.R. 1 (ONE BIG BEAUTIFUL BILL ACT (OBBBA)) ON NATIVE AMERICAN MEMBERS

Total Native Americans on MAGI Adult = 38,869* (15.6% are Native American)

Retroactive coverage reduced from 3 months to 1 month, effective 12/31/25

- Approx. 291 MAGI Adult Native Americans will lose 2 months of retroactive coverage
- Approx. 223 MAGI Adult Native Americans will lose 1 month of retroactive coverage
- Approx. 356 Other Adult Group/OAG Native Americans will lose 1 month of retroactive coverage (alternative benefits plan coverage)

Native Americans/Alaska Natives are exempt from

- Medicaid community engagement (work) requirements
- SNAP work requirements
- Medicaid cost sharing or any new cost sharing
- Medicaid change to new 6-month renewal cycle

* as of 7/15/25

NEXT ACTIONS

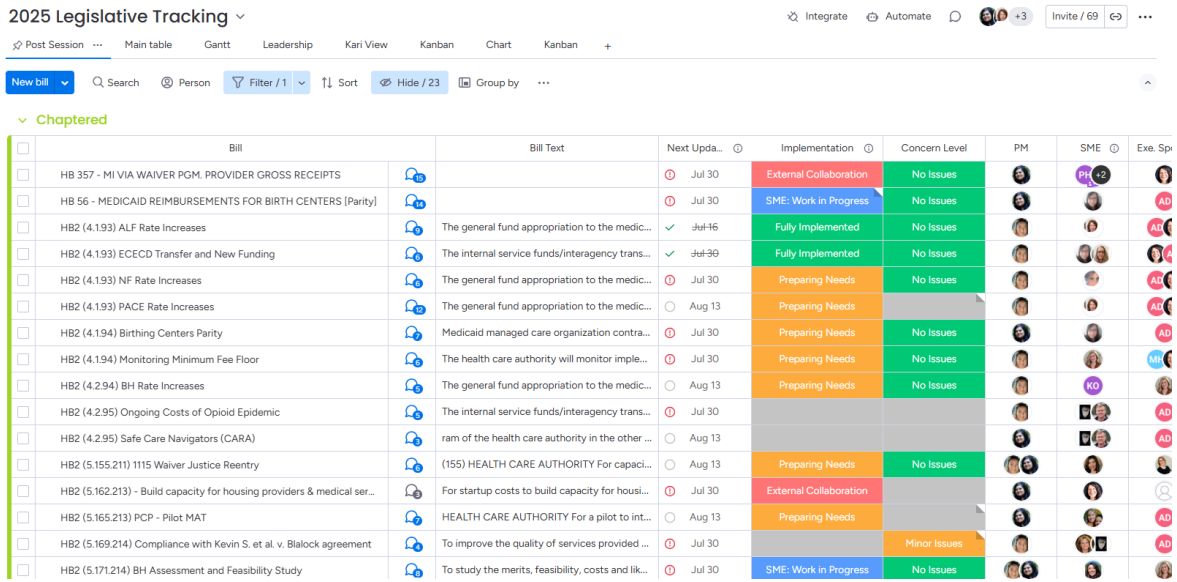
- Communicate impacts to stakeholders
- Consider work requirements extension request
- Plan for Rural Health Care Transformation fund request
- Finalize cost estimates:
  - Systems changes
  - Additional FTE needs and cost

LEGISLATIVE UPDATES

SHREYA ARAKERE, MAD

2025 LEGISLATION IMPLEMENTATION

- Over 30 Chaptered Bills are in the process of implementation.
- Cross collaborating with other divisions including Developmental Disabilities Supports Division (DDSD) and Behavioral Health Services Division (BHSD) to ensure smooth operationalization.
- Cross Divisional Workgrop meets Bi-weekly to discuss implementation status.
- Detailed tracker developed for monitoring and progress evaluation purposes.



2025 Legislative Tracking

Integrate | Automate | +3 | Invite / 69

Post Session | Main table | Gantt | Leadership | Kari View | Kanban | Chart | Kanban

New bill | Search | Person | Filter / 1 | Sort | Hide / 23 | Group by

Chaptered

Bill	Bill Text	Next Upda...	Implementation	Concern Level	PM	SME	Exe. Sp
HB 357 - MI VIA WAIVER PGM. PROVIDER GROSS RECEIPTS		Jul 30	External Collaboration	No Issues		PH +2	
HB 56 - MEDICAID REIMBURSEMENTS FOR BIRTH CENTERS [Parity]		Jul 30	SME: Work in Progress	No Issues			AD
HB2 (4.1.93) ALF Rate Increases	The general fund appropriation to the medic...	~~Jul 16~~	Fully Implemented	No Issues			AD
HB2 (4.1.93) ECECD Transfer and New Funding	The internal service funds/interagency trans...	~~Jul 30~~	Fully Implemented	No Issues			
HB2 (4.1.93) NF Rate Increases	The general fund appropriation to the medic...	Jul 30	Preparing Needs	No Issues			AD
HB2 (4.1.93) PACE Rate Increases	The general fund appropriation to the medic...	Aug 13	Preparing Needs				AD
HB2 (4.1.94) Birthing Centers Parity	Medicaid managed care organization contra...	Jul 30	Preparing Needs	No Issues			AD
HB2 (4.1.94) Monitoring Minimum Fee Floor	The health care authority will monitor imple...	Jul 30	Preparing Needs	No Issues			MK
HB2 (4.2.94) BH Rate Increases	The general fund appropriation to the medic...	Aug 13	Preparing Needs	No Issues		KO	
HB2 (4.2.95) Ongoing Costs of Opioid Epidemic	The internal service funds/interagency trans...	Jul 30					AD
HB2 (4.2.95) Safe Care Navigators (CARA)	ram of the health care authority in the other ...	Aug 13					AD
HB2 (5.155.211) 1115 Waiver Justice Reentry	(155) HEALTH CARE AUTHORITY For capaci...	Aug 13	Preparing Needs	No Issues			
HB2 (5.162.213) - Build capacity for housing providers & medical ser...	For startup costs to build capacity for housi...	Jul 30	External Collaboration				
HB2 (5.165.213) PCP - Pilot MAT	HEALTH CARE AUTHORITY For a pilot to int...	Aug 13	Preparing Needs				AD
HB2 (5.169.214) Compliance with Kevin S. et al. v. Blalock agreement	To improve the quality of services provided ...	Jul 30		Minor Issues			AD
HB2 (5.171.214) BH Assessment and Feasibility Study	To study the merits, feasibility, costs and lik...	Jul 30	SME: Work in Progress	No Issues			

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IMPLEMENTATION STATUS: EXAMPLES

ALF Rate Increases
Included as a rating adjustment beginning with the Revised Contract Year (CY) 2025 Rates Effective July 2025-December 2025.

NF Rate Increases
Included as a rating adjustment beginning with the Revised CY2025 Rates Effective July 2025-December 2025.

PACE Rate Increases
The SFY2026 PACE Rates reflect a rate increase from the SFY2025 PACE Rates.

Monitoring Minimum Fee Floor
Quarterly Monitoring Reports under development for submission to Legislative Finance Committee (LFC).

BH Rate Increases
Work underway to determine the rate increase.

1115 Waiver Pregnancy Food as Medicine
Routing for final approval; Included as a rating adjustment beginning with the CY2025 Contract Amendment Rates Effective July 2025-December 2025.

Birthing Center Parity
Proposed Methodologies and Rates under Leadership review.

DDSD INTRODUCTIONS & DD WAIVER/RATE UPDATE

JENNIFER RODRIGUEZ, DDSD DIRECTOR

DEVELOPMENTAL DISABILITIES SUPPORT DIVISION (DDSD)

Jennifer Rodriguez,
Division Director



Scott Doan,
Deputy Director
Operations



Melanie Buenviaje,
Deputy Director
Policy & Programs



Joseph Tighe,
Deputy Director
Support Services



Christopher Futey,
Deputy Director
Systems, Data and
Performance

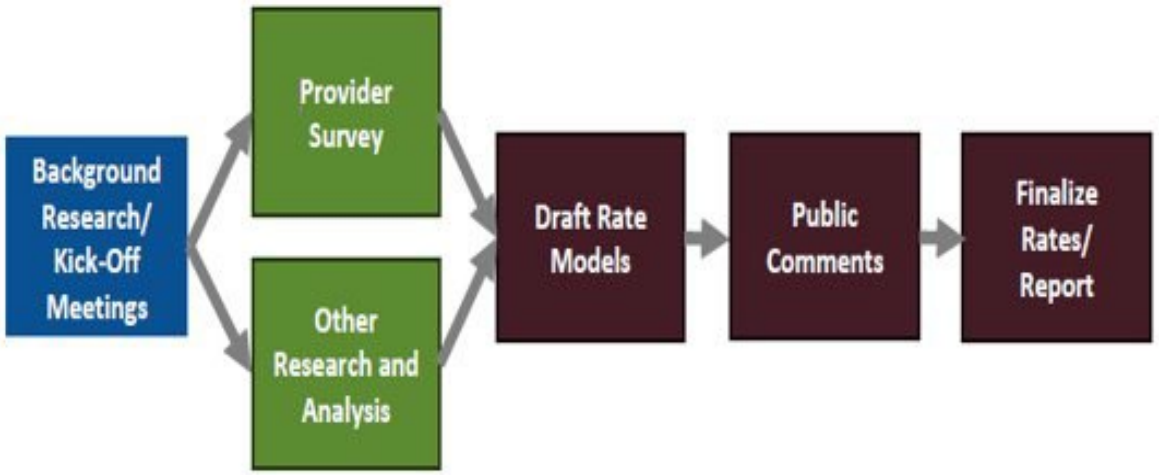


FY26 RATE STUDY & FY27 BUDGET REQUEST

BURNS & ASSOCIATES
A Division of HMA

- FY26 Rate Study began June 2025 with Health Management Associates (HMA)
  - All waiver programs
  - All services
- Robust provider input will be sought through a Rate Study Advisory Group
  - Established in collaboration with the Advisory Council on Quality (ACQ), a provider cost survey, a direct care worker time study, a public comment process, and focus groups as needed
- Rate study to conclude November 2025
- HCA FY27 budget request to incorporate rate study recommendations
  - Amount of request will depend on recommendations and budget availability

HMA 40 YEARS



HCBS WAIVERS UPDATE: SUPPORTS WAIVER SUNSET

- On July 10, 2025, HCA informed Centers for Medicare and Medicaid Services (CMS) of it's intent to sunset the Supports Waiver; termination date of September 28, 2025.
- The Supports Waiver was implemented in 2020 as a mechanism to provide services and supports to individuals with intellectual and developmental disabilities who were on a waitlist to receive services either through the Developmental Disabilities (DD) or Mi Via Waivers.
- Since then, the DDSD implemented an aggressive strategy to eliminate the waitlist through a "Super Allocation" initiative supported by the New Mexico Legislature and enhanced federal funding through Section 9817 of the American Rescue Plan Act of 2021.
- In addition, the New Mexico Legislature appropriated funding to HCA in House Bill 2, 2025 Regular Session, for the purpose of sustaining the “no waitlist” policy for the comprehensive DD and Mi Via waivers.
- All Supports Waiver participants have been offered an allocation letter offering a choice of transitioning to the DD Waiver or Mi Via Waiver. DDSD staff are actively working with participants, their families and case managers on a smooth transition to the comprehensive waiver of their choice.

HCBS WAIVERS UPDATE: WAIVER RENEWAL

- Mi Via Renewal-with CMS
  - DDSD is pleased to announce that we have successfully submitted the Mi Via Waiver Application to the Centers for Medicare and Medicaid Services (CMS) on July 1, 2025.
  - DDSD is requesting the Mi Via Waiver be renewed for another 5-year period with an effective date of October 1, 2025.
  - Additional services have been added: Employer of Record as a paid service and Socialization and Sexuality Education.
  - CMS has 90 days to complete the review.
- Developmental Disabilities (DD) Waiver and Medically Fragile (MF) Waiver Renewal
  - Work has officially begun on renewing the DD and MF Waivers for another five-year cycle, effective July 1, 2026.
  - As part of this process, DDSD hosted a series of in person and virtual town hall meetings that offered information about the waiver renewal process and provided opportunities for individuals, families, providers, and advocates to ask questions and share input.
  - DDSD will issue formal Tribal Notification, Public Comment Period, and host a Public Hearing in the first quarter of 2026.

HCBS WAIVERS UPDATE: IMPLEMENTATION HOUSE BILL (HB) 357

- HB 357, signed into law during the 2025 Regular Session, prohibits the inclusion of health care provider gross receipts taxes (GRT) in a participant's individual budgetary allotment.
- DDSD is actively working on the implementation of HB 357 for an effective date of January 1, 2026, including the development and promulgation of the New Mexico Administrative Code (NMAC) as well as updates in the FOCOSOnline system to ensure that GRT costs are billed and reimbursed as a separate line item, outside of the participant's approved annual budget.
- This change is designed to protect the integrity of self-directed Mi Via Waiver and ensure that participants receive the full value of their allotted budget.
- Additional information forthcoming as we near the implementation phase.

