

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
PROFESSIONAL SERVICES CONTRACT
CONTRACT AMENDMENT NO. 6

This Contract Amendment No. 6 ("Amendment No. 6") to Contract No. 09-630-7903-0063 is made and entered into by and between the State of New Mexico Interagency Behavioral Health Purchasing Collaborative (hereinafter referred to as the "Collaborative") and United HealthCare Insurance Company and United Behavioral Health, through their joint venture OptumHealth New Mexico, the Statewide Entity ("SE"), (hereinafter referred to as "SE" or "Contractor").

WITNESSETH:

WHEREAS, the Collaborative and the Contractor previously entered into Contract No. 09-630-7903-0063-A5 providing for services to be provided to the Collaborative by the Contractor; and

WHEREAS, additional federal funds have become available to the Human Services Department from the Aid to Recovery (ATR) Grant, Data Infrastructure (DIG) Grant, the MH (Mental Health) Transformation Grant; and the American Recovery and Reinvestment Act (ARRA) Grant; and

WHEREAS, Attachment xxx - Funding Table will be amended to reflect the aforementioned federal budget enhancement;

WHEREAS, the Parties have agreed to revised terms relating to subcontracting protocols and other miscellaneous language;

NOW, THEREFORE, IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT THE FOLLOWING PROVISIONS OF THE ABOVE-REFERENCED CONTRACT NO. 09-630-7903-0063 (hereinafter referred to as the "Contract") IS HEREBY AMENDED AS FOLLOWS:

Article 3, Contractor Responsibilities, Section 3.12, Quality assurance, Paragraph D, Performance Measure, Item 8 is amended to delete sub-items "8(a) through 8(u)" and shall read as follows:

ARTICLE 3 – CONTRACTOR RESPONSIBILITIES

3.12 QUALITY ASSURANCE

D. Performance Measures

8. The SE shall comply with performance measures which shall include the governor's performance and accountability measures.

Article 6, Payment and Financial Provisions, Section 6.5- Special Payment Requirements, Paragraphs A through E; Section 6.6, Funding and Approval, Paragraph B4; Section 6.9, Expenditures Incurred But Not Reported (IBNR); and Section 6.10, Payment for Services – Non-Medicaid, Paragraph F, are amended to update the date and fiscal year references and shall read as follows:

ARTICLE 6 – PAYMENT AND FINANCIAL PROVISIONS

6.5 SPECIAL PAYMENT REQUIREMENTS

- A. Behavioral Health Planning Council. The SE shall provide an annual payment of \$5,000 to support the BHPC no later than August 1st of each fiscal year of the contract term.
- B. Local Collaboratives. The SE shall provide administrative and logistical support for the development and ongoing maintenance of the LCs as identified by Letters of Interest per the Guidelines for Local Collaboratives, including an annual payment of \$3,000 per Local Collaborative no later than August 1, of each fiscal year of the contract term, or within thirty (30) days of the identification of additional LCs up to a maximum of eighteen (18).
- C. The SE shall work with the Collaborative and LCs, and in coordination with any related capital outlay projects, to develop projects and/or provider contracts to implement any current year special appropriations.
- D. Any amounts required by this Contract to be provided to specific providers shall apply to the current fiscal year only and are subject to adequate provider performance.
- E. At any time the SE determines that a specifically named provider is not adequately performing, the SE shall inform the Collaborative CEO and the Collaborative member agency involved, and shall propose a manner in which to improve that provider's performance or switch the funding to another provider. The Collaborative CEO and the funding member agency must approve any change during the current fiscal year.

6.6 FUNDING AND APPROVAL

- 4. The SE shall provide notice to the Collaborative of any service or program changes anticipated by the SE that will have a budgetary impact on any of the member agencies. This notice shall be provided on a timeline that will allow member agencies to adjust their budget requests. The SE shall submit notice of anticipated changes for the current fiscal year to the Collaborative by August 1st of each fiscal year of the contract term.

