

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

Attachment 3.1A

Page 7

15. Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31), to be in need of such care.

Provided

No Limitations

With limitations*

Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided

No Limitations

With limitations*

Not Provided:

17. Nurse-midwife services

Provided

No Limitations

With limitations*

Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided

No Limitations

Provided in accordance with section
2302 of the Affordable Care Act

With limitations*

Not Provided:

*Description provided on attachment.

TN No. _____

Approval Date _____

Supersedes TN. No. _____

Effective Date _____

Item 18 Hospice Care

The hospice care benefit will follow the amount, duration and scope of services as outlined in the State Medicaid Manual, Hospice Services, Section 4305.

Persons eligible for the hospice benefit will be limited to those recipients who are categorically needy, certified as terminally ill and electing to receive hospice services. The recipient may resident in a nursing or long term care facility or be admitted into long term care if he or she does not have a family member or friend to assist with home care.

Election of the hospice benefit results in a waiver of the recipient's rights to Medicaid payment for only those services which are related to treatment of the terminal illness or related conditions and common to both Title XVIII and Title XIX. The recipient does not waive rights to payment for services related to the terminal illness and unique to Title XIX. In accordance with the Affordable Care Act, a Medicaid eligible child under age 21 is not required to waive the right to Medicaid payment for curative treatment upon the election of the hospice benefit. These services and supports may include pain and symptom management and family counseling provided by specially-trained hospice staff.

The duration of the hospice benefit continues for an unspecified time period as long as the individual remains in hospice care and does not revoke the election. If a recipient receives hospice benefits beyond 210 days, the hospice must obtain a written recertification statement from the hospice medical director or the physician member of the hospice interdisciplinary group before the 210-day period expires. Hospice benefits furnished beyond the 210-day period may be subject to medical review.

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