BENEFICIARY ADVISORY COMMITTEE (BAC) INTRODUCTIONS



LA DON WOODSON, INNOVATION PROGRAM MANAGER

BAC PROGRESS

THE INAUGURAL BENEFICIARY ADVISORY COUNCIL MEETING
JULY 23,2025
6:00 PM – 8:30 PM
VIRTUALLY

THE GOAL: TO HAVE A MORE CONSISTENT APPROACH FOR ELEVATING AND INCORPORATING MEMBERS' GUIDANCE TO DRIVE MORE EQUITABLE AND EFFECTIVE DELIVERY OF MEDICAID PROGRAMS AND SERVICES.

OUR MISSION: TO CREATE A SPACE FOR THOSE WITH LIVED EXPERIENCE WITH MEDICAID TO DISCUSS AND PROVIDE FEEDBACK ABOUT ISSUES THAT ARE IMPORTANT TO THEM.

EMPHASIS WAS GIVEN TO THE BAC BEING A SAFE AND SUPPORTIVE SPACE WHERE MEDICAID MEMBERS CAN SHARE THEIR PERSPECTIVES, HOPES AND IDEAS FOR THE PURPOSE OF IMPROVING MEDICAID FOR ALL.

DURING THIS KICKOFF MEETING, MEMBERS OF THE NEW MEXICO MEDICAID BENEFICIARY ADVISORY COUNCIL (BAC) MET TO DISCUSS THE COUNCIL'S MISSION, STRUCTURE, RESPONSIBILITIES, AND THE IMPORTANCE OF INCORPORATING LIVED EXPERIENCE INTO MEDICAID POLICYMAKING. KEY TOPICS INCLUDED:

- Shared personal experiences with Medicaid, highlighting its impact and areas for improvement.
- The purpose and formation of the BAC and MAC (Medicaid Advisory Committee)
- Medicaid's mission, vision, and goals
- Roles, responsibilities, and expectations for BAC members
- Identifying Key priorities

BAC MEMBER COMMENTS



WHAT IS YOUR INTEREST IN SERVING ON THE BAC? HOW HAS MEDICAID HAS IMPACTED YOUR LIFE?

"I fell on the playground in first grade, and I got a subdural hematoma on my head. Medicaid paid for my surgery and my family wasn't left with piles and piles of medical bills. I wanted to serve on this Council because it feels like it gives me an opportunity to voice my concerns and contribute to something to help other individuals in the state". - M.S.

"I am a broke college student w/o Medicaid I wouldn't be able to get health care. I'm here because I want to help people. I want to see where we're having issues and where we can improve Medicaid and hopefully make it better for future patients". - A.G.

"I've got four kids, and they all have Medicaid, and I have practiced as a nurse for many years . NM Medicaid has been fantastic, I navigate Medicaid every day personally professionally, in my experience
I haven't always seen boards ask ppl for opinions. When I saw this opportunity, I was like, oh, that's interesting. And I thought I should see what it's about and see if I have a spot and something to offer". - M.H.

SENATE BILL 3 EXECUTIVE COMMITTEE UPDATE



KRISTIE BROOKS, DIRECTOR OF BH TRANSFORMATION & INNOVATION

SB3 RECAP: BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT

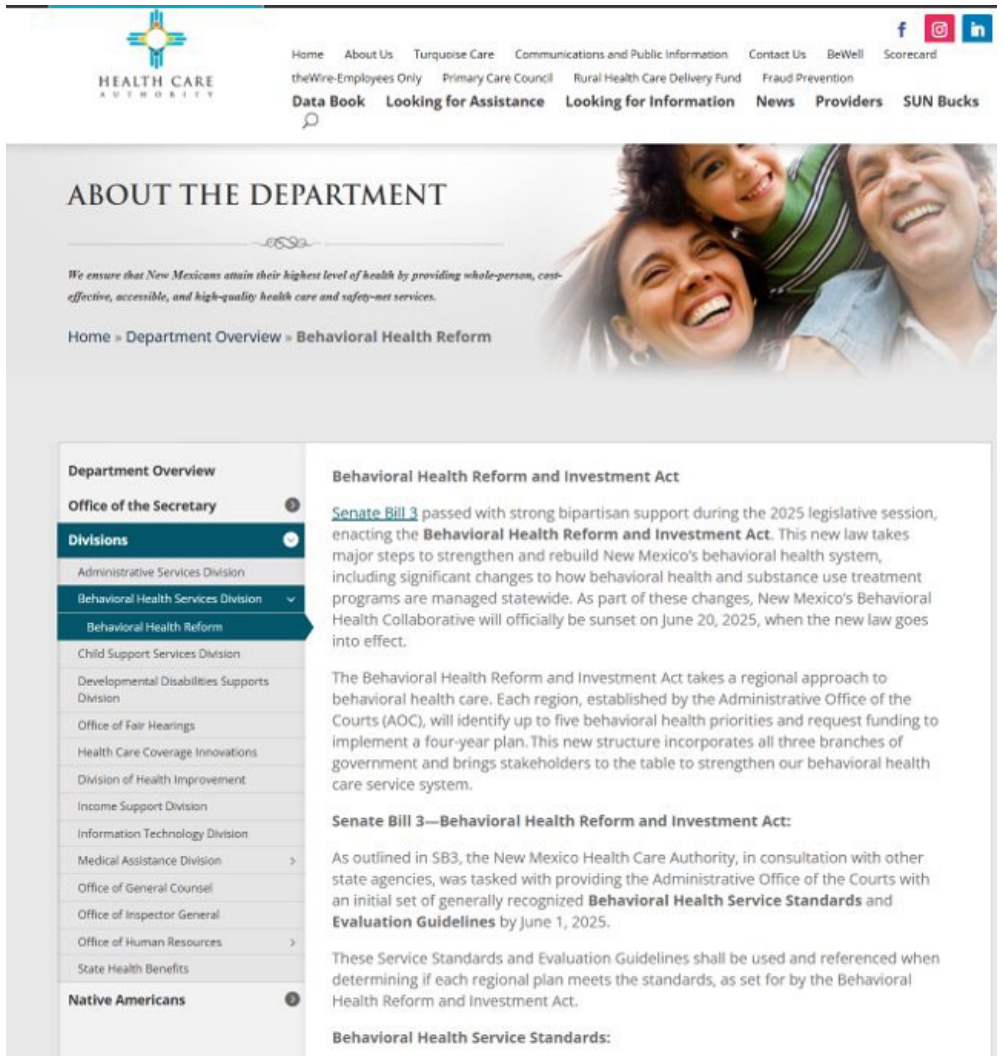
- SB1 and HB2 address the financial component that supports SB3.
- SB3 establishes the **Behavioral Health Reform and Investment Act**, which takes a regional approach to behavioral health care, involving all 3 branches of the government.
  - Each region, established by the Administrative Office of the Courts, will identify up to 5 priorities for funding within 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.

Key Highlights in SB3:

- Establishes the Behavioral Health Executive Committee
- Uses SIM Mapping, a tool developed to identify gaps in care and resources, to help support regional plans.
- Ensures highest quality of service standards are met and delivered.
- Develops a universal provider enrollment and credentialing system for all MCO's.
- 988 and 911 coordination and integration of systems.

AGENDA

1) SB3 Recap
2) Accomplishments
3) Next-Steps



Behavioral Health Reform * New Mexico Health Care Authority

SB3: HCA TIMELINE AS OF AUGUST 2025

- **February 27th** – SB3 is signed by Governor Lujan
- **May 1st** – AOC shares their first monthly update on regional planning.
- **June 1st –** *Behavioral Health Service Standards* are published.
- **June 1st** – HCA and LFC publish the *Behavioral Health Evaluation Guidelines.*
- **June 5th** - HCA publishes Behavioral Health Reform and Investment Act Website
- **June 24th -** Behavioral Health Executive Committee voted to adopt 13 behavioral health regions that mirror state Judicial Districts.

FUTURE GOALS

- *Build and strengthen relationships with state, local, community partners.*
- *Further establish roles and responsibilities for new Behavioral Health Executive Committee.*
- *Develop regional financial mechanism.*
- **August 5th** – Behavioral Health Executive Committee will hold their 2nd official meeting, open to the public.

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FIRST YEAR ANTICIPATED ACTIVITY:

- Build and strengthen relationships with state, local, community partners
- Support and define regions, regional plans and priorities
- Hire additional staff in alignment with appropriations in HB2
- Establish roles, responsibilities, policies and procedures for the new Behavioral Health Executive Committee
- Develop regional finance mechanism
- Develop communication plan

NEXT STEPS

- → *Build and strengthen relationships with state, local, community partners.*
- → *Further establish roles and responsibilities for new Behavioral Health Executive Committee.*
- → *Develop regional financial mechanism.*
- → **August 5th** – Behavioral Health Executive Committee will hold their 2nd official meeting, open to the public.

INTERMISSION

RETURN AT 2:50

TURQUOISE CLAIMS UPDATE

LORRINA RIVERA, JUNIOR DEPUTY DIRECTOR

TURQUOISE CLAIMS

- Go-Live anticipated for December 2025
  - Seamless for providers that submit claims through MCOs
  - New web portal for fee for service providers
  - Demo for the web portal will be hosted across the State
  - Communication

