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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

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

Regional Operations Group

October 22, 2019

Our Reference: SPA NM 19-0002

Ms. Nicole Comeaux
Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

Attention: Jennifer Vigil

Dear Ms. Comeaux:

We have reviewed the State's proposed amendment to the New Mexico State Plan submitted under Transmittal Number 19-0002, dated March 1, 2019. This state plan amendment proposes to add a Substance Use Disorder (SUD) Continuum of Services to the New Mexico State plan.

Based on the information submitted, we have approved the amendment for incorporation into the official New Mexico State Plan with an effective date change of January 1, 2019. A copy of the CMS- 179 and the approved plan page are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,

[redacted]

Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19 — 002

2. STATE: New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a) of the Social Security Act, 42 CFR 441.57; 42 CFR 456.201-456.245; 42 CFR 8, 42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT
a. FFY 2019 $ 2,000,000
b. FFY 2020 $ 2,700,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
State Supplement A to Attachment 3.1A, page 21
State Supplement A to Attachment 3.1A, pages 21c and 21c1, 21c2, 21c3, 21c4 (new)
Attachment 4.19-B Page 3
Attachment 4.19-B Page 3aa (new)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
State Supplement A to Attachment 3.1A, page 21 (NM Amendment ~~04-008~~) 10-008
State Supplement A page 21c (NM SPA 06-07)
Attachment 4.19-B Page 3 (NM SPA 19-0005)

10. SUBJECT OF AMENDMENT
Substance Use Disorder (SUD) Continuum of Services

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Nicole Comeaux

14. TITLE
Director, Medical Assistance Division

15. DATE SUBMITTED
March 1, 2019

16. RETURN TO
Nicole Comeaux, Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504 – 2348

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 1, 2019

18. DATE APPROVED: October 22, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Bill Brooks

22. TITLE
Director
Regional Operations Group

23. REMARKS
As per email request, the State requested a pen and ink change to correct the superseded page for State Supplement A to Attachment 3.1-A, Page 21 from (04-008) to (10-0008).

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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 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 lnterventions: 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.

8. Multi-Systemic Therapy (MST). MST provides an intensive family preservation model of treatment for youth and their families who are at risk of out-of-home placement. MST is for the benefit of the child. The MST model is based on evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services include an initial assessment to identify the focus of the MST intervention and face-to-face therapeutic interventions with the youth and family in the following functional domains: adaptive, communication, psychosocial, problem solving, and behavior management. Specialized therapeutic and rehabilitative interventions are available to address special areas such as substance abuse, sexual abuse, sex offending, and domestic violence.

   Any agency that seeks and is certified by MST, Inc. can provide MST services. Services are available in-home, at school and in other community settings including a federally qualified health center (FQHC), an Indian Health Service (IHS) facility, a PL 93-638 tribally-operated facility, an agency licensed by the Children, Youth, and Families' Department as a Children's Core Service Agency, and private agencies and schools certified by the New Mexico Department of Health or the Children, Youth, and Families' Department.

   All agencies must be able to provide twenty-four (24) hour coverage, seven (7) days per week, by licensed Masters and/or Bachelors level staff. Bachelor's level staff must have a degree in social work, counseling, psychology or a related human services field and must have at least three (3) years of experience working with the target population that is, children/adolescents and their families. Staffing for MST services shall be comprised of no more than one-third Bachelors level staff and, at minimum, two-thirds licensed Masters level staff.

9. Substance Use Disorder Continuum of Services

   The comprehensive continuum of services for the screening, assessment, and treatment of substance use disorders includes several new services based upon the American Society of Addiction Medicine's levels of care (ASAM LOC) including placement criteria, staffing, and standards. These services are designed for an individual's restoration to a functional level within his or her life and community.

   1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
      A. Definition: SBIRT is a community-based practice designed to identify, reduce and prevent problematic substance use or misuse and co-occurring mental health disorders as an early intervention. SBIRT is a universal screening specific to age, face-to-face brief intervention for positive screening results, and a referral to behavioral health services if indicated.

      B. Practitioners delivering the service must be trained in a state-approved educational curriculum and include:
         1. Registered nurses;
         2. Certified nurse practitioners;
         3. Clinical nurse specialists;
         4. Behavioral health practitioners at all educational levels;
         5. Behavioral health interns under the supervision of an independently licensed behavioral health practitioner;
         6. Certified peer support workers;
         7. Certified family peer support workers;
         8. Licensed physician assistants;

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9. Physicians;
10. Medical assistants; and
11. Community health workers.

2. Peer Support Services
   A. Definition: Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. Recovery is a rehabilitative process characterized by continual growth and improvement in one's health and wellness, social and spiritual connection, and renewed purpose.

      Family Peer Support Services (FPSS) enable parents and other primary caregivers to gain the knowledge, skills and confidence to effectively manage their own needs and the needs of the family member with the condition, ultimately moving to more family independence.

