

## **Table of Contents**

**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) #: 23-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 21, 2023

Lorelei Kellogg  
Director  
Medical Assistance Division  
New Mexico Human Services Department  
2025 South Pacheco Drive  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

Re: New Mexico State Plan Amendment (SPA) NM-23-0003

Dear Lorelei Kellogg:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NM-23-0003. This amendment proposes that the state will cover all preventive services assigned a grade of A or B by the U.S. Preventive Services Task Force (USPSTF), and all approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at 1902(e)(5) and 1902(a)(10). This letter is to inform you that NM-23-0003 was approved on September 21, 2023, with an effective date of February 1, 2023.

If you have any questions, please contact Dana Brown at 410-786-0421 or via email at [Dana.Brown@cms.hhs.gov](mailto:Dana.Brown@cms.hhs.gov).

Sincerely,

 Digitally signed by  
Ruth Hughes -S  
Date: 2023.09.21  
12:42:08 -05'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

cc: Valerie Tapia  
Erica Price  
Julie Lovato

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</u>	2. STATE <u>NM</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
February 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
Section 4106 of the Affordable Care Act;  
Section 1905(a)(13) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 0.0  
b. FFY 24 \$ 0.0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
State Supplement A to Attachment 3.1 A pg. 21

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
State Supplement A to Attachment 3.1 A pg. 21 (TN 19-0002)

9. SUBJECT OF AMENDMENT  
NM is updating its state plan to reflect that the State covers and reimburses specified preventive services, as listed on the state's website, that are assigned a grade of A or B by the U.S. Preventive Services Task Force (USPSTF), and all approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration.

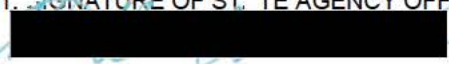
10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Authority delegated to the Medicaid Director

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Nicole Comeaux

13. TITLE  
Director, Medical Assistance Division

14. DATE SUBMITTED  
January 31, 2023

15. RETURN TO  
  
Lorelei Kellogg, Acting Director  
Medical Assistance Division  
P.O. Box 2348  
Santa Fe, NM 87504-2348

**FOR CMS USE ONLY**

16. DATE RECEIVED  
January 31, 2023

17. DATE APPROVED  
September 21, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
February 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL  
  
Digitally signed by Ruth Hughes  
Date: 2023.09.21 12:43:46 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

State Supplement A to Attachment 3.1A

4. Contact Lenses, except when prior authorized.
5. Glass cases, anti-scratch lenses, anti-reflective coatings, progressive lenses, trifocals and other items not related to medical necessity.
6. Routine vision exams and glasses are allowed only once in a 24-month period except as provided as an EPSDT service or the medical condition of the client requires more frequent examination, treatment or follow up.

Item 13c Preventive Services

Specified preventive services, as listed on the state’s website, that are assigned a grade of A or B by the U.S. Preventive Services Task Force (USPSTF), and all approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, are covered and reimbursed.

Preventive services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice. Per 42 CFR § 440.130(c): “Preventive services” means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to - (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.

Item 13d Rehabilitative Services

The rehabilitative services listed below must be recommended by a physician or OLP.

Services are limited to mental health rehabilitation services for eligible recipients for whom the medical necessity of such services has been determined and who are not residents of an institution for mental illness.

The services are limited to goal oriented mental health rehabilitative services individually designed to accommodate the level of the recipient's functioning and which reduce the disability and to restore the recipient to his/her best possible level of functioning.

Services are limited to assessment, treatment planning, and specific services which reduce symptomatology and restore basic skills necessary to function independently in the community including:

1. Therapeutic Interventions: Provides face to face therapeutic services which include assessments, treatment planning, ongoing treatment, and transition planning.
2. Medication Services: Provides for the assessment of the efficacy of medication and evaluation of side effects, and administration of medication by qualified personnel when it cannot be self administered. Also provides educationally structured face to face activities delivered to patients, their families and others who provide care to patients regarding medication management.
3. Community Based Crisis Interventions: Provides coordinated services utilizing a crisis team. The service includes immediate access, evaluation, crisis intervention and respite care to patients.
4. Professional Consultation: Provides consultation services by mental health professionals as part of treatment team, to patients for the purpose of clinical case review, treatment plan development and ongoing treatment.