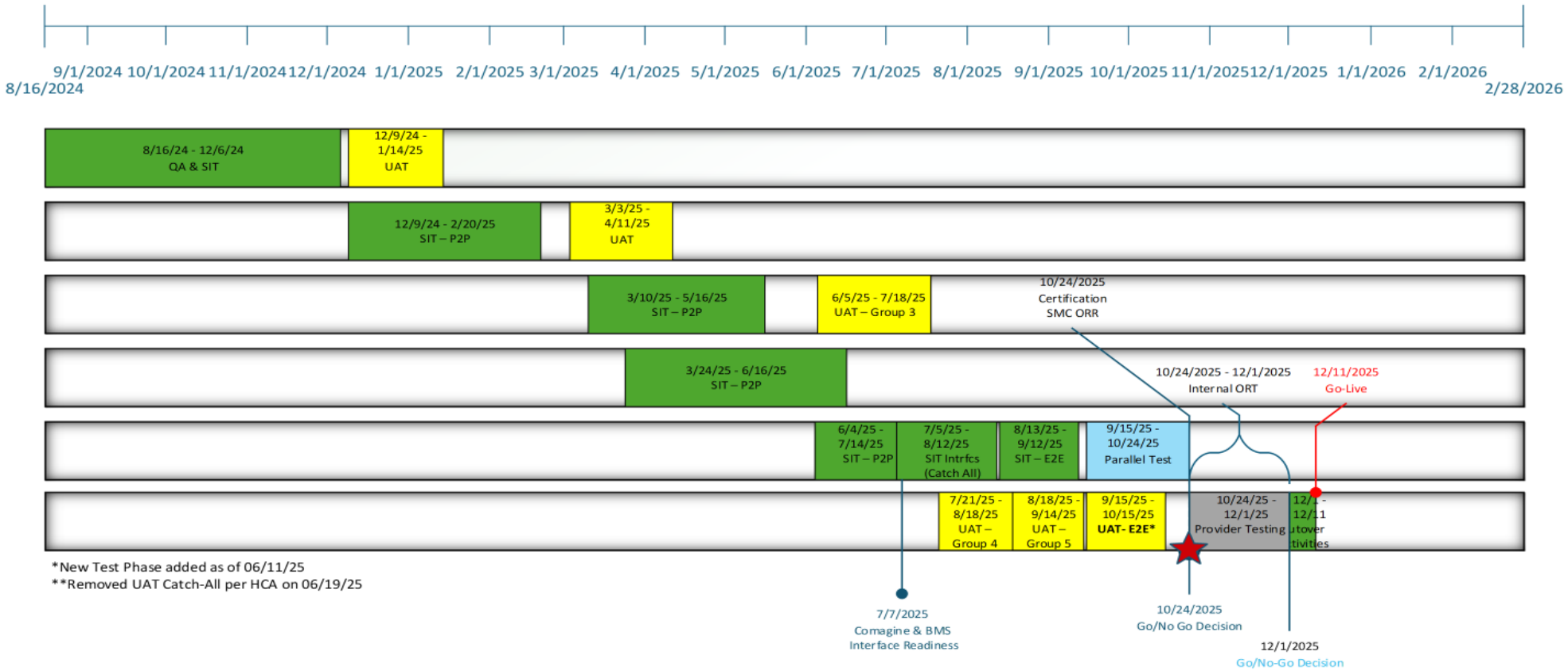


TESTING SCHEDULE

CONCURRENT GO LIVE FLOW

CMdS – Claims/Financial
Proposed Go-Live Schedule

5



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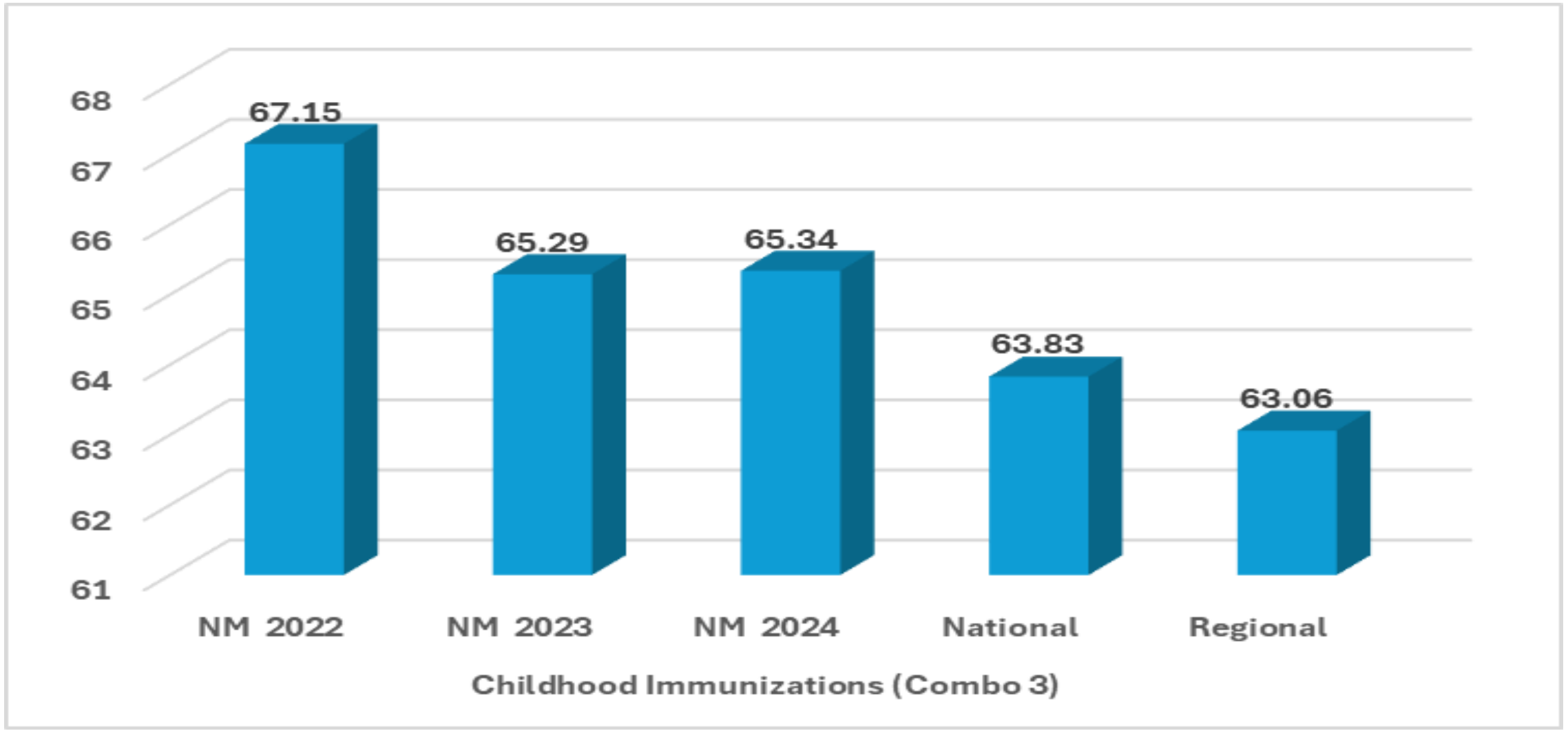
NM MEDICAID PERFORMANCE RATES 2024



KATHY LEYBA, QUALITY BUREAU CHIEF

CHILDREN AND ADOLESCENT HEALTH OUTCOMES

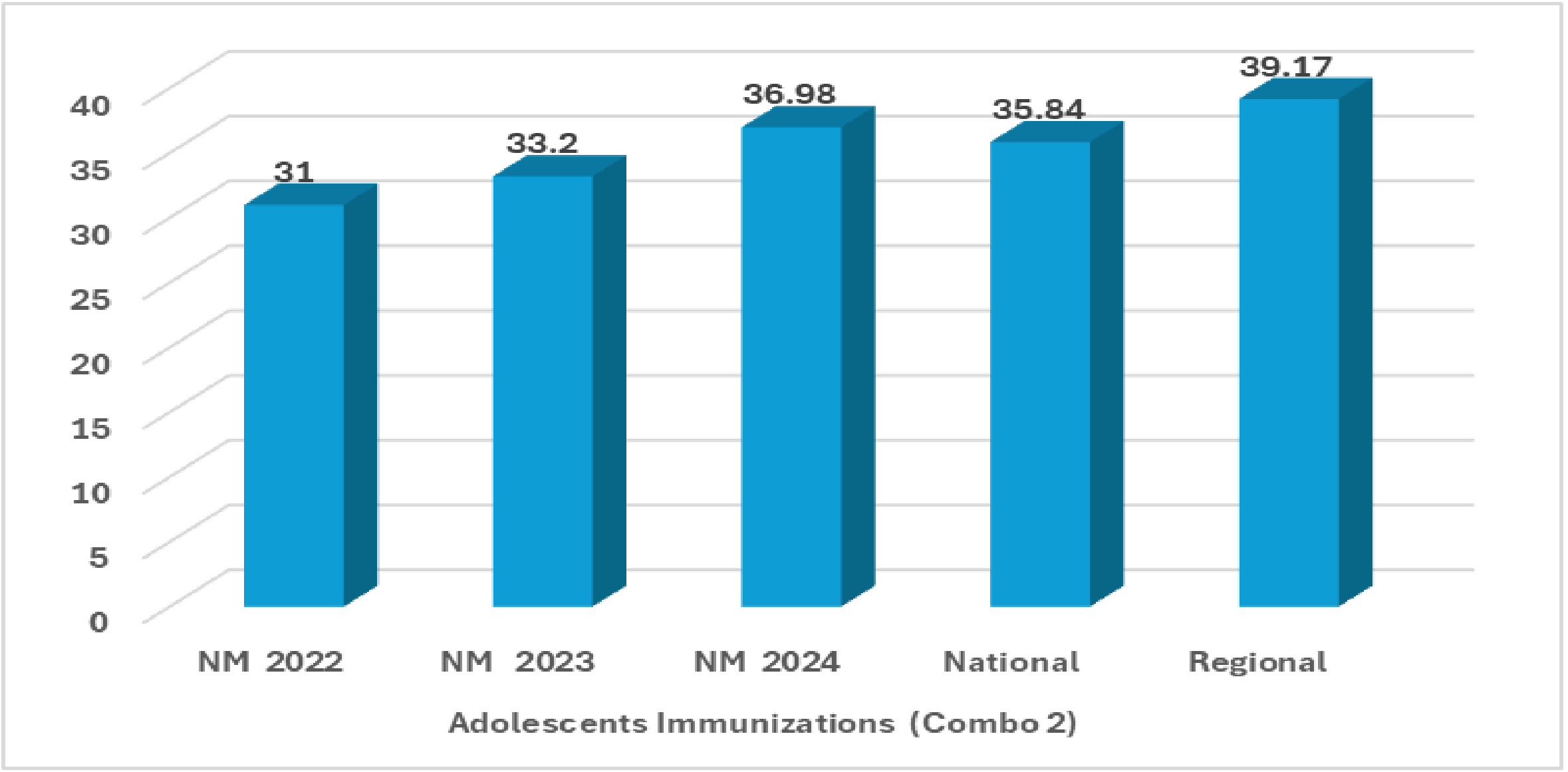
CHILDHOOD IMMUNIZATIONS COMBO 3



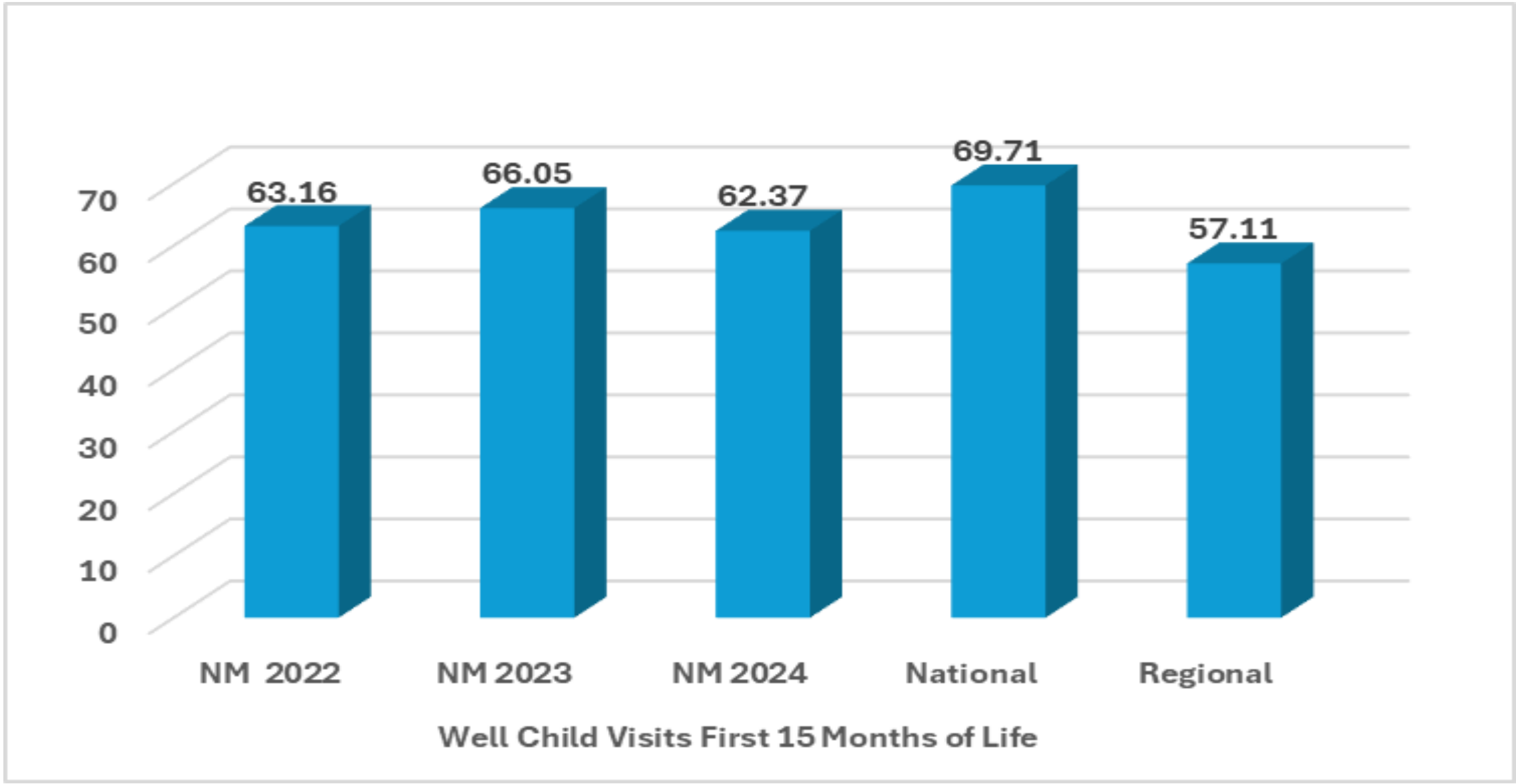
HEALTH CARE AUTHORITY

Investing for tomorrow, delivering today.

