

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,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator

CC: Jennifer Mondragon
Jennifer Vigil

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>1 8 - 0 0 5</u>	2. STATE New Mexico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2018	

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

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)

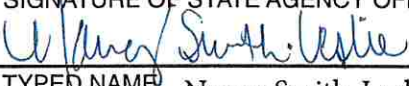
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart F	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 1,500,000 b. FFY 2019 \$ 6,000,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B page 3

10. SUBJECT OF AMENDMENT

Behavioral Health Fee Schedule Pricing changes.

GOVERNOR'S REVIEW (Check One)


- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Nancy Smith-Leslie, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 - 2348
13. TYPED NAME Nancy Smith-Leslie	
14. TITLE Director, Medical Assistance Division	
15. DATE SUBMITTED 11/6/18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 28, 2018	18. DATE APPROVED December 3, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS Block 15 suggests the date submitted is 11/6/18, but the original 179 was submitted with the SPA on 9/28/18. This is a revised CMS -179 that was submitted with the latest version at the request of CMS. - FJB

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

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.

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.