6.9 EXPENDITURES INCURRED BUT NOT REPORTED (IBNR)

The SE shall use a reliable and accepted methodology to determine IBNR or claims run-out. The SE shall share with the Collaborative the methodology that it will use no later than August 1st of each fiscal year. The Collaborative shall review the SE's methodology and reserves the right to require revisions to the methodology in order to achieve a more acceptable and reliable IBNR methodology. The SE shall use the

same methodology, as applicable, for all funding streams and in all reports requiring such information. The SE shall submit a quarterly certification attesting, based on best knowledge, information, and belief that reported IBNR is calculated correctly based on the approved methodology. This certification shall be certified by one of the following: the SE's Chief Executive Officer; the SE's Chief Financial Officer; or a Certified Public Accountant who has been delegated authority to sign for, and who reports directly to, the SE's CEO or CFO.

6.10 PAYMENT FOR SERVICES – NON MEDICAID

- F. The SE shall refund any and all unexpended or unencumbered funds for direct services and non-direct services to the appropriate member agency by the end of November of each fiscal year. In the event that the SE has unexpended or unencumbered funds that are to be reverted to the state, and the SE has incurred administrative expenses in excess of the applicable administrative expense percentage, the SE may submit documentation of those expenses to the Collaborative CEO for consideration of retention of these fees for that fiscal year.

Article 6, Section 6.11, PAYMENT FOR SERVICES – TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) is amended to read as follows:

6.11 PAYMENT FOR SERVICES – TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):

Section is reserved.

Article 6, Section 6.12, PAYMENT FOR SERVICES - GENERAL MEDICAID REQUIREMENTS, Paragraph B, is amended to update the fiscal year reference and shall read:

6.12 PAYMENT FOR SERVICES – GENERAL MEDICAID REQUIREMENTS

- B. HSD shall compensate the SE for work performed under this Contract for the current fiscal year at the amounts shown on Appendix xxx FY2011 Funding Table at November 15, 2010, attached hereto and referenced herein.

Article 6, Section 6.14, PAYMENT FOR SERVICES – MEDICAID MANAGED CARE, Paragraph B; and Paragraph H, are amended and shall read as follows:

6.14 PAYMENT FOR SERVICES – MEDICAID MANAGED CARE

- B. **Financial Risk.** The SE shall assume full financial risk for all medical and administrative expenditures for all Medicaid benefits provided to the applicable Cohort Members during each fiscal year and for any and all costs incurred by the SE in excess of the capitation payments.
- H. **Medicaid Managed Care Surplus.** Subject to the other applicable terms of this Contract: (a) the SE shall provide a detailed accounting of

Medicaid managed care direct service dollars not yet expended according to the percentage required for direct service expenditures on or before February 1st of each fiscal year of the contract term and again on or before April 1st of each fiscal year of the contract term; (b) the Collaborative may at its sole discretion require that the SE prepare a spending plan to bring the expenditure percentage to the appropriate level based on the accounting provided; and (c) the Collaborative retains the right to approve, suggest accounting modifications to, or deny any proposed expenditure class in the SE's spending plan.

Article 19, SUBCONTRACTS, Paragraph 4, Subcontracting Requirements, Item O (9) is amended to read as follows:

ARTICLE 19 – SUBCONTRACTS

19.4 SUBCONTRACTING REQUIREMENTS

- O.9. Subcontracts shall include a provision for the subcontractor to release to the SE any information necessary for the SE to perform any of its obligations and monitor the subcontractor on an ongoing basis. The SE is responsible for the evaluation, thorough review and analysis of reports submitted by its delegates at least semiannually. Additionally, the SE must conduct an annual evaluation of its delegates that includes policies and procedures, an audit of applicable files or records and implementation of corrective action(s), if warranted. The SE must conduct one of the two bi-annual reviews onsite if the delegated entity is under a Corrective Action Plan. All delegated entities under a Corrective Action Plan must be reported to HSD/MAD.

Appendix xxx - Funding Table, dated September 14, 2010, and referenced in Article 6 of the Contract is replaced with Appendix xxx, FY 2011 Funding Table, Amendment 6, dated November 15, 2010, on behalf of the member agencies, the Human Services Department, and the Children, Youth, and Families Department, and is attached and incorporated by reference in its entirety into Amendment 6 and the Contract. The revisions to the amended Appendix xxx appear in bold text in the Appendix.

