

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-008	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE May 14, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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 440.60 42 CFR 440.120		7. FEDERAL BUDGET IMPACT: a. FFY 10 (\$375,000) reduction b. FFY 11 (\$720,000) reduction	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: State Supplement A to Attachment 3.1A, pages 9, 20 and 21		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): State Supplement A to Attachment 3.1A, pages 9, 20 and 21	
10. SUBJECT OF AMENDMENT: Vision Services			
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.			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Julie Weinberg		Julie Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504	
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: June 25, 2010 / revised October 22, 2010 / revised December 22, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 25 June, 2010		18. DATE APPROVED: 21 Jan, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 14 May, 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

State Supplement A to Attachment 3.1A

Item 6a Podiatrists' Services

- a. Medicaid coverage is limited to the podiatrist's scope of practice as defined by state law.
- b. Foot care services ordinarily considered to be routine are covered only if medically necessary due to the medical condition of the recipient.
- c. Certain procedures are to be performed in the office, clinic, or as an outpatient institutional services as an alternative to hospitalization.
- d. Services directed toward the care or correction of a flat foot condition are not covered.
- e. Orthopedic shoes and other supportive devices for the feet are not covered. The exclusion of orthopedic shoes does not apply to such a shoe, however, if it is an integral part of a leg brace.
- f. Surgical or non-surgical treatments undertaken for the sole purpose of correcting a subluxated structure in the foot as an isolated entity are not covered unless documented to be medically necessary. Surgical correction of a subluxated foot structure that is an integral part of the treatment for foot pathology is covered if medically necessary based on the medical condition of the recipient.

Item 6b Optometrists' Services

Orthoptic assessment and treatment are not covered by the New Mexico Medical Assistance Program.

Routine vision exams are allowed only once in a 36-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 6d Other Practitioners' Services

I. Psychologists

- a. The following services are not benefits of the program:

- 1. Hypnotherapy
- 2. Biofeedback

SUPERSEDES: TN- 04-08

STATE <u>New Mexico</u>	A
DATE REC'D. <u>6-25-10</u>	
DATE APP'VD <u>1-21-11</u>	
DATE EFF. <u>5-14-10</u>	
HCFA 179 <u>10-08</u>	

State Supplement A to Attachment 3.1A

Item 12(d) Eyeglasses

a. Coverage of eyeglasses (frames and lenses) are subject to the following criteria.

1. Diopter correction must meet or exceed one of the following:

- (a) -1.00 Myopia (nearsightedness)
- (b) +1.00 Hyperopia (farsightedness)
- (c) 0.75 Astigmatism (distorted vision, the combined refractive error of sphere and cylinder to equal 0.75 will be accepted)
- (d) ±1.00 Presbyopia (farsightedness of aging)

2. If updating an existing prescription, there must be a minimum 0.75 diopter change in the prescription. Exceptions will be made for recipient with cataracts or when an ophthalmologist or optometrist recommends a change due to a medical condition.

3. For bifocal lenses, a correction of 0.25 or more for distance vision and 1 diopter or more for added power (bifocal lens correction).

4. For Prism, when indicated to prevent diplopia (double vision).

5. For tinted, filtered, or photochromic lenses, the examiner must document the condition which makes the lenses medically necessary and the dioptric criteria listed above must be met.

b. The following services are not covered by the New Mexico Medical Assistance Program:

- 1. Orthoptic assessment and treatment.
- 2. Oversize frames and oversize lenses.
- 3. Low vision aids.

STATE	New Mexico	A
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DATE APP'VD	1-21-11	
DATE EFF	5-14-10	
HCFA 179	10-08	

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. Glasses are allowed only once in a 36-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 13 d Rehabilitative Services

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.

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