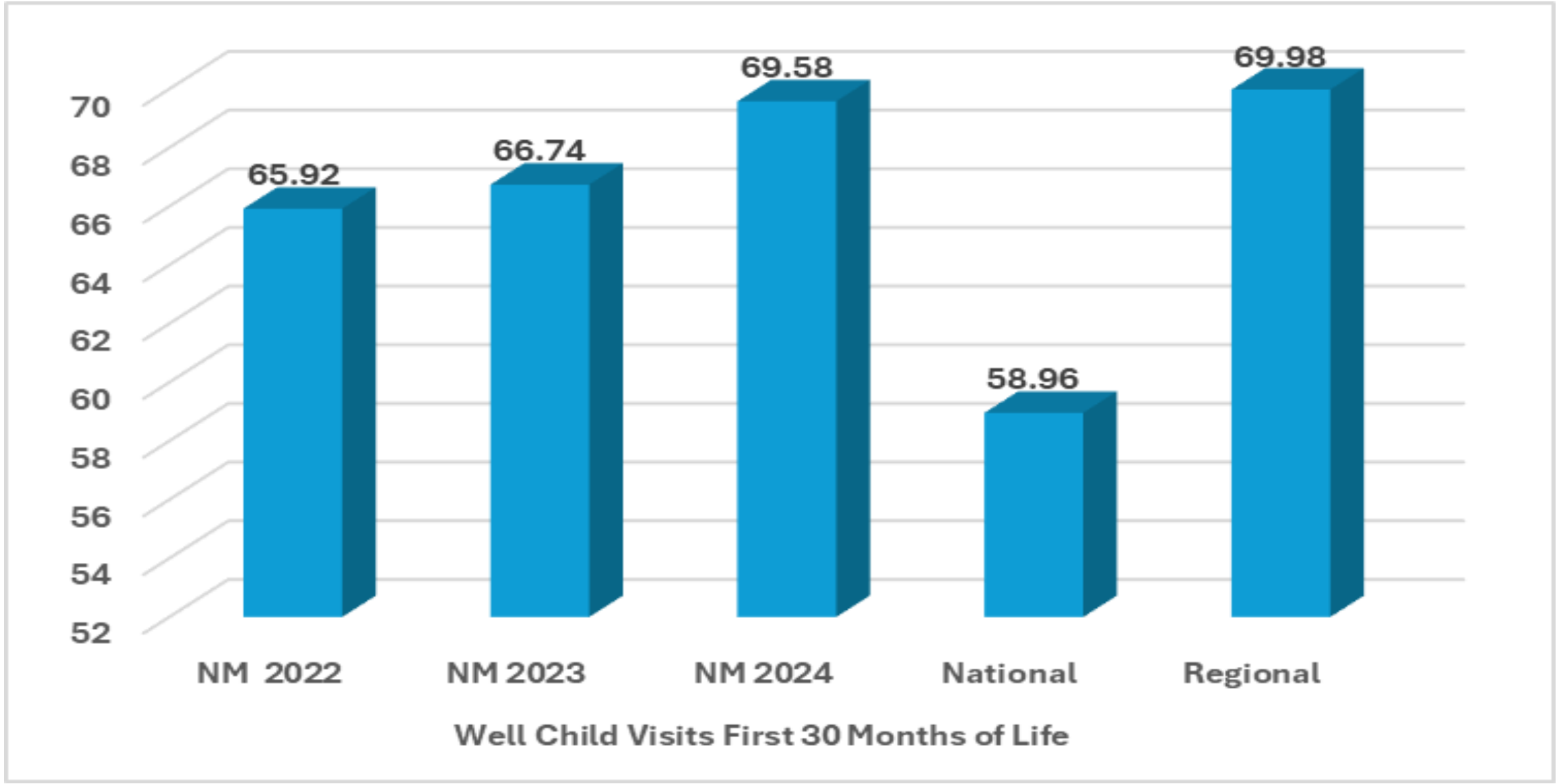
ADOLESCENTS IMMUNIZATIONS



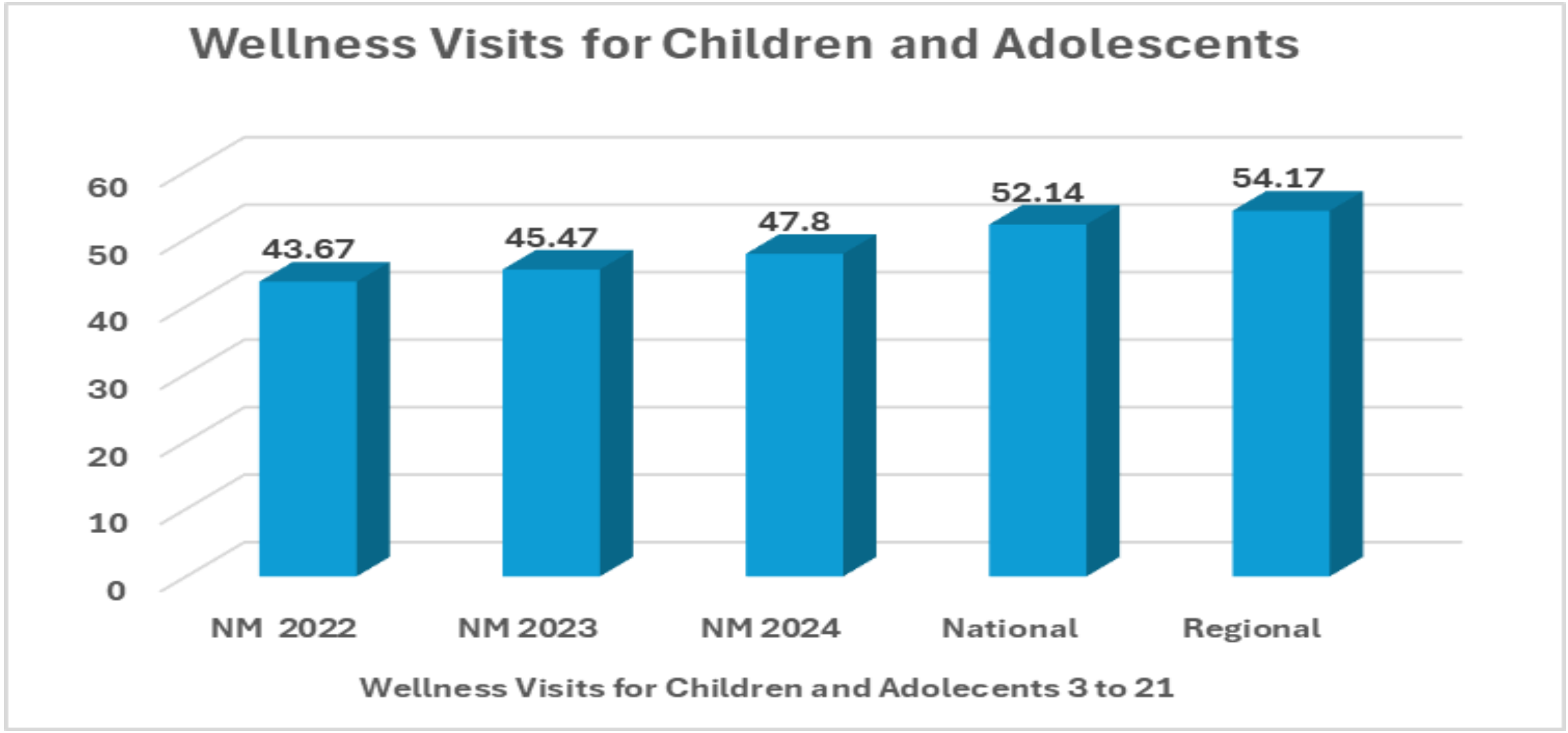
WELL CHILD VISITS FIRST 15 MONTHS OF LIFE



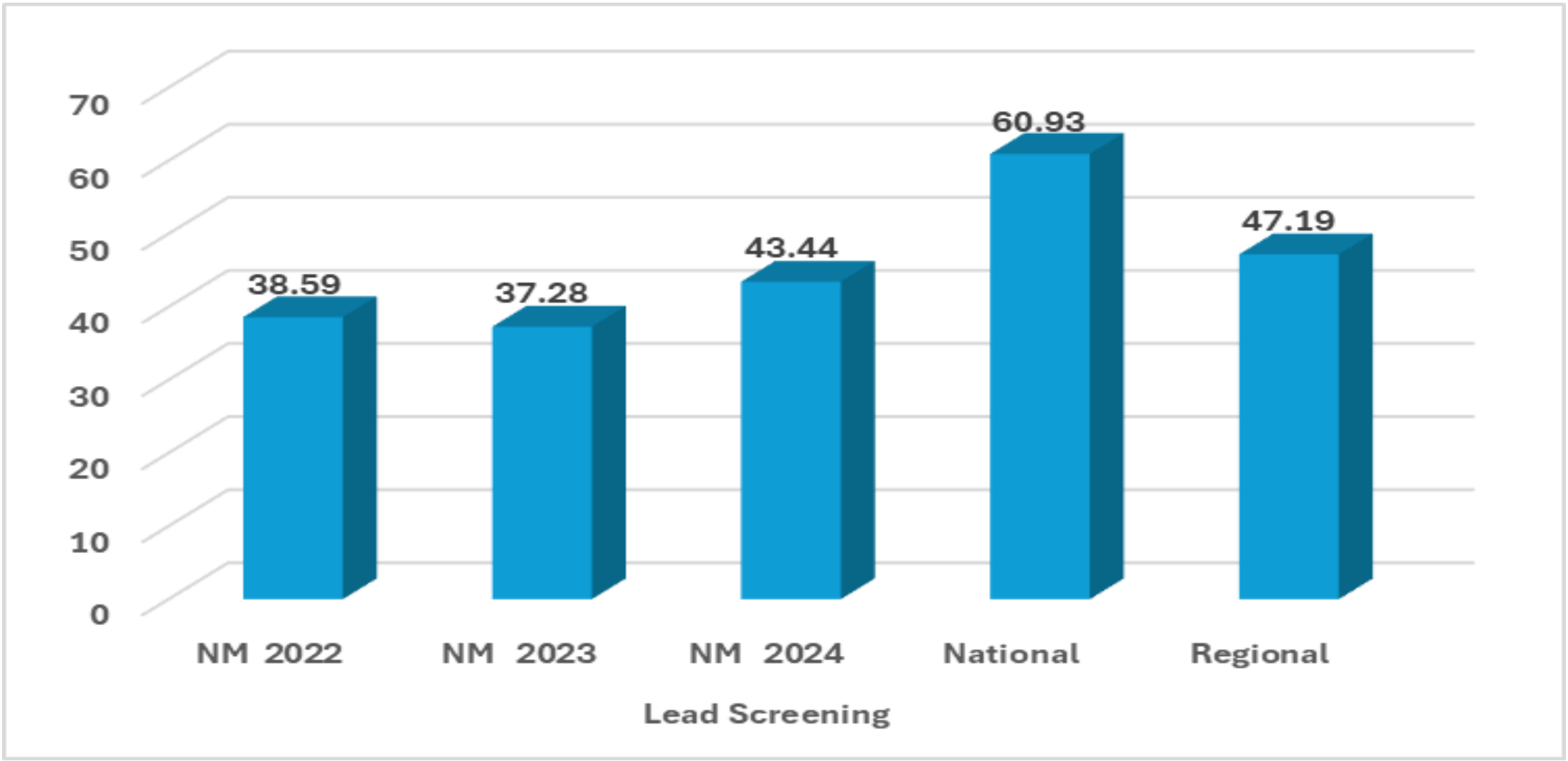
WELL CHILD VISITS WITHIN THE FIRST 30 MONTHS OF LIFE



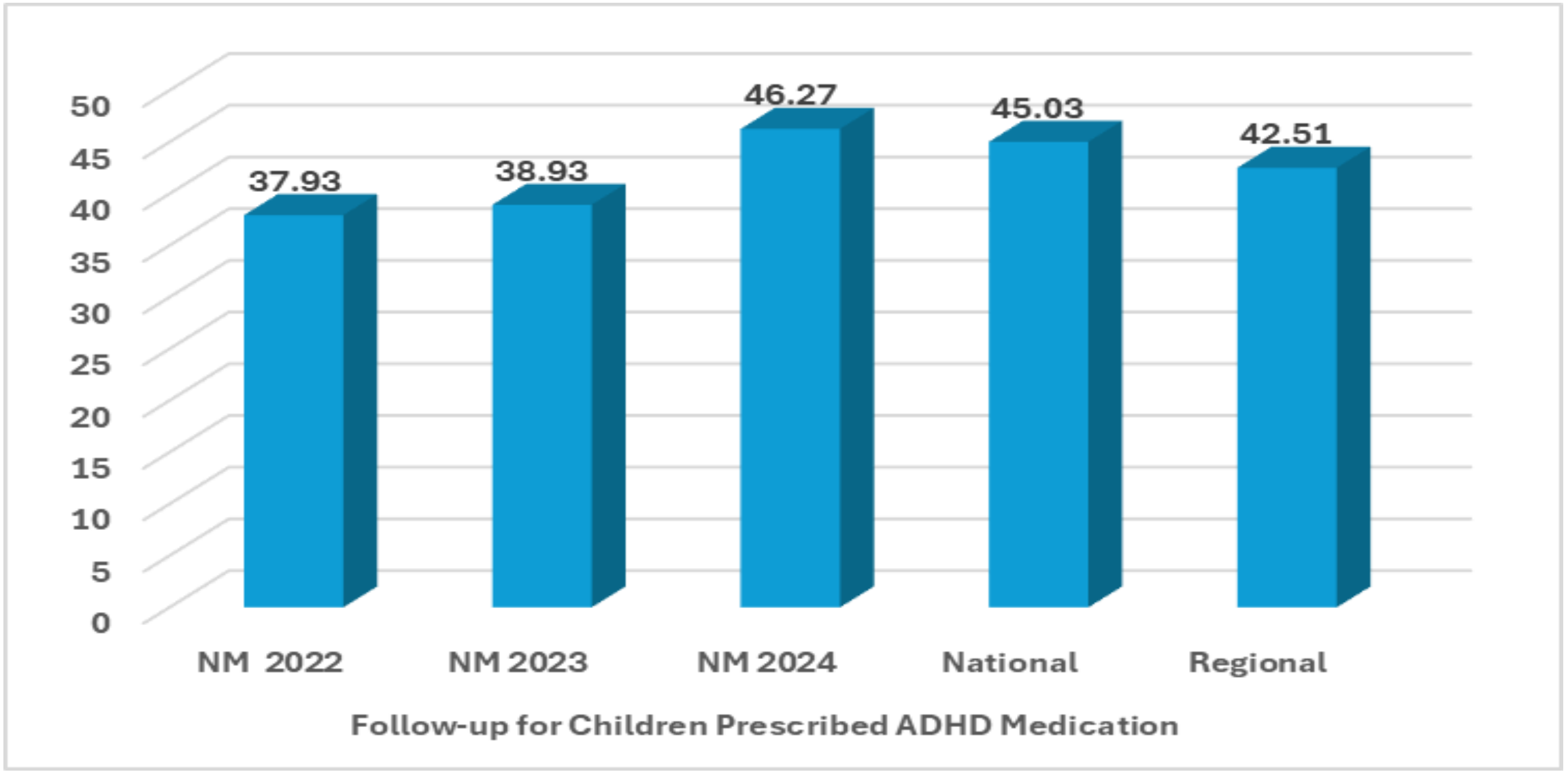
WELLNESS VISITS FOR CHILDREN AND ADOLESCENTS