   B. Practitioners:
      1. Certified Peer Support Workers
         a. Must complete the educational program offered at the Behavioral Health Services Division of the Human Services Department or the Family Peer Support training by the Children, Youth and Families Department
         b. Must complete the test and be certified by the Counseling and Therapy Practice Board
         c. Must be supervised by an independent practitioner or someone trained and certified to supervise peers.
      2. Certified Family Peer Support Workers
         a. Must complete the educational program offered at the Children, Youth and Families Department
         b. Must complete the test and be certified by the Counseling and Therapy Practice Board
         c. Must be supervised by an independent practitioner or someone trained and certified to supervise peers.

3. Dyadic and triadic therapy for a baby or child diagnosed with a behavioral health condition or at risk because of the caregiver's behavioral health condition includes the mother, father, or primary caregiver together with the child. Dyadic and triadic therapies are types of family therapies for the direct benefit of the child. Independently licensed practitioners represent the dyadic and triadic providers.

4. Outpatient withdrawal management (WM):
   A. Definition: Withdrawal signs and symptoms are sufficiently resolved so that the patient can be safely managed outside of the clinic; at night has supportive living situation.

      1. Ambulatory WM without extended on-site management
         Services: a comprehensive medical history and physical examination; medication or non-medication methods of WM; patient education; non-pharmacological clinical support; involvement of family members or significant others in the WM process; and discharge or transfer planning including referral for counseling and involvement in community recovery support groups.

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b. Staff:
   i. on call physician, nurse, psychologist
   ii. on-site nurse, counselors, social workers, peer support workers

2. Ambulatory WM with extended on-site monitoring

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a. services include the above services plus an addiction-focused history; sufficient biopsychosocial screening to determine the level of care; an individualized treatment plan; and monitoring and assessment of progress throughout the day
b. Staff:
   i. on call physician, nurse, psychologist
   ii. on-site nurse, counselors, social workers, peer support workers

5. Crisis Stabilization

A. Definition: Crisis Stabilization is an outpatient service providing up to 24-hour stabilization of crisis conditions. Crisis Stabilization includes services that are designed to ameliorate or minimize an acute crisis episode or to prevent incarceration, emergency department, inpatient psychiatric hospitalization, or medical detoxification. Services are provided to eligible recipients who have suffered a breakdown of their normal strategies or resources and who exhibit acute problems or disturbed thoughts, behaviors, or moods which could threaten the safety of self or others. Ambulatory withdrawal management may be included. Some Centers may also offer navigational services for individuals transitioning to the community from correctional facilities upon official release from custody/detention.

B. Staffing: Crisis stabilization community centers must be minimally staffed during all hours of operation with:
   1. one registered nurse with experience or training in crisis triage and managing intoxication and withdrawal management if offered;
   2. one licensed master's level mental health practitioner;
   3. one certified peer support worker; and
   4. either on-site or on call one board certified physician or licensed clinical nurse specialist, or licensed certified nurse practitioner.

6. Intensive Outpatient for SUD:

A. Definition: Time limited IOP services utilizing a multi-faceted approach to treatment for an eligible recipient who requires structure and support to achieve and sustain recovery. IOP must utilize a research and evidence-based model approved by the IOP Interagency Council and target specific behaviors with individualized behavioral interventions. IOP core services include: individual substance use disorder related therapy; group therapy and psycho-education.

B. Staff: IOP services are provided through an integrated interdisciplinary approach including staff expertise in both addiction and mental health treatment
   1. Each IOP program must have an independently licensed clinical supervisor
   2. The team may have services rendered by non-independent practitioners under the direction of the IOP supervisor including LMSW, LMHC, LADAC, CADC, LSAA, and master's level psych associates.

7. Intensive Outpatient for Mental Health Conditions: All conditions as IOP for SUD apply.

8. Partial hospitalization: 20 or more hours of service/week for multi-dimensional instability, not requiring 24-hour care.
   A. Partial hospitalization updated coverage criteria:
      1. Extend coverage to youth as part of EPSDT in a psychiatric hospital;
      2. Include SUD in addition to mental health;
      3. Qualified agency types include acute care hospitals with psychiatric services and psychiatric hospitals as specialty hospitals.

9. Accredited Residential Treatment Centers (ARTC) for adults with SUD with three sub-levels:
   A. Definition: Accredited Residential Treatment Centers for Adults with Substance Use Disorder are facilities for adult recipients, who have been diagnosed as having a substance use disorder (SUD).

   B. Sub-levels of care
      1. Level 3.1: Clinically managed low-intensity residential service: 24-hour structure with trained personnel; at least 5 hours of clinical service/week. This level is often a step down from a higher level of care and prepares the recipient for outpatient treatment and community life.
      2. Level 3.3, 3.5, and 3.2 withdrawal management are clustered together in a second level of service with specific programming for each sub type:
         a. Level 3.3, clinically managed population specific high intensity residential services: 24-hour structure with trained counselors to stabilize multi-dimensional imminent danger; less intense programming and group treatment for those with cognitive or other impairments unable to use full therapeutic community; and preparation for outpatient treatment.
         b. Level 3.5, clinically managed high intensity residential services: 24-hour care with trained counselors to stabilize multi-dimensional imminent danger; and preparation for outpatient treatment.
         c. Level 3.2 withdrawal management, clinically managed residential withdrawal management: Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.

