

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

January 29, 2024

Ms. Lorelei Kellogg
Acting 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) 23-0016

Dear Lorelei Kellogg:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0016. This amendment proposes to include provisional certification to the accreditation standards as specified in 42 CFR part 8, subparts A & B.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR, part 8. This letter is to inform you that New Mexico Medicaid SPA 23-0016 was approved on January 29, 2024, with an effective date of November 1, 2023.

If you have any questions, please contact Dana Brown at 410-786-0421 or via email at Dana.Brown@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Valerie Tapia
Julie Lovato
Erika Price

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

12/08/2023

FOR CMS USE ONLY

16. DATE RECEIVED

12/09/2023

17. DATE APPROVED

January 29, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

11/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW MEXICO

**Amount, Duration and Scope of Medical and Remedial Care and Services
Provided to the Categorically Needy**

**State Supplement A to Attachment 3.1A
Page 21A**

- 8. Medication Assisted Treatment (MAT):** MAT services provided through an Opioid Treatment Center include the provision, administration, and/or dispensing of methadone or other narcotic replacement or narcotic agonist drug items as part of a detoxification treatment or maintenance treatment as defined in 42 CFR part 8, *Certification of Opioid Treatment Programs*. The Opioid Treatment Center must comply with the requirements and meet all provisional certification and/or accreditation and certification standards as specified in 42 CFR part 8, subparts A and B *Accreditation and Certification and Treatment Centers*.

TN No. 23-0016

Approval Date: 1/29/2024

Supersedes TN No. 12-06(A)

Effective Date: 11/1/2023