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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 18-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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

December 3, 2018

Our Reference: NM SPA 18-0005

Ms. Nancy Smith-Leslie, Director Medical Assistance Division New Mexico Department of Human Services P.O. Box 2348 Santa Fe, New Mexico 87504

Dear Ms. Smith-Leslie,

We have reviewed the State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 18-0005, dated September 28, 2018. This plan amendment purposes to implement a payment increase for several behavioral health services.

Based on the information submitted, we have approved the amendment for incorporation into the official New Mexico State Plan with an effective date of July 1, 2018, as requested. A copy of the CMS-179 and the approved plan pages are included 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,

Bill Brooks Associate Regional Administrator

CC: Jennifer Mondragon Jennifer Vigil

	1. TRANSMITTAL NUMBER 2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 8 — 0 0 5 New Mexico	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2018	
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	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 1,500,000	
42 CFR 447 Subpart F	a. FFY 2018 \$ 1,300,000 b. FFY 2019 \$ 6,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 9. PAGE NUMBER OF THE SUPERSEDED PLAN SE OR ATTACHMENT (If Applicable)		
Attachment 4.19B page 3	Attachment 4.19B page 3	
10. SUBJECT OF AMENDMENT		
Behavioral Health Fee Schedule Pricing changes.		
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	16. RETURN TO	
	N C . 'd I . l' . D'	
13. TYPE NAME Nancy Smith-Leslie	Nancy Smith-Leslie, Director Medical Assistance Division	
	P.O. Box 2348	
14. TITLE Director, Medical Assistance Division	Santa Fe, NM 87504 – 2348	
15. DATE SUBMITTED 11/6/18		
17. DATE RECEIVED	10 DATE ADDDOVED	
September 28, 2018	December 3, 2018	
PLAN APPROVED - OI	NE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME	22. TITLE Associate Regional Administrator	
Bill Brooks	Division of Medicaid and Children's Health	
23. REMARKS Right 15 suggests the data submitted is 11/6/1		
block 13 suggests the date submitted is 11/0/1	18, but the original 179 was submitted with the SPA on submitted with the latest version at the request of CMS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW MEXICO

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

State: New Mexico

Date Received: 09-28-2018
Date Approved: 12-03-2018
Date Effective: 07-01-2018

Transmittal Number: NM 18-0005

Attachment 4.19-B

Page 3

A. Other Practitioners Services

 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.

The agency's fee schedule rates implemented a first phase increase effective July 1, 2018 for services provided on or after that date. All rates to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, and Fee for Service, under Fee Schedules, at: http://www.hsd.state.nm.us/providers/fee-schedules.aspx Except as otherwise noted in the state plan both governmental and private providers are paid the same.

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.

The agency's fee schedule rates implemented a first phase increase effective July 1, 2018 for services provided on or after that date. All rates to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: http://www.hsd.state.nm.us/providers/fee-schedules.aspx Except as otherwise noted in the state plan both governmental and private providers are paid the same.

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.

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 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, Providers, Fee for Service, under Fee Schedules, at: http://www.hsd.state.nm.us/providers/fee-schedules.aspx Notice of changes to rates will be made as required by 42 CFR 447.205.

TN No. 18-0005	Approval Date _	12-03-18
Supersedes TN No. 16-0009	Effective Date _	07-01-18