All other articles, provisions and terms of the Contract shall remain unchanged.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 6 as of the date of the last signature of the Executive Committee of the NM Interagency Behavioral Health Purchasing Collaborative. The Executive Committee executes this Contract only to the extent of their statutory authority as members of the Collaborative and the Executive Committee.

STATEWIDE ENTITY

By:

Date: 12/30/10Title: Chief Executive Officer**STATE OF NEW MEXICO**

Approved as to Form and Legal sufficiency:

By:

Date: 12-29-10

Counsel for the Collaborative

The records of the Taxation and Revenue Department reflect that the Contractor is registered with the Taxation and Revenue Department of the State of New Mexico to pay gross Receipts and compensating taxes.

TAXATION AND REVENUE DEPARTMENTID Number: 03-140568-001

By:

Date: 12/30/10**EXECUTIVE COMMITTEE, NEW MEXICO
BEHAVIORAL HEALTH PURCHASING
COLLABORATIVE**Bill Dunbar, Acting Secretary
Children, Youth and Families Department

Date

12-30-10Alfredo Vige, Secretary
Department of Health12-30-2010

Date

Kathryn Falls

Kathryn Falls, Secretary
Human Services Department

12/29/10

Date

APPENDIX xxx
FY 2011 Funding Table at November 15, 2010
Amendment 6

Department	Funding Source (Fed/State)	Total Funding	Min. Percent Req. Direct Services	Percent Allowed	Individuals Served	Programs/Services Provided	Special Parameters
NMCD - Community Programming	Community Offender Management (Probation and Parole) - General Fund	\$3,526,600	97 percent \$3,420,802	3 percent \$105,798	Individuals under NMCD supervision in the community, either probation or parole, or discharging from prison or jail to community supervision.	Outpatient services for BH, Residential Substance Abuse programming, and life maintenance services	See General Fund Appropriations; NMCD Strategic Plan, Budget-based Performance Measures
	Community Corrections Fund – General Fund	\$2,355,300	97 percent \$2,284,641	3 percent \$70,659	Individuals under NMCD supervision in the community, either probation or parole, or discharging from prison or jail to community supervision.	Outpatient services for BH, Residential Substance Abuse programming, and life maintenance services	NMCD Strategic Plan, Budget-based Performance Measures; Community Corrections Statute; NMSA 33.9.1 - 33.9.10 (1989)
	TOTAL NMCD	\$5,881,900	\$5,705,443	\$176,457			
ALTSD	General Fund	\$56,133	100 percent \$56,133	0 percent	Persons age 55 and older	Provide individual and group peer counseling services. Such services shall be provided in home and community-based settings, including senior centers.	
	Transformation-State Incentive Grant - Federal Funds					Build capacity for peer counseling services in rural Sandoval County through education, outreach and training to providers and community members.	Funds shall be paid to Outcomes, Inc. upon receipt of provider's invoice. Reporting contents and format shall follow the requirements in place for the prior year.
	TOTAL ALTSD	\$63,133		\$63,133	\$0		

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FY 2011 Funding Table at November 15, 2010
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HSD Medicaid	Medicaid: Managed Care, Federal	\$215,180,000 ¹	86 percent \$185,054,800	14 percent \$30,125,200 ²	All Medicaid-eligible individuals enrolled in managed care	Medicaid Behavioral Health Services as identified in HSD/MAD regulations	Projected Amount. Final amounts depend on negotiated rates and actual number of enrolled individuals
	Medicaid: Managed Care, State	\$52,723,000 ¹	86 percent \$45,341,780	14 percent \$7,381,220 ²	All Medicaid-eligible individuals enrolled in managed care	Medicaid Behavioral Health Services as identified in HSD/MAD regulations	Projected Amount. Final amounts depend on negotiated rates and actual number of enrolled individuals
	Medicaid: Coordinated FFS, Federal & State	\$39,383,000 The projected State share is 22.9% (approximately \$9,025,000)	\$33,496,000 This amount is not enrolled in managed care not based on a % of total available dollars, but is a negotiated per member per month fee that will vary by number of enrollees. The State/Federal split is 50/50.	\$5,887,000 This amount is not enrolled in managed care not based on a % of total available dollars, but is a negotiated per member per month fee that will vary by number of enrollees. The State/Federal split is 50/50.	All Medicaid-eligible individuals	Medicaid Behavioral Health Services as identified in HSD/MAD regulations	Claims and administrative fees are projected amounts subject to variation based on enrollment and utilization trends. Claims for direct services are passed through to HSD for payment. The admin fee is a set amount per month per enrollee, therefore, the percentage of total will vary depending on the relationship between the number of enrollees and total claims paid.
	TOTAL MEDICAID	\$307,286,000	\$263,892,580	\$43,393,420			
HSD/BHSD	BHSD: General Fund Substance Abuse	\$13,574,913	88.2 percent \$11,973,073	11.8 percent = 1,601,840	Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria	Substance Abuse Residential, Outpatient Svcs; Native American Svcs; Methamphetamine Treatment;	Funds will be expended as directed by BHSD.
		\$2,820,193	92 percent = \$2,594,578	8 percent = \$225,615		Total Community Approach	
		\$16,395,106	\$14,567,651	1,827,455	TOTAL SUBSTANCE ABUSE		

