

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

June 16, 2021

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) 21-0004

Dear Ms. Comeaux:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0004. This amendment adds the new mandatory MAT benefit 1905(a)(29) in compliance with section 1006(b) of the SUPPORT Act. MAT services include all FDA-approved or licensed drugs and biologicals to treat opioid use disorder (OUD), counseling services and behavioral therapy. These MAT services will provide necessary treatment for Medicaid beneficiaries with OUD and help address the national opioid epidemic.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of “medical assistance” and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,]
. . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 16, 2021 allowing Nevada to

modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 16, 2021 allowing Nevada to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on February 4, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that New Mexico's Medicaid SPA Transmittal Number 21-0004 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

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

Sincerely,

James G. Scott, Director
Division of Program Operations

cc:

- Jennifer Vigil

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

1. TRANSMITTAL NUMBER

2 1 _ 0 0 4

2. STATE

New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

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

4. PROPOSED EFFECTIVE DATE

October 1, 2020

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

1905(a)(29)

7. FEDERAL BUDGET IMPACT

a. FFY__21_____ \$ _0_____

b. FFY__22_____ \$ _0_____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A, pages 25-29
Attachment 4.19-B, Page 26

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

Supplement to Attachment 3.1-A, pages 25-26

10. SUBJECT OF AMENDMENT

Medication Assisted Treatment (MAT)

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



16. RETURN TO

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

13. TYPED NAME

Nicole Comeaux

14. TITLE

Director, Medical Assistance Division

15. DATE SUBMITTED

3/30/2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

3/30/21

18. DATE APPROVED

June 16, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

10/1/20

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

State of New Mexico

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Supplement A to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN No. 21-0004

Supersedes TN No. 14-12

Approval Date 6/16/21

Effective Date 10/1/20

State of New Mexico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

ii. Assurances

a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

MAT for treatment of OUD is covered exclusively under section 1905(a)(29) for the period of 10/01/2020 – 9/30/2025.

MAT for OUD counseling and behavioral health therapies include:

1. Treatment plan development which includes clinical assessment to achieve goals and strategies.
2. Individual and group counseling/therapy to address underlying issues related to substance abuse.
3. Peer support services which include providing skill-building, recovery and resiliency support.

TN No. 21-0004

Supersedes TN No. 14-12

Approval Date 6/16/21

Effective Date 10/1/20

State of New Mexico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- b) Please include each practitioner and provider entity that furnishes each service and component service.

Treatment plan development practitioners include:

- a. Licensed Clinical Psychologist;
- b. Licensed Marriage and Family Therapist (LMFT);
- c. Licensed Associate Marriage and Family Therapist (LAMT);
- d. Certified Alcohol and Drug Abuse Counselor (CADC);
- e. Licensed Mental Health Counselor (LMHC);
- f. Licensed Professional Clinical Counselor (LPCC);
- g. Licensed Master of Social Work (LMSW);
- h. Licensed Clinical Social Worker (LCSW);
- i. Clinical Nurse Specialist (CNS) or Clinical Nurse Practitioner (CNP), supervised by a medical doctor.

Individual and group counseling practitioners include:

- a. Licensed Clinical Psychologist;
- b. Licensed Marriage and Family Therapist (LMFT);
- c. Licensed Associate Marriage and Family Therapist (LAMT);
- d. Certified Alcohol and Drug Abuse Counselor (CADC);
- e. Licensed Mental Health Counselor (LMHC);
- f. Licensed Professional Clinical Counselor (LPCC);
- g. Licensed Master of Social Work (LMSW);
- h. Licensed Clinical Social Worker (LCSW);
- i. Clinical Nurse Specialist (CNS) or Clinical Nurse Practitioner (CNP), supervised by a medical doctor.

TN No. 21-0004

Supersedes TN No. new

Approval Date 6/16/21

Effective Date 10/1/20

State of New Mexico

1905(a)(29) Medication-Assisted Treatment (MAT)

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Treatment plan development practitioner qualifications:

Must be licensed by the New Mexico Regulation and Licensing Department (RLD).

Individual and group counseling practitioner qualifications:

Must be licensed by the New Mexico Regulation and Licensing Department (RLD).

Certified Peer Support Worker (CPSW) qualifications:

- a. Must be 18 years of age or older; and
- b. Have a high school diploma or equivalent; and
- c. Have received a license from the New Mexico Regulation and Licensing Department (RLD) to practice in NM; and
- d. Be self-identified as a current or former consumer of mental health or substance abuse services, and have at least three years of mental health or substance abuse recovery; and
- e. Have received certification as a CPSW from the New Mexico Behavioral Health Credentialing Board; and
- f. Be supervised by a competent, independently licensed behavioral health professional, as defined by the State.

iv. Utilization Controls

X The state has drug utilization controls in place. (Check each of the following that apply)

- X Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

TN No. 21-0004

Supersedes TN No. new

Approval Date 6/16/21

Effective Date 10/1/20

State of New Mexico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

v. Limitations

Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

In New Mexico, the DUR board tracks MAT utilization and access, but has placed as few utilization requirements into place as possible because our focus is on extending rather than limiting access.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN No. 21-0004

Approval Date 6/16/21

Supersedes TN No. new

Effective Date 10/1/20

1905(a)(29) Medication-Assisted Treatment (MAT)

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B (II), pages 4-5 for drugs that are dispensed or administered.

Medication Assisted Treatment (MAT) - Reimbursement is made for all drugs and biologicals approved or licensed by the FDA used for MAT to treat Opioid Use Disorder (OUD) including methadone, buprenorphine, and naltrexone. Reimbursement is also made for MAT drugs for other forms of substance use disorder (SUD), including medications for alcohol use disorder such as acamprosate and disulfiram. MAT related counseling services and behavioral therapy services are reimbursed on a fee schedule basis, or as a part of the bundled rates received by AARTCs, CTCs, health homes and other providers.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of April 1, 2021 and are effective for services provided on or after that date. All rates are published at <https://www.hsd.state.nm.us/providers/fee-schedules/>

TN No. 21-0004

Approval Date 6/16/21

Supersedes TN No. new

Effective Date 10/1/20