

## **Table of Contents**

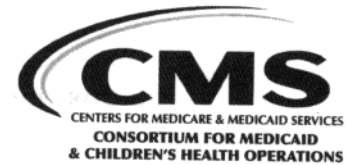
**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) #: 12-06A**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

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May 14, 2013

Our Reference: SPA-NM-12-06A

Ms. Julie Weinberg, Director  
New Mexico Human Services Department  
Medical Assistance Division  
Post Office Box 2348- ARK  
Santa Fe, New Mexico 87504-2348

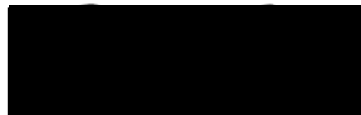
Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-06A. This state plan amendment adds Medication Assisted Treatment (MAT) for Opioid Addiction as a service to the New Mexico State Plan.

Transmittal Number 12-06A is approved with an effective date of September 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-06A dated August 29, 2012 is enclosed along with the approved plan pages.

If you have any questions, please contact Suzette Seng at (214) 767-6478.

Sincerely,



Bill Brooks  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 12-06 (A)	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 440.130		7. FEDERAL BUDGET IMPACT:  for FFY 2012: \$106,500 for FFY 2013 : \$1,278,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, page 23e (new) State Supplement A to Attachment 3.1A, page 21 d (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-B: page 23e supersedes none, new page; State Supplement A to Attachment 3.1A, page 21d ; supersedes none, new page	
10. SUBJECT OF AMENDMENT: Medication Assisted Treatment for Opioid Addiction			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.	
13. TYPED NAME: Julie B. Weinberg		16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 - 2348	
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: <del>February 1, 2013</del> 29 August, 2012			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 30 August, 2012		18. DATE APPROVED: 14 May, 2013	
PLAN APPROVED - ONE COPY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2012		20. SIGNATURE: [Redacted]	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS: * Pen and Ink change made on Block 15 correcting the submission date of the SPA to 29 August, 2012 per the State's E-mail dated 15 May, 2013			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of NEW MEXICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
- OTHER TYPES OF CARE

Attachment 4.19 - B  
Page 23e

**1. Medication Assisted Treatment (MAT) Reimbursement:**

Reimbursement for dispensing or administering methadone or other narcotic replacement or opioid agonist drug items is made at \$13.30. Included in this rate is the administration or dispensing of the drug item, the cost of methadone, development of a treatment plan and recipient assessment performed within the facility, drug and HIV testing, and counseling as required by 42 CFR part 8, *Certification of Opioid Treatment Programs*. Drug items other than methadone may be billed and reimbursed separately and are paid at the Medicaid fee schedule rate.

The agency's fee schedule rates were set as of September 1, 2012, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division at <http://www.hsd.state.nm.us/mad/> under the Fee Schedules section. Notice of changes to rates will be made as required by 42 CFR 447.205.

The initial medical examination and additional medical services rendered by a practitioner, laboratory services performed at outside laboratories, and counseling services beyond the minimum service required by 42 CFR part 8, are reimbursed separately when the services and the provider of the services meet the requirements specified in other sections of the state plan.

STATE <u>New Mexico</u>	A
DATE REC'D <u>30 Aug, 2012</u>	
DATE APPV'D <u>14 May, 2013</u>	
DATE EFF <u>1 Sep, 2012</u>	
HCFA 179 <u>12-06(A)</u>	

TN No. 12-06(A)

SUPERSEDES: NONE - NEW PAGE

Supersedes TN No. \_\_\_\_\_

Approval Date 5-14-13

Effective Date 9-1-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: NEW MEXICO

**Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the  
Categorically Needy**

**State Supplement A to Attachment 3.1A  
Page 21d**

8. **Medication Assisted Treatment (MAT):** MAT services provided through an Opioid Treatment Center include the provision, administration, and / or dispensing of methadone or other narcotic replacement or narcotic agonist drug items as part of a detoxification treatment or maintenance treatments as defined in 42 CFR part 8, *Certification of Opioid Treatment Programs*. The Opioid Treatment Center must comply with the requirements and meet all accreditation and certification standards as specified in 42 CFR part 8, subparts A and B *Accreditation and Certification and Treatment Centers*.

STATE <u>New Mexico</u>	A
DATE REC'D <u>30 Aug. 2012</u>	
DATE APPV'D <u>14 May, 2013</u>	
DATE EFF <u>1 Sep, 2012</u>	
N.J.F.A 179 <u>12-06(A)</u>	

TN No. 12-06(A)

Approval Date 5-14-13

SUPERSEDES: NONE - NEW PAGE

Supersedes TN. No. \_\_\_\_\_

Effective Date 9-1-12