¹ Amounts are subject to final federal, state and other fund source appropriations, awards, approvals or final negotiated amounts.

² Unless otherwise specified, percentage available for non-direct services, can include operating costs as well as other non-direct costs such as operational activities, training, evaluation.

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BHSD: General Fund Mental Health	\$18,058,078	88.2 percent = \$15,927,225	11.8 percent = \$2,130,853	Mental Health Inpatient & Outpatient Services; Jail Diversion; School-Based MH Svcs; Supported Employment; Compulsive Gambling; Psychotropic Medications; Veterans BH Services (PTSD); Veterans BHS/PTSD	Funds will be expended as directed by BHSD.
\$884,592	92 percent = \$813,825	8 percent = \$70,767			
\$1,112,163	92 percent = \$1,023,190	8 percent = \$88,973			
\$453,729	92 percent= \$417,431	8 percent= \$36,298			
\$749,432	99.47 percent= \$745,432	.59 percent= \$4,000			
21,257,994	18,927,103	2,330,891	TOTAL MENTAL HEALTH		
BHSD: Community MH Block Grant – Federal	\$1,418,868	100 percent \$1,418,868	0 percent Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria	Mental Health Outpatient Services;	CMH Federal Block Grant requirements. Funds will be expended as directed by BHSD
BHSD: SAPT Block Grant – Federal	\$4,952,466	100 percent \$4,952,466	0 percent Treatment: Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria; and targeted community services.	Substance Abuse Residential & Outpatient Services;	SAPT Block Grant Federal Requirements. CMH Federal Block Grant requirements. Funds will be expended as directed by BHSD
BHSD: SAPT Block Grant – Prevention Federal	\$ 2,094,300	100 percent \$ 2,094,300	0 percent Children, families and communities; Prevention: Targeted to individuals, families and communities not in need of treatment services. Specific services 0 – 6 year olds; K – 6 th grade; 12 – 17 year olds; and targeted community services.	Evidence-Based Prevention Programs	Must follow SAPT Block Grant Requirements. Funds will be expended as directed by BHSD

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BHSD: SAPT Block Grant – Prevention Federal	\$ 51,510	100 percent \$ 51,510	0 percent	Children, families and communities; Prevention: targeted to individuals, families and communities not in need of treatment services. Specific services 0 – 6 year olds; K – 6th grade; 12 – 17 year olds; and targeted community services.	Evidence-Based Prevention Programs	Must follow SAPT Block Grant Requirements. Funds will be expended as directed by BHSD. This is a one-time expenditure for allocation to the Cornstalk Institute.
BHSD: Access to Recovery (ATR II) -Federal	\$963,500	100 percent \$963,500	0 percent	Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria	Voucher-based substance abuse treatment referral system	ATR federal requirements. Funds will be expended as directed by BHSD
BHSD: Access to Recovery (ATR II no cost ext - Federal	\$515,501.00	100 percent \$426,501	17.3 percent \$89,000	Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria	Voucher-based substance abuse treatment referral system	ATR federal requirements. Funds will be expended as directed by BHSD. The admin costs have a dedicated purpose to be detailed in LOD.
BHSD: Access to Recovery (ATR III) -Federal	\$2,265,341.00	100 percent \$2,053,091	9.37 percent \$212,250	Non-Medicaid-eligible adults (age 18+) who meet certain clinical and financial criteria	Voucher-based substance abuse treatment referral system	ATR federal requirements. Funds will be expended as directed by BHSD. The admin costs have a dedicated purpose to be detailed in LOD.
BHSD: Jail Diversion Veteran's Fund	\$393,741	100 percent \$393,741	0 percent	Individuals living in Sandoval, San Juan and McKinley Counties with preference to veterans and a focus on Native American Veterans.	BH treatment as a means for jail diversion	JDVF federal requirements . Funds will be expended as directed by BHSD
BHSD: Data Infrastructure Grant (DIG)	\$12,750	100 percent \$12,750	0 percent		Collection of Collaborative client-level data and technical support for Federal reporting requirements.	DIG .Federal regulations. LOD Directive. Preapproval required for expenditure of funds.

