State Supplement	A to	Attachment	3.1	Α
------------------	------	-------------------	-----	---

Attachment 3.1-A	
Page 12 (Item 9)	

State I	Plan	under	Title	XIX	of the	Social	Security	/ Act
---------	------	-------	--------------	-----	--------	--------	----------	-------

State/Territory: New Mexico

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.

The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.

The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Limitations apply to a

Limitations apply to all services within the benefit category.

Limitations for physicians are described in item 5, which also apply to clinics.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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: 25-0002		Approval Date:	
Supe	ersedes TN: 23-0014	Effective: 01/01	/2025

Attachment 3.1-A	
	_

Page	12a
------	-----

State Plan under Title XIX of the Social Security Act

State/Territory: New Mexico

Section 1905(a)(9) Clinic Services Types of Clinics and Services: [Select all that apply and describe below as applicable] Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]: Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.] IHS and Tribal Clinics [Select below if applicable.]: Limitations apply only to this clinic type within the benefit category. [describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TNI.	55.0000		
TN:	25-0002	Approval Date:	
Supe	rsedes TN: NEW	Effective: 01/01/2025]

\tta	ch	m		nt.	2	1.	_^
LLC			CI		J .		

Page	1	2b
------	---	----

State/Territory: New Mexico

Section 1905(a)(9) Clinic Services



Renal Dialysis Clinics [Select below if applicable.]:



Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Dialysis Services:

- 1) The new Mexico Medicaid Program will cover services for renal dialysis for the first three months of dialysis if
- not covered by Medcare pending the establishment of Medicare eligibility.

 2) The New Mexico Medicaid Program will cover fifteen sessions of dialysis training sessions without special medical justification. Additional Sessions require medical justification to be attached to the claim.



Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

Rural Emergency Hospital (REH) Services as certified by Medicare Ambulatory surgical center (ASC) facility services



Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Emergency Department Services and,

Observation Care

ASC facility services are covered when all the following conditions

1) The surgical procedure and use of the facility is medically necessary and is a benefit to the program.

2) All program requirements for the surgery are met by the physician such as valid consent forms, prior approval requirements, etc.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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:	25-0002	Approval Date:		
Sune	preedes TN: NFW	Effective: 01/01	/2025	

State Supplement	A to	Attachment	3.1	Α
------------------	------	-------------------	-----	---

Attachment 3.1-A	
Page 12c	

State/Territory: New Mexico

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. [Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:

X	Services furnished outside the clinic, by clinic personnel under the direction of a
	physician, to an eligible individual who does not reside in a permanent dwelling o
	does not have a fixed home or mailing address in accordance with 42 C.F.R.
	440.90(b).

Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic [Select all that apply.]:

Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) [Describe the types of behavioral health clinics such exception applies to below.]:

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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:	25-0002		Approval Date:	
Super	sedes TN:	NEW	Effective: 01/01/2025	

State	Supplement.	A to	Attachment	3.1	Α
Juli	Ouppionion.	, , ,	/ tttaoiiiioiit		, ,

TN:

Supersedes TN: NEW

Attachment 3.1-A

					Page 12d	
			State Plan u	nder Title XIX of the Social Securi	ity Act	
			State/Territo	ory: New Mexico		
			Sec	tion 1905(a)(9) Clinic Services		
		rural h C.F.R physic check	nealth clinic (as r 3. 440.20(b) of thi cian in accordanc	tside of a clinic that is located in a rureferenced in section §1905(a)(2)(B) is subpart) by clinic personnel under ce with 42 C.F.R. 440.90(e) [Select and describe the definition of a rure) of the Act an r the direction one of the	nd 42 ı of a
				opted and used by a federal governr	mental agenc	у
				opted by a state governmental agendral health policy [Describe below.]:		in
Center the Plaw. A unless number requirements required to the center of	ers for Morivacy Act An agence sit displayed ber for this irements rding this cing this I	edicare ct of 197 cy may no clays a cuis project under the burden,	& Medicaid Service 74, any personally not conduct or spourrently valid Office t is 0938-1148 (Chis control number a estimate or any o to CMS, 7500 Sec	of this form is mandatory and the informations in implementing section §1905(a)(9) or identifying information obtained will be consor, and a person is not required to respect of Management and Budget (OMB) or identifying information in the implementation of information in the implementation in the implementation of information in the implementation of information in the implementation in the	of the Social state to be private to espond to a collection of the collection or response. Settion, including settion,	Security Act. Under the extent of the lection of information The OMB control of information and comments suggestions for
N:	25-0002	2		Approv	val Date:	