            The recipient remains in a Level 3.2 withdrawal management program until:
            i. withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or
            ii. the recipient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management services is indicated.
      3. Level 3.7 and 3.7 withdrawal management are clustered together in a third level of service with specific programming for each sub type.

         Services are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, peer support workers or other health and technical personnel under the direction of a licensed physician.

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a. Level 3.7: medically monitored intensive inpatient services: 24-hour nursing care with physician availability for significant problems; 16 hour/day counselor availability.
b. Level 3.7 withdrawal management: medically monitored inpatient withdrawal management: Severe withdrawal, 24-hour nursing care and physician visits; unlikely to complete withdrawal management without medical monitoring.

The recipient remains in a level 3.7 withdrawal management program until:

i. withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or
ii. the recipient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management services is indicated.

10. Crisis Triage Centers (CTCs)

A. Definition: Crisis Triage Centers are community-based alternatives to hospitalization or incarceration authorized by 2014 NM HB212 Crisis Triage Center legislation. The facilities are either outpatient only (providing crisis stabilization as indicated above), or outpatient and residential, with no more than 16 beds. They serve youth and adults to provide voluntary stabilization of behavioral health crises including emergency mental health evaluation, withdrawal management, and care.

Services include physical and mental health assessment, de-escalation and stabilization; brief intervention and psychological counseling; clinical consultation and supervision for bio-medical, emotional, behavioral, and cognitive problems; psychological and psychiatric consultation; other services determined through the assessment process; and may include ambulatory withdrawal management; and, if residential, all level 3 withdrawal management services.

B. The following individuals and practitioners must be contracted or employed by the provider agency as part of its crisis triage center service delivery:

1. an administrator which can be the same person as the clinical director;
2. a full-time clinical director;
3. a charge nurse on duty 24 hours/day, seven days/week;
4. an on-call physician 24 hours/day, seven days/week;
5. a master's level licensed mental health practitioner;
6. two certified peer support workers;
7. a part time psychiatric consultant, hours dependent on the size of the facility; and
8. at least one staff trained in basic cardiac life support (BCLS), the use of the automated external defibrillator (AED) equipment, and first aid.

The ratio of direct care staff to individuals shall increase on the basis of the clinical care needs of the individuals in residence as well as the number of operational beds.

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A. Other Practitioners Services

1. Behavioral health professional services are reimbursed on a fee schedule basis applicable to psychologists, counselors, therapists, licensed alcohol and drug abuse counselors, behavioral health agencies, licensed independent social workers and psychiatric clinical nurse specialists.

This also includes the professional services rendered under Screening, Brief Intervention, and Referral to Treatment (SBIRT), behavior health screening tools, peer support services, dyadic and triadic therapy, outpatient withdrawal management, crisis stabilization, intensive outpatient for substance use disorder or mental health condition and partial hospitalization.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of January 1, 2019 and are effective for services provided on or after that date. All rates are published at http://www.hsd.state.nm.us/providers/fee-schedules.aspx. Peer support services delivered through IHS or a tribal 638 clinic are reimbursed at the OMB rate.

Non-independent behavioral health practitioners who are required by state law to be supervised are not paid directly for their services. Rather, payment is made to the supervising practitioner, or the appropriate group, licensed treatment and diagnostic center or agency to which the behavioral health worker belongs.

2. Independently practicing certified Nurse Practitioners and Clinical Nurse Specialists are reimbursed at 90% of the physician fee schedule as described in Item I. A of Attachment 4.19 B, including preventive services for alternative benefit plan recipients.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of January 1, 2019 and are effective for services provided on or after that date. All rates are published at http://www.hsd.state.nm.us/providers/fee-schedules.aspx.

3. Certified nurse anesthetists and anesthesiology assistants are reimbursed a rate per anesthesia unit for the procedure and for units of time for medically directed and non-medically directed services.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of March 31, 2014 and are effective for services provided on or after that date. All rates are published at http://www.hsd.state.nm.us/providers/fee-schedules.aspx.

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4. **Accredited Residential Treatment Centers for Adults with Substance Use Disorders** – Reimbursement is made at a daily rate established by the agency state audit agent after analyzing the costs to provide services. Room and board costs are not included in the rate and are not reimbursable. Cost that are considered in the rate are: direct service costs, direct supervision costs, therapy costs including all salaries, wages, and benefits associated with health care personnel, admission discharge planning, clinical support costs, non-personnel operating costs including expenses incurred for program related supplies and general administration costs.

5. **Crisis Triage Centers** – Reimbursement is made at service rates that are uniquely determined for each provider based on provider costs as determined by the state agency contracted audit agency. Costs are determined by considering: direct service costs, direct supervision costs, therapy costs including all salaries, wages and benefits associated with health care personnel, clinical support costs, non-personnel operating costs and general administration costs.

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