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BHSD: MH Transformation		\$502,016	100 percent 502,016	0 percent	Persons with mental illness or co-occurring disorders who are homeless or at risk homelessness; target veterans and Native Americans	Supportive Housing, Comprehensive Community Support Services, Consumer Operated Services	Federal regulations. LOD Directive
TOTAL BHSD		\$50,823,093	\$46,363,497	\$4,459,596			
CYFD							
General Fund		\$1,341,504	96.8 percent \$1,298,576	3.2 percent \$42,928	CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Early Childhood/Infant Services & training \$1,198,576 for IMH services \$100,000 for IMH training	HB 2 - §4
General Fund		\$2,395,543	96.8 percent \$2,318,886	3.2 percent \$76,657	CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Shelter Care/Family Shelter Care	HB 2 - §4
General Fund		\$689,916	96.8 percent \$667,839	3.2 percent \$22,077	CYFD and non-CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Safehouse Services	HB 2 - §4
General Fund -		\$475,000	96.8 percent \$459,800	3.2 percent \$15,200	Girls referred or approved by the Juvenile Justice Facilities Behavioral Health Director of CYFD or an appropriate designee	Gender specific services for girls involved in juvenile justice system	HB 2 - §4
General Fund -		\$249,136	96.8 percent \$241,164	3.2 percent \$7,972	CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Forensic Evaluations	HB 2 - §4
General Fund -		\$574,930	96.8 percent \$556,532	3.2 percent \$18,398	CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Respite Care	HB 2 - §4

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General Fund	\$287,465	96.8 percent \$278,266	3.2 percent \$9,199 CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Transitional Living	HB 2 - §4
General Fund	\$958,217	96.8 percent \$927,554	3.2 percent \$30,663 CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Community-Based Wraparound Services/Case Management	HB 2 - §4
General Fund	\$383,287	96.8 percent \$371,022	3.2 percent \$12,265 CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Activity Therapy	HB 2 - §4
General Fund	\$1,531,500	96.8 percent \$1,482,492	3.2 percent \$49,008 CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Medicaid eligible services for non-Medicaid eligible youth and non-Medicaid eligible support services	HB 2 - §4
General Fund	20,000	96.8 percent \$19,360	3.2 percent \$640.00 CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	CYFD Support Services for Youth in Support of Housing	HB 2 - §4
CMH Block Grant - Federal	\$360,000	100 percent \$360,000	0 percent 0 CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Evidence-Based Programs and Training	
System of Care Federal	\$500,000	100 percent 500,000	0 percent CYFD and non-CYFD involved/ referred youth (to age 21); those at risk of CYFD involvement	Provider services to 224 youth 24 in Santa Clara Pueblo 100 in Albuquerque 100 in Silver City	SOC Federal regulations. LOD Directive
TOTAL CYFD	\$9,766,498		\$9,481,491	285,007	

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DOH	Strategic Prevention Framework	\$603,263	100 percent \$603,263	0 percent 0	Communities with a special focus on 15-24 year olds	Evidence-based environmental strategies.	NM Strategic Prevention Framework; SIG Terms and Conditions; funds available through 9/30/1010.
TOTAL DOH	\$603,263	\$603,263	0				
FUNDING TABLE GRAND TOTAL	\$374,423,887	\$326,109,407	\$48,314,480				