Effective: 01/01/2025

State Supplement A to Attachment 3.1 A

State Plan under Title XIX of the Social Security State/Territory: New Mexico Section 1905(a)(9) Clinic Services The state attests that [Select the checkbox if the state elects to outside of a clinic that is located in a rural area.]: The selected definition of a rural area best captures the rural individuals that meets more of the four criteria the and barriers to access experienced by individuals who diagnoses or difficulty accessing behavioral heals. The population experiences issues accessing second	cover services ne population of at mirror the needs of are unhoused:
State/Territory: New Mexico Section 1905(a)(9) Clinic Services The state attests that [Select the checkbox if the state elects to outside of a clinic that is located in a rural area.]: The selected definition of a rural area best captures the rural individuals that meets more of the four criteria the and barriers to access experienced by individuals who diagnoses or difficulty accessing behavioral heal	cover services ne population of at mirror the needs of are unhoused:
Section 1905(a)(9) Clinic Services The state attests that [Select the checkbox if the state elects to outside of a clinic that is located in a rural area.]: The selected definition of a rural area best captures the rural individuals that meets more of the four criteria the and barriers to access experienced by individuals who diagnoses or difficulty accessing behavioral heal	ne population of at mirror the needs are unhoused:
The state attests that [Select the checkbox if the state elects to butside of a clinic that is located in a rural area.]: The selected definition of a rural area best captures the rural individuals that meets more of the four criteria the and barriers to access experienced by individuals who diagnoses or difficulty accessing behavioral heal	ne population of at mirror the needs are unhoused:
The selected definition of a rural area best captures the rural individuals that meets more of the four criteria the and barriers to access experienced by individuals who diagnoses or difficulty accessing behavioral heal	ne population of at mirror the needs are unhoused:
 rural individuals that meets more of the four criteria the and barriers to access experienced by individuals who The population experiences high rates of behavioral diagnoses or difficulty accessing behavioral heal 	at mirror the needs o are unhoused:
diagnoses or difficulty accessing behavioral heal	oral health
 transportation; The population experiences a historical mistrust system; and The population experiences high rates of poor homortality. 	th services; ervices due to lack of of the health care
Additional Benefit Description (Optional) At its option the state may provide additional descriptive information benefit, beyond what is included in the federal statutory and regulated descriptions. [Describe below.]:	
Disclosure Statement - This use of this form is mandatory and the information of Medicare & Medicaid Services in implementing section §1905(a)(9) vacy Act of 1974, any personally identifying information obtained will be a agency may not conduct or sponsor, and a person is not required to rest it displays a currently valid Office of Management and Budget (OMB) or for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the ements under this control number is estimated to take about 25 hours per ing this burden estimate or any other aspect of this collection of informating this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Redi	of the Social Security Act. Unkept private to the extent of the spond to a collection of information of the collection of information response. Send comments on, including suggestions for

number for this project is 0938-1148 (CMS-10398 #91). Public bur requirements under this control number is estimated to take about regarding this burden estimate or any other aspect of this collectio reducing this burden, to CMS, 7500 Security Boulevard, Attn: Pa Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. 25-0002 Approval Date: Effective: 01/01/2025 Supersedes TN: NEW