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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 22-0006

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

March 31, 2022

Ms. Nicole Comeaux
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) 22-0006

Dear Ms. Comeaux:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0006. This amendment proposes to update the state plan to ensure compliance with federal Preadmission Screening and Resident Review (PASRR) requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(28)(D)(i) of the Act, 1919(e)(7) of the Act, 42 CFR 418.3, and 42 CFR 483.130. This letter is to inform you that New Mexico Medicaid SPA 22-0006 was approved on March 31, 2022, with an effective date of March 31, 2022.

If you have any questions, please contact Peter Banks at (415)744-3782 or via email at Peter.Banks@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink scribble is visible below the redaction box.

Digitally signed by James G.
Scott -S
Date: 2022.03.31 17:51:24
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Nicole Comeaux
Julie Lovato
Valerie Tapia
Donna Lopez

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 6

2. STATE

NM

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

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

4. PROPOSED EFFECTIVE DATE

March 31, 2022

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(28)(D)(i) of the Act; 1919(e)(7) of the Act;
42 CFR 418.3; 42 CFR 483.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 0
b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.39, pg. 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.39, pg. 1

9. SUBJECT OF AMENDMENT

Preadmission Screening Resident Review (PASRR)/Categorical Determinations - new language includes that the state mental health or intellectual disability authority may make certain determinations specified in the state plan.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Nicole Comeaux

13. TITLE
Director, Medical Assistance Division

14. DATE SUBMITTED
March 17, 2022

15. RETURN TO

Nicole Comeaux, J.D., M.P.H., Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

FOR CMS USE ONLY

16. DATE RECEIVED
March 17, 2022

17. DATE APPROVED
March 31, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 31, 2022

19. SIGNING OFFICIAL
Digitally signed by James G. Scott -S
Date: 2022.03.31 17:51:58 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

STATE PLAN UNDER TITLE XIX THE SOCIAL SECURITY ACT

State/Territory: New Mexico

CATEGORICAL DETERMINATIONS

- A. The state mental health or intellectual disability authority may make an advanced determination that nursing facility (NF) services are needed for the following groups of applicants for NF care:
1. **Convalescent care:** The applicant is admitted directly to a NF from a hospital for convalescent care for an acute physical illness under the following circumstances:
 - a. the individual's attending physician has certified before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.
 - b. convalescent care is required to treat a condition other than the one that resulted in the hospital admission.
 2. **Terminal illness:** as defined for hospice purposes in 42 CFR §418.3.
 3. **Severe physical illness:** such as coma, ventilator dependence, functioning at a brain stem level or diagnoses such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure which result in a level of impairment so severe that the individual is determined to need NF services.
 4. **Provisional admissions:**
 - a. pending further assessment accurate diagnosis cannot be made until the delirium clears, not to exceed 30 days;
 - b. pending further assessment in emergency situations requiring protective services, not to exceed 7 calendar days from admission;
 5. **Respite:** the individual is admitted for a very brief and finite stay, not to exceed 14 days, for the purpose of providing respite to in-home caregivers. The individual is expected to return home after this brief stay.
- B. The state mental health and intellectual disability authorities may make categorical determination that specialized services are not needed in the provisional, emergency and respite admissions situations identified 42 CFR §483.130(d)(4)-(6).
- C. The state mental health and intellectual disability authorities may make categorical determinations that individuals with dementia, which exists in combination with intellectual disability or related condition, do not need specialized services.

TN No. 22-0006

Approval Date 3/31/2022

Supersedes TN No. 93-17

Effective Date 3/31/2022