

**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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March 31, 2022

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) 22-0006

Dear Ms. Comeaux:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0006. This amendment proposes to update the state plan to ensure compliance with federal Preadmission Screening and Resident Review (PASRR) requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(28)(D)(i) of the Act, 1919(e)(7) of the Act, 42 CFR 418.3, and 42 CFR 483.130. This letter is to inform you that New Mexico Medicaid SPA 22-0006 was approved on March 31, 2022, with an effective date of March 31, 2022.

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  
Julie Lovato  
Valerie Tapia  
Donna Lopez

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 6</u>	2. STATE <u>NM</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <u>XIX XXI</u>	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>March 31, 2022</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>1902(a)(28)(D)(i) of the Act; 1919(e)(7) of the Act; 42 CFR 418.3; 42 CFR 483.130</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>22</u> \$ <u>0</u> b. FFY <u>23</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.39, pg. 1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>Attachment 4.39, pg. 1</u>
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9. SUBJECT OF AMENDMENT  
Preadmission Screening Resident Review (PASRR)/Categorical Determinations - new language includes that the state mental health or intellectual disability authority may make certain determinations specified in the state plan.

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  Nicole Comeaux, J.D., M.P.H., Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504-2348
12. TYPED NAME <u>Nicole Comeaux</u>	
13. TITLE <u>Director, Medical Assistance Division</u>	
14. DATE SUBMITTED <u>March 17, 2022</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>March 17, 2022</u>	17. DATE APPROVED <u>March 31, 2022</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>March 31, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

STATE PLAN UNDER TITLE XIX THE SOCIAL SECURITY ACT

State/Territory:                     New Mexico                    

CATEGORICAL DETERMINATIONS

- A. The state mental health or intellectual disability authority may make an advanced determination that nursing facility (NF) services are needed for the following groups of applicants for NF care:
1. **Convalescent care:** The applicant is admitted directly to a NF from a hospital for convalescent care for an acute physical illness under the following circumstances:
    - a. the individual's attending physician has certified before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.
    - b. convalescent care is required to treat a condition other than the one that resulted in the hospital admission.
  2. **Terminal illness:** as defined for hospice purposes in 42 CFR §418.3.
  3. **Severe physical illness:** such as coma, ventilator dependence, functioning at a brain stem level or diagnoses such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure which result in a level of impairment so severe that the individual is determined to need NF services.
  4. **Provisional admissions:**
    - a. pending further assessment accurate diagnosis cannot be made until the delirium clears, not to exceed 30 days;
    - b. pending further assessment in emergency situations requiring protective services, not to exceed 7 calendar days from admission;
  5. **Respite:** the individual is admitted for a very brief and finite stay, not to exceed 14 days, for the purpose of providing respite to in-home caregivers. The individual is expected to return home after this brief stay.
- B. The state mental health and intellectual disability authorities may make categorical determination that specialized services are not needed in the provisional, emergency and respite admissions situations identified 42 CFR §483.130(d)(4)-(6).
- C. The state mental health and intellectual disability authorities may make categorical determinations that individuals with dementia, which exists in combination with intellectual disability or related condition, do not need specialized services.

TN No.           22-0006          

Approval Date   3/31/2022  

Supersedes TN No.           93-17          

Effective Date   3/31/2022