Mondragon, Tabitha, HCA

From: Philip Huston <philip.huston@gmail.com>
Sent: Monday, July 22, 2024 3:11 PM
To: HCA-madrules
Subject: [EXTERNAL] Comments for amendment of 8.321.2 NMAC

The following are comments for the amendment to 8.321.2 NMAC

8.321.2.10 A (1) requirements (b)(c)(d)(f) are redundant if an agency is accredited by JC, Coa, or CARF. Why should accredited agencies duplicate this work?

8.321.2.10 When ASAM releases a new edition does it automatically take effect or does the billing manual and NMAC need to be updated?

8.321.2.10 A. (1) (e) Why is MAT for alcohol use disorder not also required?

8.321.2.10 A (1)(f) Can this training be completed internally or is this required to come from an outside agency or the state? Which trainings fulfill this requirement?

8.321.2.10 A 1 f What is the definition of practitioners

8.321.2.28 There are no federal waivers for this anymore

8.321.2.20 How are crisis services preventing the need for medical detox?

8.321.2.20a 3 a vii Define “facility” Does this mean medical facility or building

8.321.2.20a 3 c “Services may also include telephone follow-up or intervention services for up to 72 hours.” Are all services within 72 hours part of one claim or is it a separate claim if there is a new crisis?

8.321.2.35.A(2) Can CSW be included in the list of SBIRT eligible practitioners? Why can CPSW provide SBIRT screening but are not able to provide other similar screenings in a BH or other setting?

8.321.1.42 A(1)(a) Why are nationally recognized Peer Support trainings and certifications not recognized?

8.321.1.42 A(2)(d) What certifications are recognized for supervision of peer support workers?

8.321.2.26 D. (3) Why are clients mandated by the justice system automatically qualified for IOP but not for other levels of care like RTC?