

Michelle Lujan Grisham, Governor David R. Scrase, M.D., Secretary Nicole Comeaux, J.D., M.P.H, Director

August 1, 2022

James G. Scott, Director Division of Program Operations Medicaid & CHIP Operations Group Centers for Medicare and Medicaid Services 601 E. 12th St., Room 355 Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find documents related to New Mexico State Plan Amendment (SPA) 22-0019 Temporary Recovery Payments.

In accordance with Section 9817 of the American Rescue Plan (ARP) Act of 2021, New Mexico Medicaid received conditional approval from the Centers for Medicare and Medicaid Services (CMS) for its Home and Community-Based Services (HCBS) American Rescue Plan (APR) Act Spend Plan proposal to provide a temporary percentage increase in payments to identified providers. New Mexico Medicaid is implementing a 10% reimbursement increase from July 1, 2022, to June 30, 2023, and a 5% reimbursement increase from July 1, 2023, to June 30, 2024, for providers of personal care services (PCS) and private duty nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The increase will help ensure that New Mexico has an adequate provider base and workforce to care for our eligible members under the age of 21.

HSD followed a process that included public notification, tribal notification and web posting. Documentation of these activities is attached.

Please refer to the attachments for the transmittal form and notices.

We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Valeria Tapia at: Valeria.Tapia@state.nm.us or (505) 257-8420.

Sincerely,

Nicole Comeaux, J.D., M.P.H., Director

Medical Assistance Division

cc: Peter Banks, CMS

Lorelei Kellogg, HSD/MAD Deputy Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION	1. TRANSMITTAL NUMBER 2 2 — 0 0 1 9 NM 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE July 1, 2022					
Section 9817 of the American Rescue Plan Act of 2021; Title 19 of the SSA and Sec 1135 of the SSA	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 22 \$ 646 b. FFY 23 \$ 2,075					
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, pg. 16	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, pg. 16 (HCFA 179 99-06)					
9. SUBJECT OF AMENDMENT						
Temporary rate increases for providers of personal care services (PCS) and private duty nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.						
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: Authority delegated to the Medicaid Director					
11. SIGNATURE OF STATE AGENCY OFFICIAL 15. 15. 16. 17. 17. 18. 18. 18. 18. 18. 18	5. RETURN TO					
12. TYPED NAME Nicole Comeaux	Nicole Comeaux, J.D., M.P.H., Director Medical Assistance Division					
13. TITLE	P.O. Box 2348					
Director, Medical Assistance Division 14. DATE SUBMITTED August 1, 2022	Santa Fe, NM 87504-2348					
FOR CMS US	E ONLY					
	7. DATE APPROVED					
PLAN APPROVED - ONE						
18. EFFECTIVE DATE OF APPROVED MATERIAL 19	9. SIGNATURE OF APPROVING OFFICIAL					
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL					
22. REMARKS						

- (c) Private duty nursing services, Christian science nurse services, and personal care services. For fee-for-service providers of personal care services (PCS) and private duty nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, New Mexico Medicaid will apply a 10% reimbursement increase for July 1, 2022, to June 30, 2023, and a 5% reimbursement increase for July 1, 2023, to June 30, 2024, as defined in Section 9817 of the American Rescue Plan (ARP) Act of 2021 and in accordance with Appendix B of the State Medicaid Director Letter (SMDL) #21-003.
- (d) Services by licensed master's level practitioners including psychologists, counselors, and social workers, and other individually licensed practitioners.
- (e) Chiropractic services.
- (f) Orthodontic services and other dental services not otherwise covered in the state plan.
- (g) Services provided by school districts and local education agencies. Reimbursement will be at the same rate as other providers of the specific service rendered.
- (h) Services provided by Licensed Alcohol and Drug Abuse Counselors (LADACs).

2. **Inpatient Institutional Services**

Inpatient services provided by JCAHO accredited institutions are reimbursed using the methodology for specialty hospitals according to the reimbursement principles of 4.19-A.

3. Outpatient Institutional Services

Outpatient services provided by JCAHO accredited institutions are reimbursed using the methodology for outpatient hospital according to the reimbursement principles of 4.19-B, III.

4. Rural Health Clinic and Federally Qualified Health Center Services

Services by these providers are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item VIII.

5. Durable Medical Equipment, Supplies, Prosthetics, and Orthotics

These items are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item VII.

6. Case Management

Case management services are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item X.

TN No. <u>22-0019</u>			Approval Date	
Supersedes 7	TN No	HCFA 179 99-06	Effective Date	

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TN No.	22-0019		Approval Date		
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The New Mexico Human Services Department (HSD) Medical Assistance Division is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 22-0019 Temporary Recovery Payments.

In accordance with Section 9817 of the American Rescue Plan (ARP) Act of 2021, New Mexico Medicaid received conditional approval from the Centers for Medicare and Medicaid Services (CMS) for its Home and Community-Based Services (HCBS) American Rescue Plan (APR) Act Spend Plan proposal to provide a temporary percentage increase in payments to identified providers. New Mexico Medicaid is implementing a 10% reimbursement increase from July 1, 2022, to June 30, 2023, and a 5% reimbursement increase from July 1, 2023, to June 30, 2024, for providers of personal care services (PCS) and private duty nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The increase will help ensure that New Mexico has an adequate provider base and workforce to care for our eligible members under the age of 21.

The estimated total financial impact is \$646 in federal funds for FFY 22 and \$2,075 in federal funds for FFY 23.

OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS

Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposed SPA. The complete draft may be found on the Department's website at:

https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1337.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to madrules@state.nm.us. All comments must be received no later than 5:00 p.m. Mountain Time (MT) on July 30, 2022. Written or e-mailed comments are preferred because they become part of the record associated with these changes.

Interested persons may address written comments to:

Human Services Department Office of the Secretary ATTN: Medical Assistance Division Public Comments P.O. Box 2348 Santa Fe, New Mexico 87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.



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AFFIDAVIT OF PUBLICATION

SS

STATE OF NEW MEXICO

County of Bernalillo

ACCOUNT NUMBER

David Montoya, the undersigned, authorized Representative of the Albuquerque Journal, on oath states that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, that payment therefore has been made of assessed as court cost; and that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for 1 time(s) on the following date(s):

06/29/2022

David Montoya

Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this

29 day of June of 2022

PRICE \$125.22

Statement to come at the end of month.

STATE OF NEW MEXICO
NOTARY PUBLIC
STEPHANIE MIARIS
Commission No. 1090451
My Commission Expires April 11, 2025

Sirain Miaria

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.

Journal: June 29, 2022

Affidavit of Publication Ad # 0005316725 This is not an invoice

HUMAN SVCS DEPT - ME D ASSIST DIV PO BOX 2348

SANTA FE, NM 87504-2348

I, a legal clerk of the Las Cruces Sun News, a newspaper published daily at the county of Dona Ana, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof in editions dated as follows:

06/29/2022

Despondent further states this newspaper is duly qualified to publish legal notice or advertisements within the meaning of Sec. Chapter 167, Laws of 1937.

Legal Clerk

Subscribed and sworn before me this June 29, 2022:

State of WI, County of Brown NOTARY PUBLIC

1-7-35

My commission expires

KATHLEEN ALLEN Notary Public State of Wisconsin

Ad # 0005316725 PO #: PUBLIC NOTICE # of Affidavits 1

This is not an invoice

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P.O. Box 2348
Santa Fe, New Mexico
87504-2348
Copies of all comments will
be made available by
HSD/MAD upon request by
providing copies directly to

a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor. #5316725, SUN NEWS, June 29,2022



Michelle Lujan Grisham, Governor David R. Scrase, M.D., Secretary Nicole Comeaux, J.D., M.P.H, Director

June 29, 2022

Interested Parties:

The New Mexico Human Services Department (HSD), through the Medical Assistance Division (MAD), is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 22-0019 Temporary Recovery Payments.

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Michelle Lujan Grisham, Governor David R. Scrase, M.D., Secretary Nicole Comeaux, J.D., M.P.H, Director

June 29, 2022

RE: Tribal Notification to Request Advice and Comments Letter 22-18: Temporary Recovery Payments

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico's Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department's (HSD's) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting comments until **5:00 p.m. Mountain Time** (MT) July 30, 2022, regarding state plan amendment (SPA) 22-0019 Temporary Recovery Payments.

In accordance with Section 9817 of the American Rescue Plan (ARP) Act of 2021, New Mexico Medicaid received conditional approval from the Centers for Medicare and Medicaid Services (CMS) for its Home and Community-Based Services (HCBS) American Rescue Plan (APR) Act Spend Plan proposal to provide a temporary percentage increase in payments to identified providers. New Mexico Medicaid is implementing a 10% reimbursement increase from July 1, 2022, to June 30, 2023, and a 5% reimbursement increase from July 1, 2023 to June 30, 2024, for providers of personal care services (PCS) and private duty nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The increase will help ensure that New Mexico has an adequate provider base and workforce to care for our eligible members under the age of 21.

Tribal Impact

HSD anticipates a positive impact for Indian Nations, Tribes, and Pueblos and their health care providers.

Tribal Advice and Comments

Tribes and their healthcare providers may view the proposed changes, on the HSD webpage at: https://www.hsd.state.nm.us/providers/written-tribal-consultations/ Tribal Notification 22-18.

Important Dates

Written comments must be submitted by 5:00 p.m. Mountain Time (MT) July 30, 2022. Please send your comments to the MAD Native American Liaison, Theresa Belanger, at (505) 670-8067 or by email at: Theresa.Belanger@state.nm.us. All written comments received will be posted on the HSD website at: https://www.hsd.state.nm.us/providers/written-tribal-consultations/ along with this notification letter. The public posting will include the name and any contact information provided by the commenter.

Tribal Leadership may request a government-to-government consultation by July 30, 2022. This request may be made to: Theresa.Belanger@state.nm.us or by calling (505) 670-8067.

Sincerely,

Nicole Comeaux, J.D., M.P.H.

Cl. Comerco

State Medicaid Director

Standard Funding Questions: SPA 22-0019 Temporary Recovery Payments

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for <u>clinic or outpatient hospital services</u> or for <u>enhanced or supplemental payments to physician or other practitioners</u>, the questions must be answered for all payments made under the state plan for such service.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

STATE RESPONSE: Providers are not required to return any portion of payments for these services.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the nonfederal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
 - (i) a complete list of the names of entities transferring or certifying funds;
 - (ii) the operational nature of the entity (state, county, city, other);

- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority: and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

STATE RESPONSE: These services are paid using appropriations from the state legislature from funds received by broad-based taxes levied by the state.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

STATE RESPONSE: No supplemental or enhanced payments are made.

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

STATE RESPONSE: These fee schedule changes do not apply to any provider subject to the UPL calculations.

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

STATE RESPONSE: If governmental providers were to receive payments that exceed their reasonable cost of providing services, the excess payment would be recovered and the federal share of the excess would be reported and returned to CMS.