



**Michelle Lujan Grisham, Governor**  
Kari Armijo, Secretary  
Lorelei Kellogg, Acting Medicaid Director

December 08, 2023

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 here you will find documents related to New Mexico State Plan Amendment (SPA) 23-0016 Opioid Treatment Programs (OTPs).

Effective November 1, 2023, New Mexico is updating its state plan to include provisional certification to the accreditation and certification standards as specified in 42 CFR part 8, subparts A and B *Accreditation and Certification and Treatment Centers*.

Human Services Division Medical Assistance Division 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: [Valerie.Tapia@hsd.nm.gov](mailto:Valerie.Tapia@hsd.nm.gov) or (505) 257-8420.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lorelei Kellogg".

Lorelei Kellogg  
Acting Medicaid Director

cc: Nikki Lemmon, CMS

**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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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)	OTHER, AS SPECIFIED:
GOVERNOR'S OFFICE REPORTED NO COMMENT	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED 12/08/2023

15. RETURN TO
---------------

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

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 21d**

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 State Opioid Treatment Authority (SOTA) program application 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 \_\_\_\_\_

Supersedes TN No. 12-06(A)

Effective Date 11/1/2023