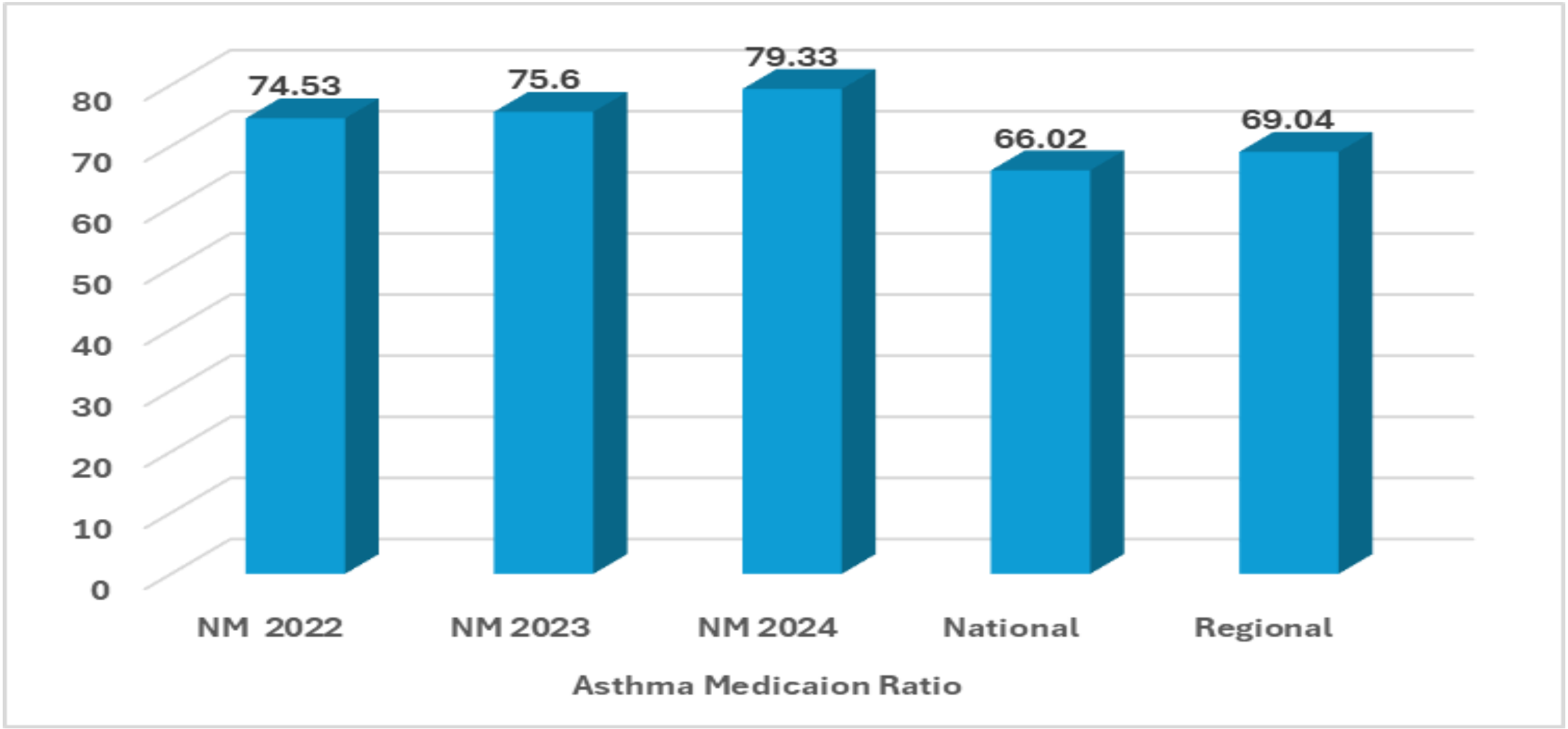
LEAD SCREENING FOR CHILDREN



FOLLOW-UP FOR CHILDREN PRESCRIBED ADHD MEDICATION



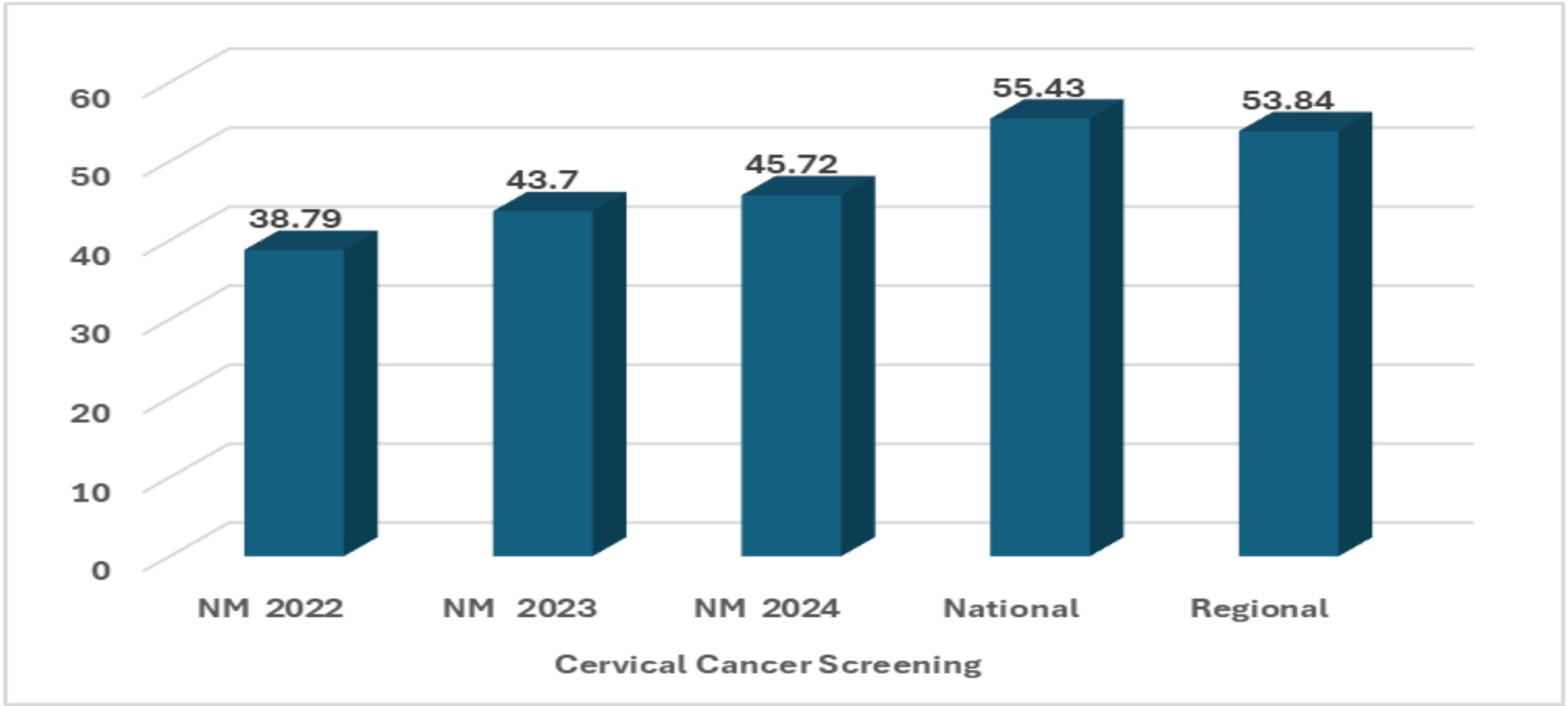
ASTHMA MEDICATION RATIO



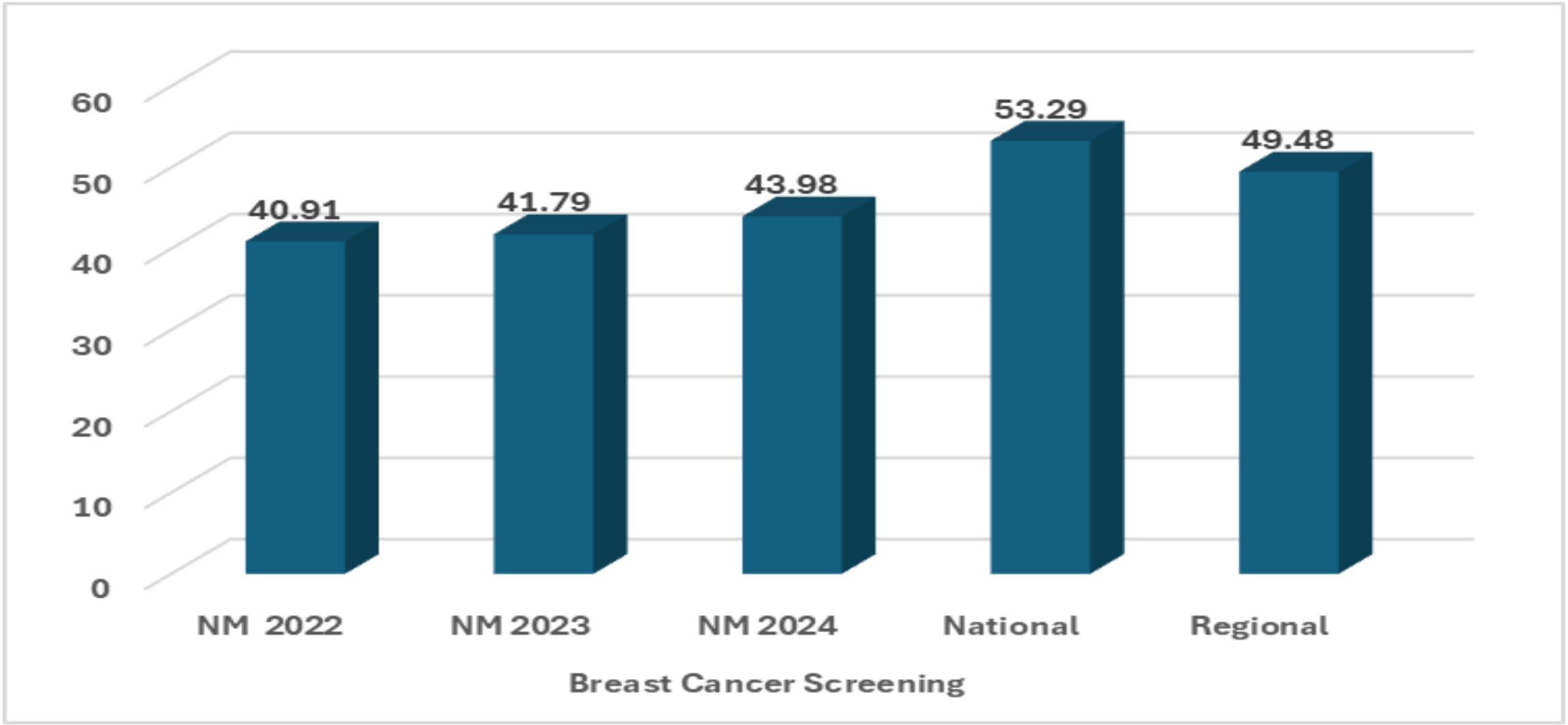
WOMEN'S AND MATERNAL OUTCOMES

Investing for tomorrow, delivering today.

