Mondragon, Tabitha, HCA

From: Meggin Lorino <meggin@nmahc.org>
Sent: Thursday, October 8, 2026 10:37 AM
To: HCA-madrules
Subject: [EXTERNAL] Support for Proposed Amendments to Medicaid Rules and EPSDT Pediatric Palliative & Concurrent Care Services
Attachments: NMAHHC Support for Proposed Pediatric Palliative.pdf

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Dear Health Care Authority Leadership:

On behalf of the New Mexico Association for Home & Hospice Care (NMAHHC), I am writing to express our strong support for the Health Care Authority's proposed amendments to the Medicaid rules, including the establishment of **EPSDT Pediatric Palliative & Concurrent Care Services**.

NMAHHC represents home health, hospice, personal care, and related providers serving New Mexicans across the state. Our members see firsthand the challenges faced by children with serious, complex, and life-limiting medical conditions and their families. We believe the proposed pediatric palliative care benefit represents an important step toward strengthening New Mexico's continuum of care for these children and ensuring that families have access to appropriate, coordinated support when they need it most.

We particularly support the proposed benefit because it recognizes an important distinction between **palliative care and hospice care**. Palliative care focuses on symptom management, quality of life, and support for children and families living with serious illness. Unlike hospice, palliative care can be provided at any stage of illness and can be delivered **concurrently with curative or life-prolonging treatment**. Establishing this benefit would allow New Mexico families to access these supportive services without requiring a hospice election.

Ensuring Access to Concurrent Care

NMAHHC also believes it is important for New Mexico to ensure that children who are eligible for Medicaid hospice receive the **concurrent curative and palliative care to which they are entitled under federal law**.

Section 2302 of the Affordable Care Act amended Section 1905(o)(1) of the Social Security Act to eliminate the prior prohibition on Medicaid-eligible children receiving curative treatment concurrently with hospice services. CMS guidance makes clear that Medicaid-eligible children under age 21 who elect hospice may continue to receive Medicaid services for the cure or treatment of the terminal condition.

New Mexico subsequently amended its Medicaid State Plan to provide hospice care under Title XIX of the Social Security Act in accordance with Section 1905(o) and the federal requirements established by Section 2302 of the Affordable Care Act. **NMAHHC believes the State must do a better job of ensuring that this existing concurrent-care requirement is fully understood, operationalized, and accessible to children and families across New Mexico**.

In practice, families should not have to choose between hospice support and medically necessary treatment for their child's underlying condition. Providers likewise need clear guidance from the State and managed care

organizations regarding the services that may be furnished concurrently, how those services should be coordinated, and how providers will be reimbursed.

The proposed EPSDT Pediatric Palliative & Concurrent Care benefit provides an important opportunity to address this issue more comprehensively. It can establish a clear pathway for children and families to receive interdisciplinary palliative services earlier in the course of serious illness, while also strengthening implementation of the existing federal concurrent-care protections for children who meet hospice eligibility requirements.

The Need for Pediatric Palliative Care

The need for expanded pediatric palliative and hospice services in New Mexico is significant. More than **5,600 New Mexico children have a complex medical condition that limits life expectancy**, yet pediatric hospice capacity remains extremely limited. Pediatric palliative care can serve as an important bridge to hospice and can help ensure that children and families have access to appropriate support earlier in the course of serious illness.

Research conducted by the University of New Mexico Center for Health Policy identified an estimated **881 Medicaid-eligible children who could benefit from a pediatric palliative care benefit**. The proposed model estimated an average per-member-per-month cost of approximately $88 and found a potential return on investment of approximately **$2.10 to $2.60 for every dollar invested**. These findings demonstrate that a pediatric palliative care benefit can not only improve quality of life and reduce family burden, but also has the potential to reduce avoidable utilization and generate savings for the Medicaid program.

NMAHHC also supports the proposed benefit because it creates an opportunity to strengthen the relationship between pediatric palliative care and pediatric hospice care. Families should have access to a continuum of services that can evolve with their child's condition rather than being required to wait until a child meets hospice eligibility criteria. At the same time, hospice providers need appropriate reimbursement, training, and clinical support to develop and maintain the capacity to care for children with complex medical needs.

As the Health Care Authority implements the proposed benefit, NMAHHC encourages particular attention to ensuring that the State:

- Provides clear guidance to Medicaid managed care organizations and providers regarding **concurrent curative and hospice care for children**;
- Ensures that children eligible for hospice are not denied or discouraged from receiving medically necessary curative treatment solely because they have elected the hospice benefit;
- Establishes a clear process for coordination and reimbursement when hospice and curative services are furnished concurrently;
- Provides coordinated, interdisciplinary, and family-centered care for children with serious, complex, or life-limiting conditions;
- Allows palliative and curative treatment to occur concurrently without requiring a hospice election for children receiving the proposed palliative care benefit;
- Includes appropriate pain and symptom management, psychosocial and emotional support, care coordination, and 24-hour clinical consultation;
- Establishes reimbursement that is sufficient to support provider participation and statewide access;
- Provides appropriate training and technical assistance for providers developing pediatric palliative and hospice capacity; and
- Includes meaningful quality and performance measures consistent with nationally recognized pediatric palliative care standards.

New Mexico families caring for children with serious medical conditions should not have to choose between pursuing treatment and receiving the supportive services that can improve their child's quality of life. **Nor should families have to navigate conflicting interpretations of Medicaid policy to access concurrent care that federal law already protects for Medicaid-eligible children receiving hospice.**

Establishing a Medicaid pediatric palliative and concurrent care benefit, while strengthening implementation of existing concurrent-care requirements, will give families greater choice, strengthen the continuum of care, and provide providers with an important tool to better meet the needs of these children.

NMAHHC appreciates the Health Care Authority's leadership in advancing this important benefit and looks forward to working collaboratively with HCA, Medicaid managed care organizations, hospice and home health providers, pediatric care providers, families, and other stakeholders to support successful implementation.

Sincerely,

Meggin Lorino, LMSW, CAE
Executive Director
New Mexico Association for Home & Hospice Care
Pronouns: she, her, hers
https://www.mypronouns.org/what-and-why
www.tgrcnm.org

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October 8, 2026

New Mexico Health Care Authority
Medical Assistance Division
Santa Fe, New Mexico

Re: Support for Proposed Amendments to Medicaid Rules and EPSDT Pediatric Palliative & Concurrent Care Services

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