

Table of Contents

State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 25-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

March 19, 2026

Alanna Dancis
Acting Director
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
Santa Fe, New Mexico 87504-2348

Re: New Mexico State Plan Amendment (SPA) – 25-0004

Dear Director Dancis:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This amendment proposes to provide Medication Assisted Treatment (MAT) in accordance with Section 201 of the Consolidated Appropriations Act, 2024, (CAA) to make permanent the mandatory Medicaid benefit for medications for Opioid Use Disorder.

We conducted our review of your submittal according to statutory requirements in Section 1902(a)(29) of the Social Security Act. This letter informs you that New Mexico's Medicaid SPA TN 25-0004 was approved on March 19, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Mexico State Plan.

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

Sincerely,

Nicole M.
Mcknight -S

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Digitally signed by Nicole M.
Mcknight -S
Date: 2026.03.19 14:03:07 -04'00'

Enclosures

cc: Valerie.Tapia, New Mexico Human Services Department

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 4

2. STATE

NM3. 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

10/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)29

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

State Supplement A to Attachment 3.1-A pg. 21d (was
misnumbered as 21A in previous SPA. Renumbering and marking
as reserved.)

State Supplement A to Attachment 3.1-A pages 25-29

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)State Supplement A to Attachment 3.1-A pg. 21A
(corrected page number to 21d and marked reserved.)

State Supplement A to Attachment 3.1-A pg 25-29

9. SUBJECT OF AMENDMENT

To provide Medication Assisted Treatment (MAT) in accordance with Section 201 of the Consolidated Appropriations Act, 2024
(CAA) to make permanent the mandatory Medicaid benefit for medications for Opioid Use Disorder.

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:

Delegated to the Acting Medicaid Director

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Alanna Dancis

13. TITLE

Acting Medicaid Director, Medical Assistance Division

14. DATE SUBMITTED

12/29/25

15. RETURN TO

Alanna Dancis
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348**FOR CMS USE ONLY**

16. DATE RECEIVED

December 29, 2025

17. DATE APPROVED

March 19, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Nicole M. Mcknight -S Digitally signed by Nicole M. Mcknight -S
Date: 2026.03.19 14:03:40 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO**

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

RESERVED

TN No: 25-0004

Supersedes TN No: 23-0016

Approval Date: 3/19/2026

Effective Date: 10/1/2025

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

**State Supplement A to Attachment 3.1-A
Page 25**

Citation: 3.1-A Amount, Duration, and Scope of Services

☒ 1905(a)(29) MAT as described and limited in State Supplement A to Attachment 3.1-A.

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)(29) 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 #68). 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 No: 25-0004

Supersedes TN No: 21-0004

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

State Supplement A to Attachment 3.1-A

Page 26

General Assurances

☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT:

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

MAT for OUD counseling and behavioral health therapies include:

- a. Access to individual and group counseling services for mental health and substance use disorders.
- b. Screening, assessment, and treatment planning, which includes solving problems, setting goals or objectives, and coordinating interventions.
- c. Peer Support Services, which include providing skill-building, recovery, and resiliency support.

Please include each practitioner and provider entity that furnishes each service and component service.

Screening, assessment and treatment plan development practitioners include:

- a. Licensed Clinical Psychologist
- b. Licensed Marriage and Family Therapist (LMFT)
- c. Licensed Associate Marriage and Family Therapist (LAMT)
- d. Certified Alcohol and Drug Abuse Counselor (CADC)
- e. Licensed Alcohol and Drug Abuse Counselor (LDAC)

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State Supplement A to Attachment 3.1-A

Page 27

- f. Licensed Mental Health Counselor (LMHC)
- g. Licensed Professional Clinical Counselor (LPCC)
- h. Licensed Master of Social Work (LMSW)
- i. Licensed Clinical Social Worker (LCSW)
- j. Clinical Nurse Specialist (CNS) or Clinical Nurse Practitioner (CNP), supervised by a medical doctor.

Individual and group counseling practitioners include:

- a. Licensed Clinical Psychologist
- b. Licensed Marriage and Family Therapist (LMFT)
- c. Licensed Associate Marriage and Family Therapist (LAMT)
- d. Certified Alcohol and Drug Abuse Counselor (CADAC)
- e. Licensed Alcohol and Drug Abuse Counselor (LDAC)
- f. Licensed Mental Health Counselor (LMHC)
- g. Licensed Professional Clinical Counselor (LPCC)
- h. Licensed Master of Social Work (LMSW)
- i. Licensed Clinical Social Worker (LCSW)
- j. Clinical Nurse Specialist (CNS) or Clinical Nurse Practitioner (CNP), supervised by a medical doctor.

Peer Support Services providers include:

- a. Certified Peer Support Workers (CPSW)
- b. Certified Family Peer Support Workers (CFPSW)
- c. Certified Youth Peer Support Workers (CYPSW)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Treatment plan development practitioner qualifications:

- a. Must be licensed by the state approved licensing board.

Individual and group counseling practitioner qualifications:

- a. Must be licensed by the state approved licensing board.

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Page 28

Certified Alcohol and Drug Abuse Counselor (CADC) qualifications:

- a. Have a high school diploma or equivalent.
- b. Applicants must sign a code of ethics statement or affirmation statement.
- c. Applicants must complete 40 hours of continuing education, earned every two years.
- d. Have received certification as a CADC from the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP); and
- e. Be supervised by a competent, independently licensed behavioral health professional, as defined by the State.

Certified Peer Support Worker (CPSW) qualifications:

- a. Must complete the certification program offered at the Behavioral Health Services Division (BHSD) of the Health Care Authority (HCA).
- b. Must complete the test and be certified by the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP).
- c. Must complete 20 hours of initial training and 20 hours of education every subsequent year.
- d. Must be supervised by an independent practitioner or someone trained and certified to supervise peers.
- e. Services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals.

Certified Family Peer Support Worker (CFPSW) qualifications:

- a. Must complete the certification program offered through the Children, Youth, and Families Department's (CYFD's) Behavioral Health Services (BHS) Division.
- b. Must complete the test and be certified by the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP).
- c. Must complete 20 hours of initial training and 20 hours of education every subsequent year.
- d. Must be supervised by an independent practitioner or someone trained and certified to supervise peers.
- e. Services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals.

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Page 29

Certified Youth Peer Support Worker (CYPSW) qualifications:

- a. Must complete the certification program offered through the Children, Youth, and Families Department's (CYFD's) Behavioral Health Services (BHS) Division.
- b. Must complete the test and be certified by the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP).
- c. Must complete 20 hours of initial training and 20 hours of education every subsequent year.
- d. Must be supervised by an independent practitioner or someone trained and certified to supervise peers.
- e. Services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals.

Utilization Controls

☒ The state has drug utilization controls in place. (Check each of the following that apply)

☒ Generic first policy

☐ Preferred drug lists

☐ Clinical criteria

☐ Quantity limits

☐ The state does not have drug utilization controls in place.

Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

In New Mexico, the DUR board tracks MAT utilization and access, but has placed as few utilization requirements into place as possible because our focus is on extending rather than limiting access.

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