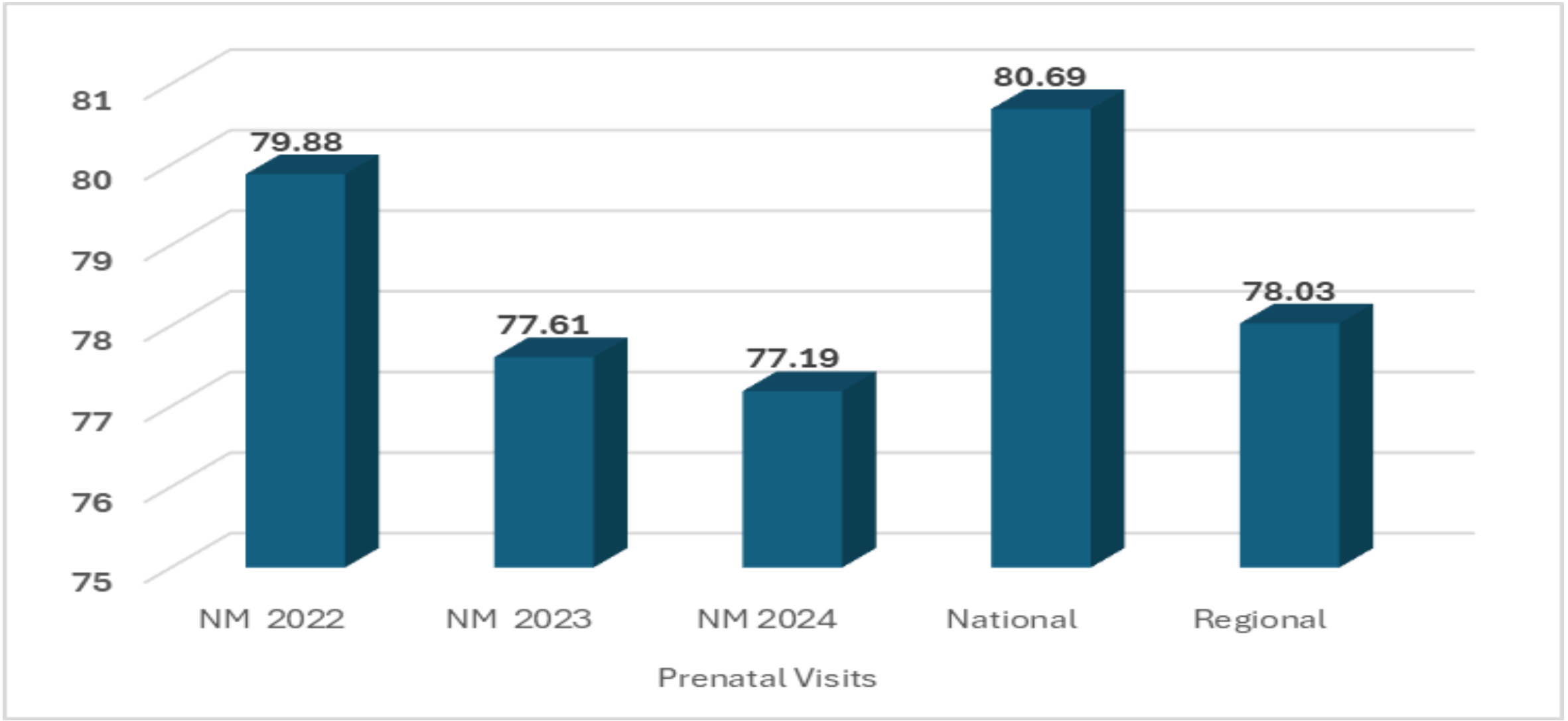
CERVICAL CANCER SCREENING



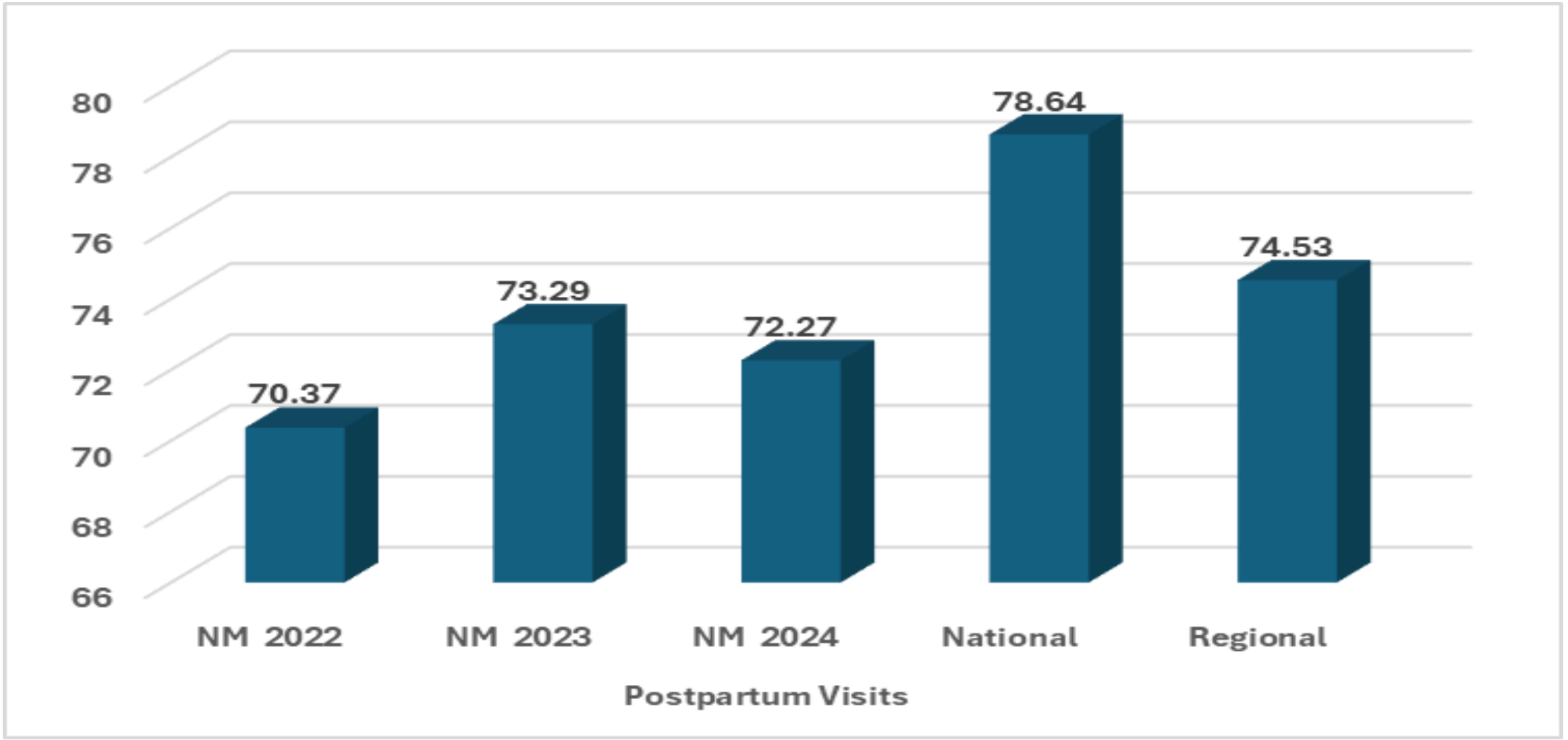
BREAST CANCER SCREENING



PRENATAL VISITS

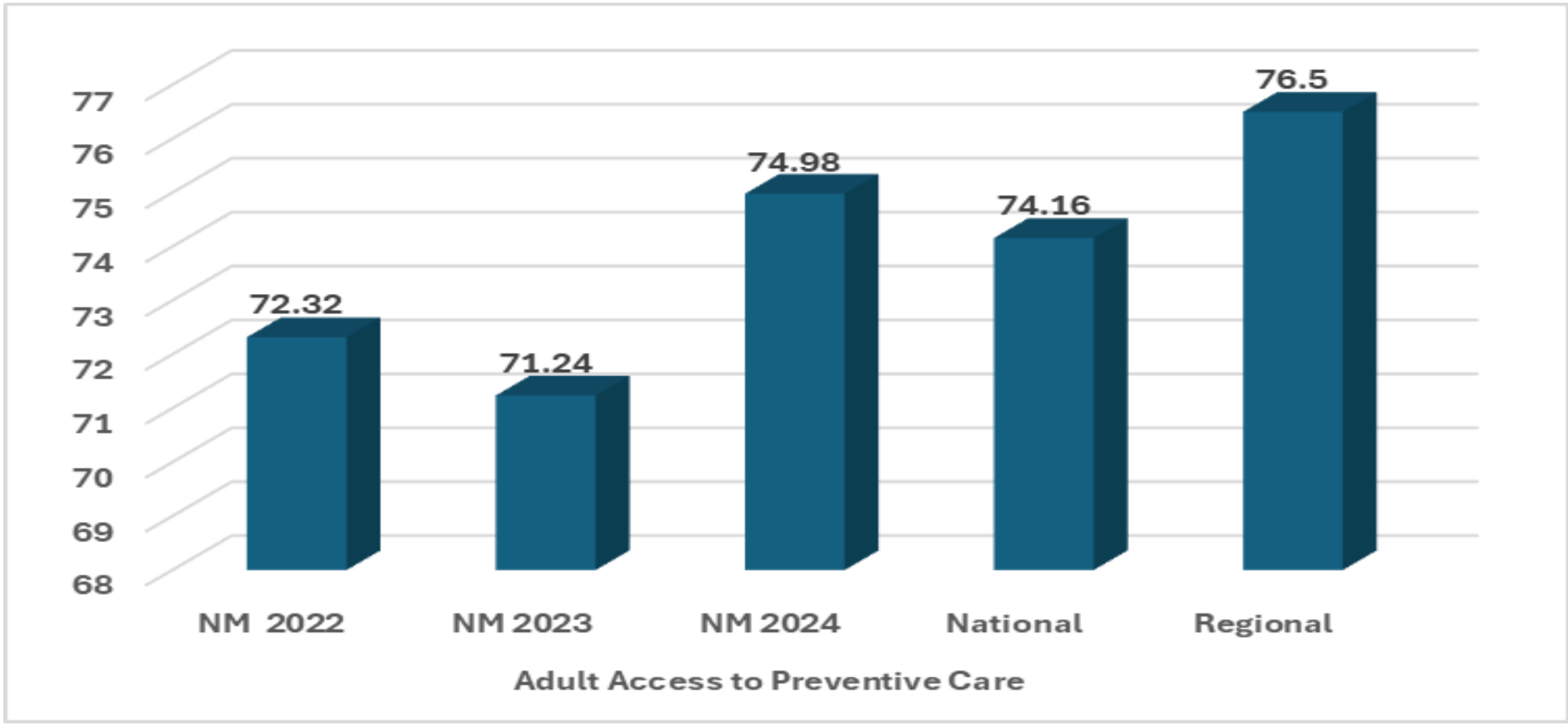


POSTPARTUM VISITS

