

**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

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November 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) 21-0010

Dear Ms. Comeaux,

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0010. This amendment proposes to update the language pertaining to the admission review for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that New Mexico Medicaid SPA 21-0010 was approved on November 16, 2021, with an effective date of October 1, 2021

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

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc:  
Nicole Comeaux  
Valerie Tapia  
Julie Lovato

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

1. TRANSMITTAL NUMBER

2 1 — 0 1 0

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, 2021

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 § 456.360

7. FEDERAL BUDGET IMPACT

a. FFY 22 \$ 0

b. FFY 23 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-C pages 2k, 2l

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-C pages 2k, 2l (TN 82-7)

10. SUBJECT OF AMENDMENT

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Admission Review

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



13. TYPED NAME

Nicole Comeaux

14. TITLE

Director, Medical Assistance Division

15. DATE SUBMITTED

September 28, 2021

16. RETURN TO

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

September 28, 2021

18. DATE APPROVED

November 16, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

procedures, plans for continuing care, and plans for discharge.

The above required information will be condensed onto the abstract and forwarded to the NMPSRO for review. The NMPSRO will make a level of care determination and assign an initial continued stay review date. The initial continued stay review date is not later than 6 months after admission; or earlier than 6 months after admission, if indicated at the time of admission.

3. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Admission

A physician, physician's assistant or nurse practitioner (as defined in 42 CFR 491.2) must certify need of care at the time of admission or before Medicaid authorizes payment. An interdisciplinary team of health professionals must make a comprehensive medical, social, and psychological evaluation of the recipient's need for admission to the ICF/IID. This evaluation will include diagnoses; summary of present medical, social and family history; mental and physical functional capacity; prognoses; types of services needed; evaluation of resources available in the home, family and community; and a recommendation concerning the need for admission to the ICF/IID.

C. Continued Stay Review

Continued stay review will be accomplished through the submission of an abstract to the NMPSRO for review and/or through on-site review.

Using the level of care criteria described in this plan, the reviewer will review the abstract and make a determination as to the continued need for level of care and assign a recertification date for review.

1. SNF

The reviewer will assign a continued stay review date of 90 days. The reviewer has the option of assigning a period of less than 90 days, based on the recipient's medical needs and stability of condition. Under no circumstances will the continued stay review exceed 90 days.

2. ICF

The reviewer will assign a continued stay review date of 6 months. The reviewer has the option of assigning a period less than 6 months, based on the recipient's medical needs and stability of condition. Under no circumstances will the continued stay review date exceed 6 months.

3. ICF/IID

The reviewer will assign a continued stay review date of 12 months. Under no circumstances will the continued stay review date exceed 12 months. A physician, physician's assistant or nurse practitioner (as defined in 42 CFR 491.2) must recertify that ICF/IID services are needed at least every 12 months.

4. Change in Level of Care

When it has become apparent that a recipient's condition and needs have changed sufficiently to warrant a different level of care, it is the responsibility of the physician, physician's assistant or nurse practitioner (as defined in 42 CFR 491.2) and the facility to submit an abstract reflecting these changes so that a new level of care determination can be made.

D. Appeals

Should the NMPSRO, through carrying out this plan, render an adverse decision regarding admission, level of care, or length of stay, the following appeal procedure is available.

Any resident, admitting/attending physician or provider of services who is dissatisfied with an adverse review determination of the NMPSRO may request a reconsideration of such determination by the NMPSRO LTC Subcommittee. After the procedures for the reconsideration (contained in the manual) are carried out, should the appealing party still be dissatisfied with the NMPSRO reconsideration determination, the appealing party may then avail themselves of the State Fair Hearing Process.