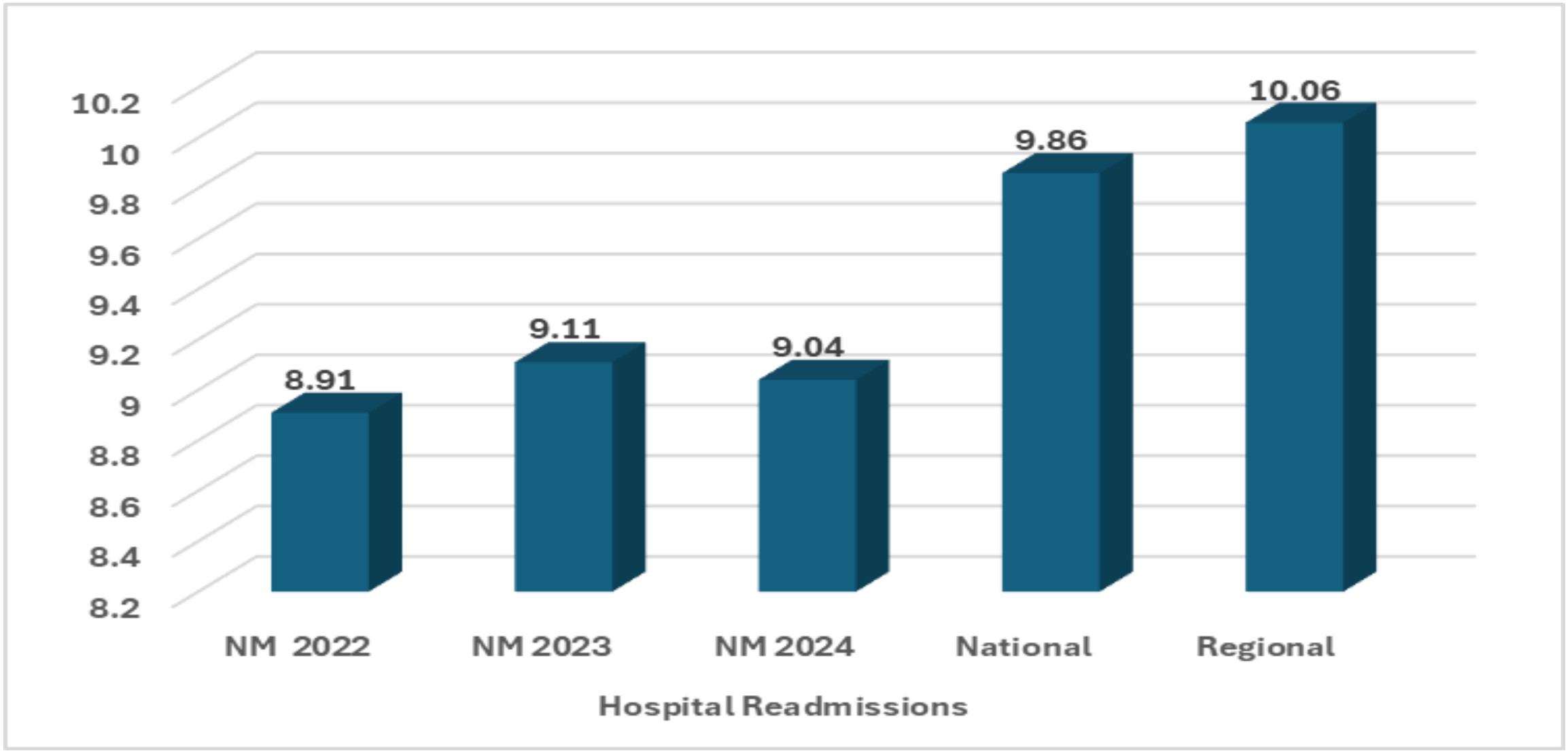


ADULT HEALTH OUTCOMES

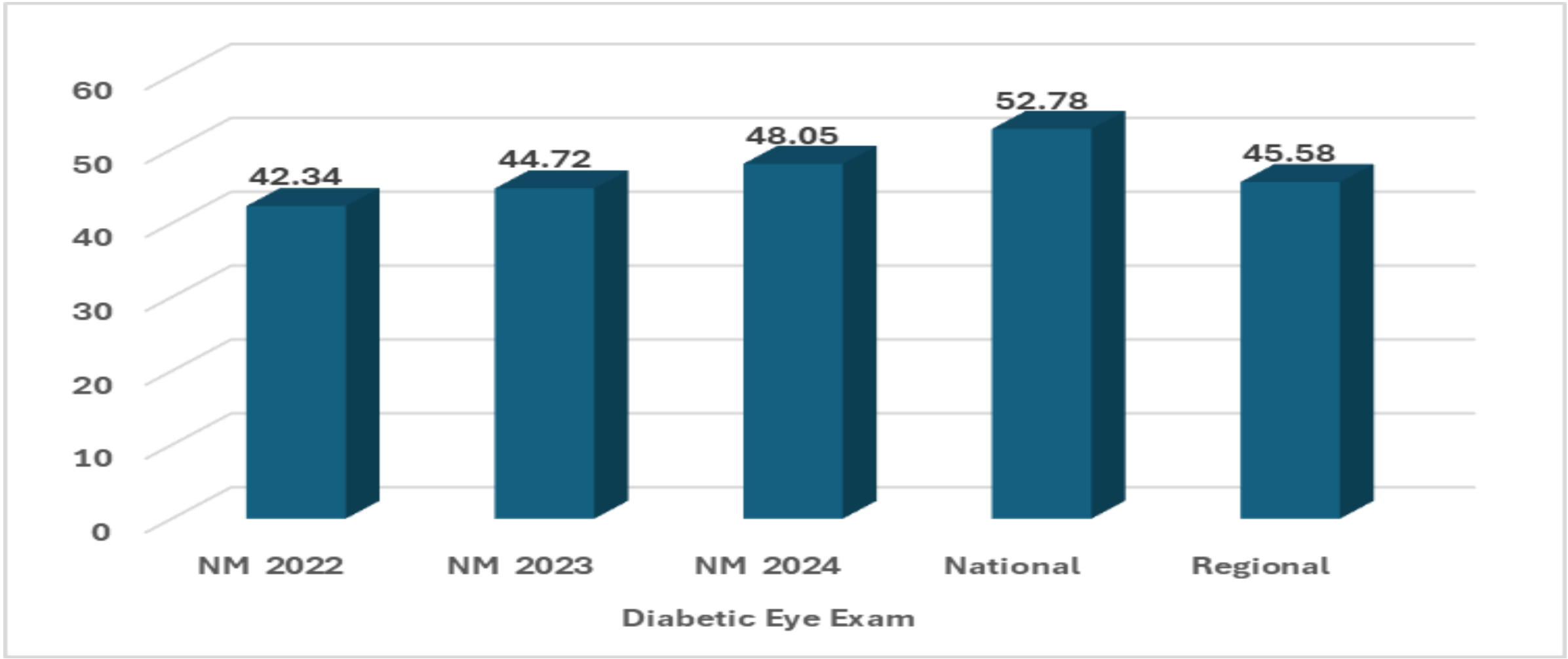
ADULT ACCESS TO PREVENTIVE CARE



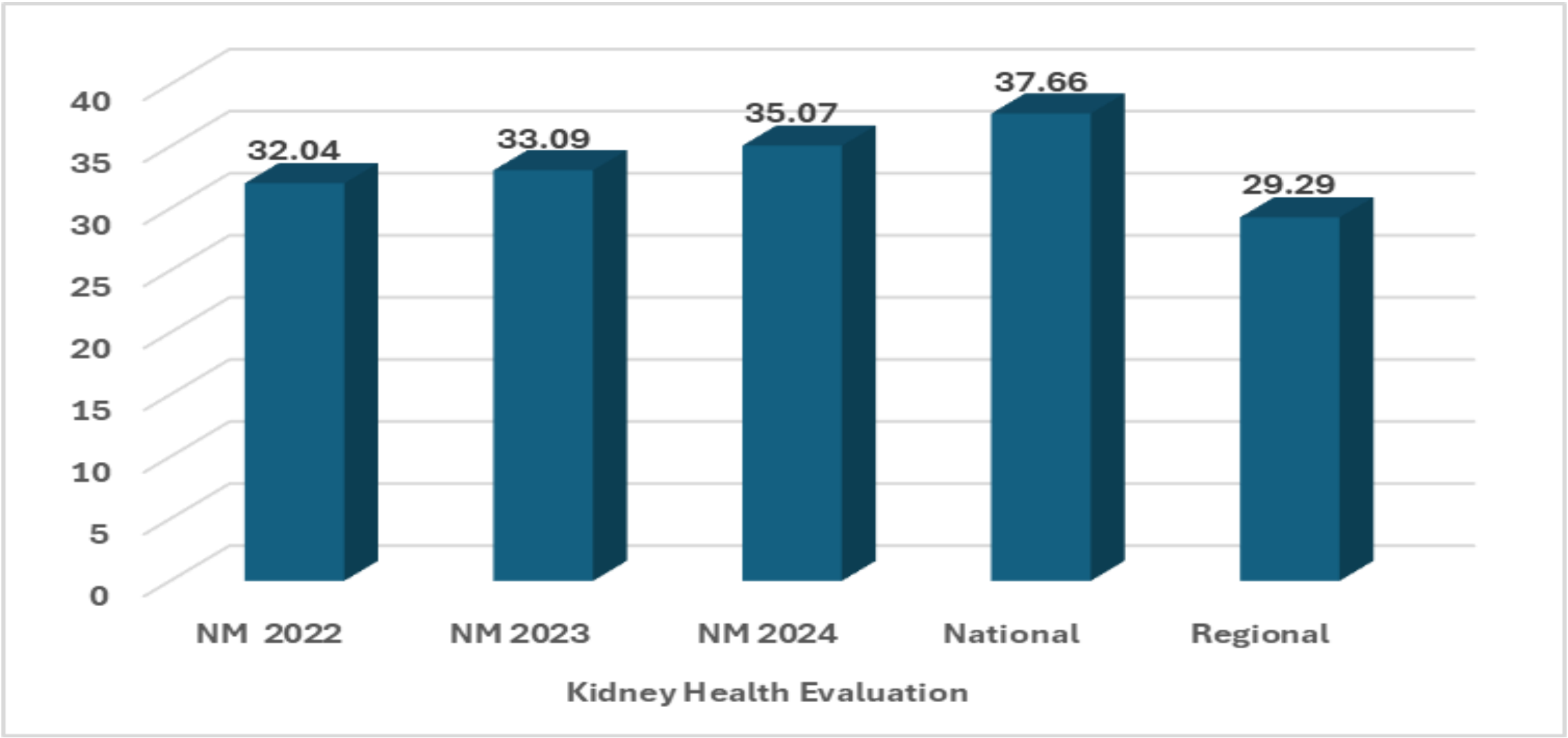
HOSPITAL READMISSIONS (LOWER RATE IS BETTER)



DIABETIC EYE EXAMS

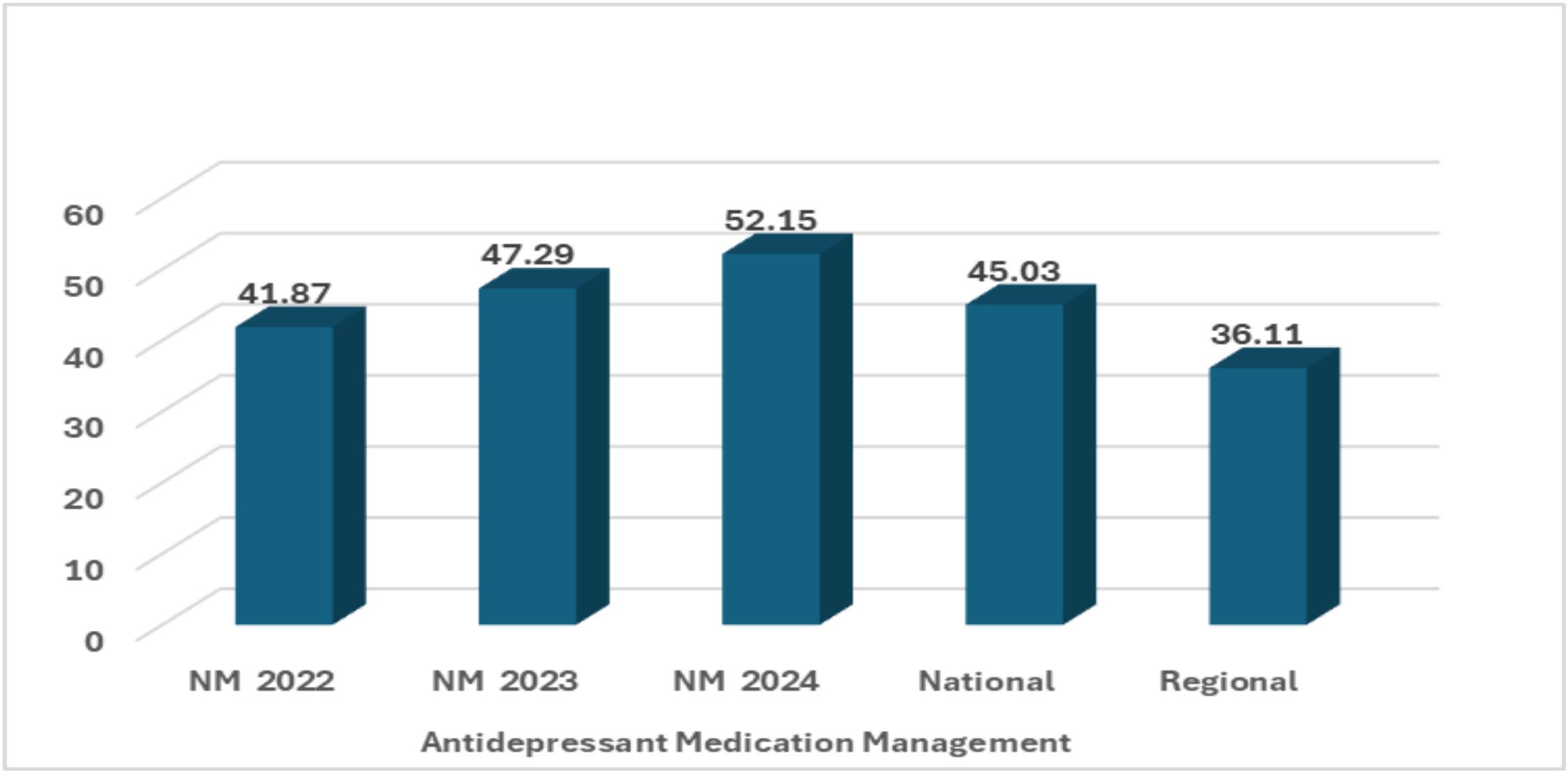


KIDNEY HEALTH EVALUATION FOR DIABETICS

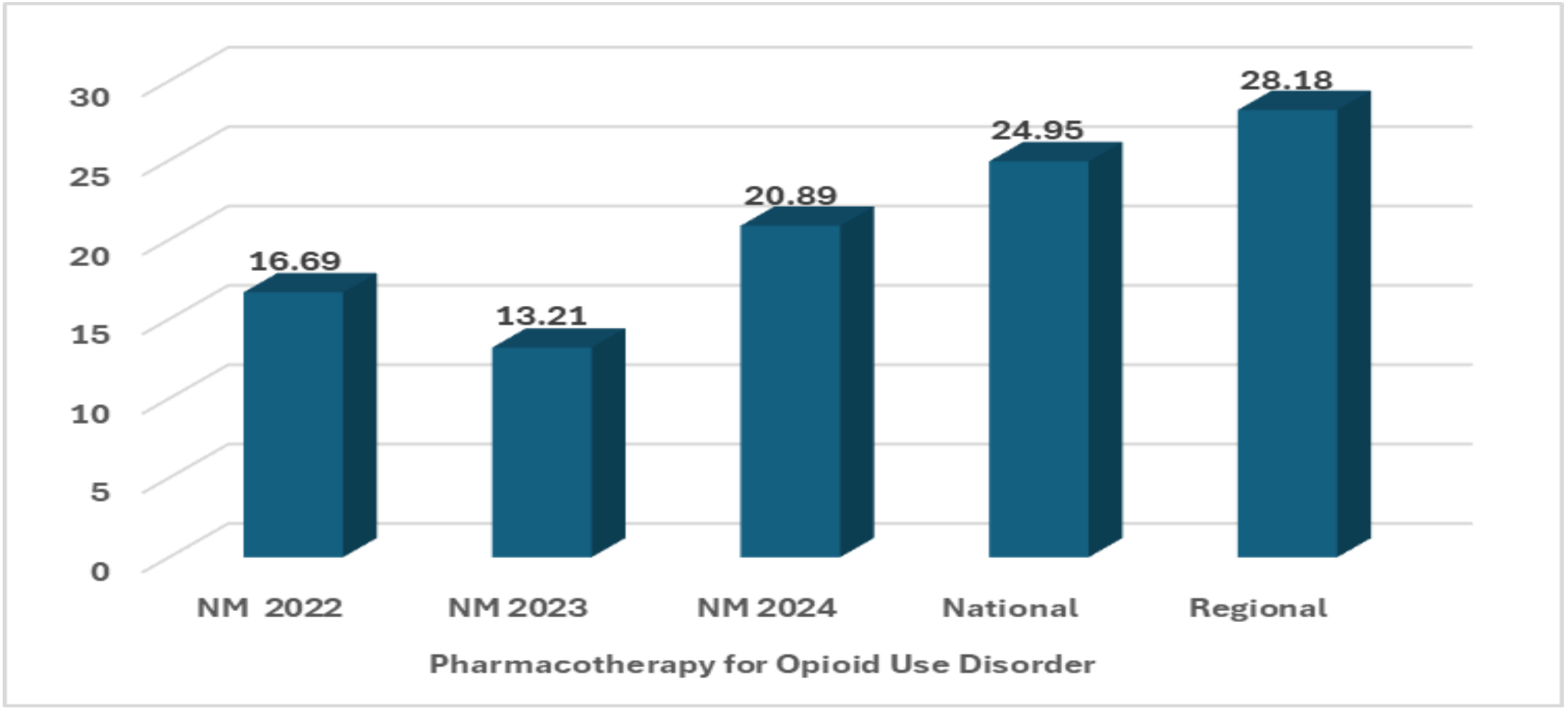


BEHAVIORAL HEALTH OUTCOMES

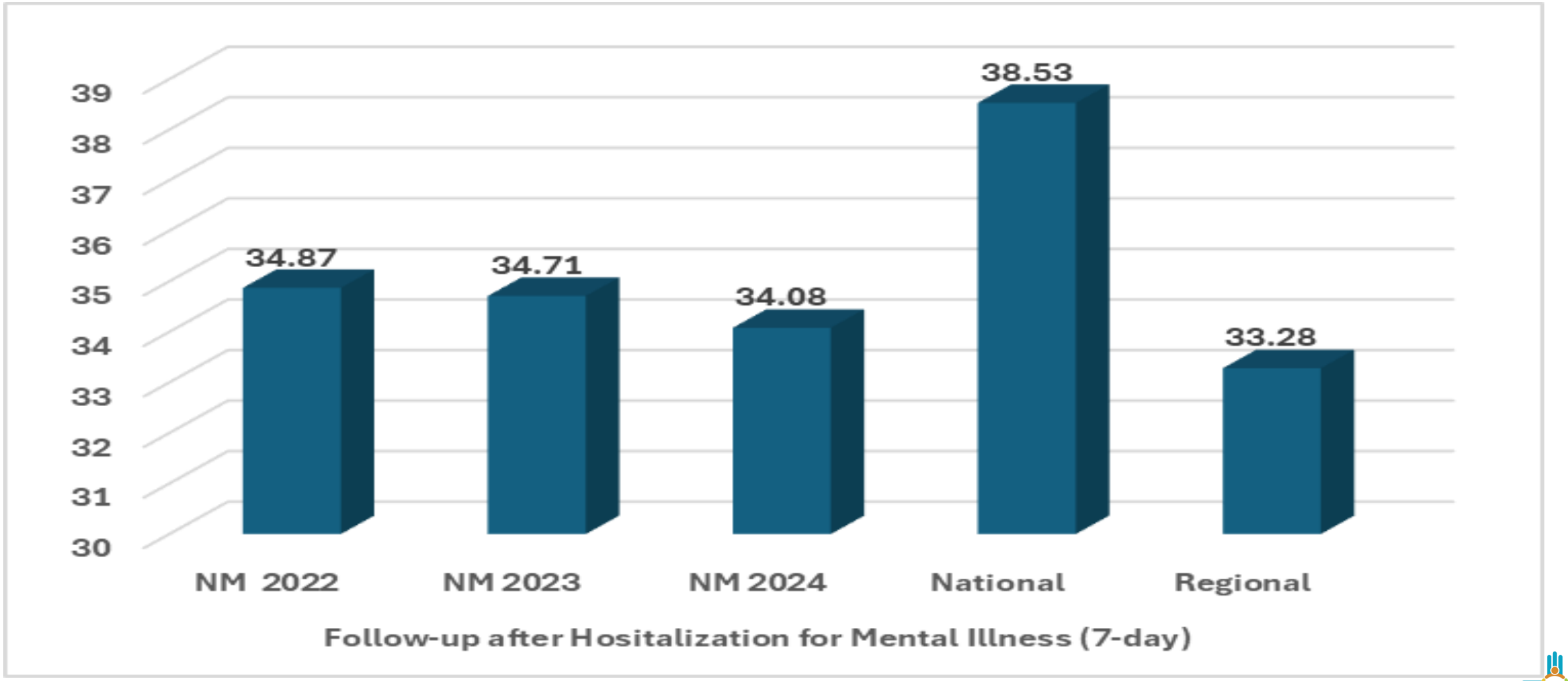
ANTIDEPRESSANT MEDICATION MANAGEMENT



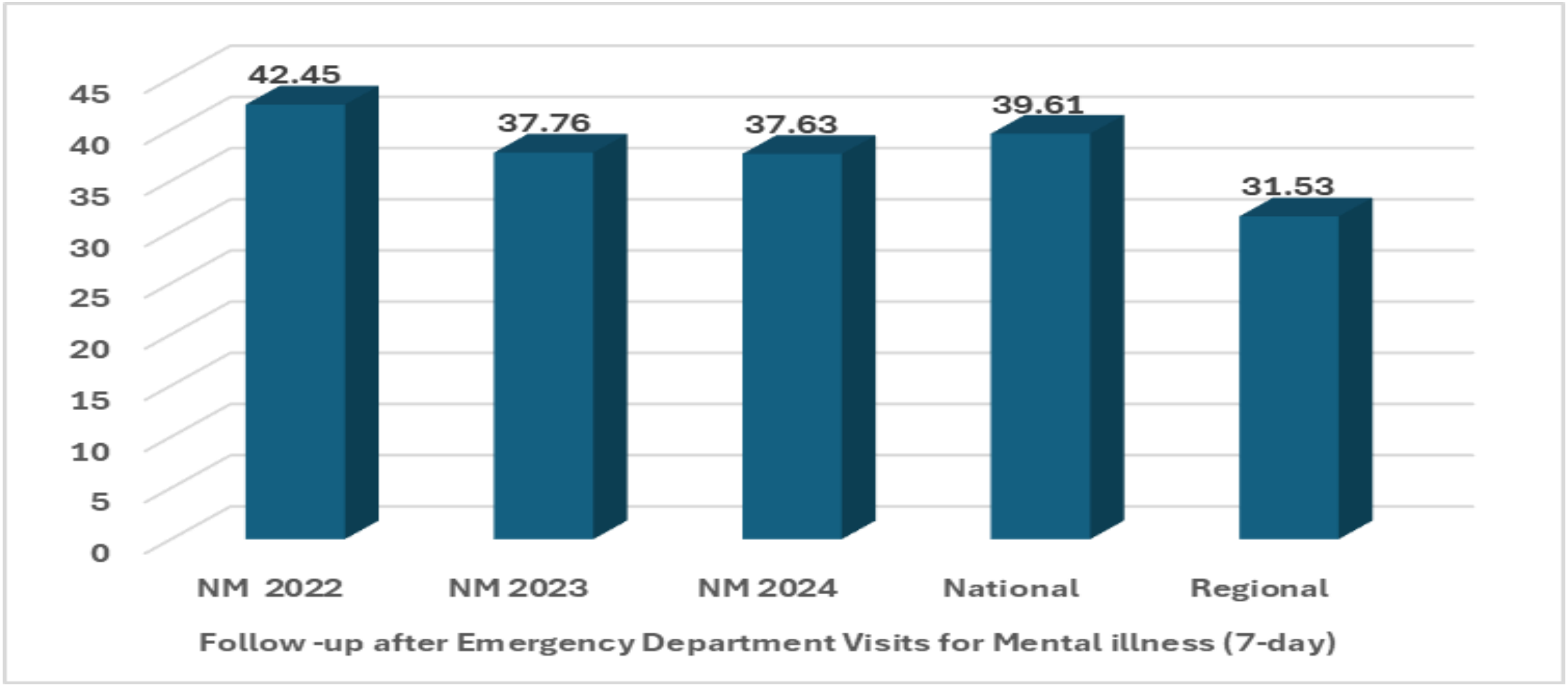
PHARMACOTHERAPY FOR OPIOID USE DISORDER



FOLLOW-UP HOSPITALIZATION FOR MENTAL ILLNESS (7-DAY)



FOLLOW-UP EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (7-DAY)



CARA UPDATES



ALANNA DANCIS, CMO

CARA UPDATES

SB 42

- 6 major changes
  - Moving of program from CYFD to HCA
  - Universal screening of infants
  - Prenatal plans of safe care
  - In hospital presence at all hospitals and birth centers
  - Mandatory elements of plan of safe care
  - Mandatory escalation for nonadherence to plan of safe care
- Work to date
  - Presentation on major decision points to Secretaries
  - Budget and staffing
- Timeline: July 2026
  - Stakeholder meeting August

GOVERNOR'S DIRECTIVE

- Hospitals are directed to call Statewide Central Intake (SCI) for all infants exposed to fentanyl, amphetamines, polysubstance, or fetal alcohol spectrum disorder.
- CYFD is directed to investigate all SCI reports relating to these infants within 24 hours in the hospital.
- Hospitals should continue to follow all current processes regarding the CARA program.

FEEDBACK ON PREFERRED 1115 WAIVERS

ALANNA DANCIS, CHIEF MEDICAL OFFICER &
JEANELLE ROMERO, CE BUREAU CHIEF

FEEDBACK ON FINITY TURQUOISE REWARDS UPDATE

JEANELLE ROMERO, CEB BUREAU CHIEF

TR ENGAGEMENT PROGRAM
MEMBER TESTIMONALS

PUBLIC COMMENT

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



HEALTH CARE
AUTHORITY



QUESTIONS & COMMENTS

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INVESTING FOR TOMORROW, DELIVERING TODAY.