State Plan Under Title XIX of the Social Security Act
State of New Mexico

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

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services~~: Categorically Needy (Continued)~~

1905(a)(29) __X___MAT as described and limited in Supplement __A___to Attachment 3.1-A.

~~ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.~~

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~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)~~

~~i.~~ General Assurance

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 ~~and ending September 30, 2025~~.

~~ii. Assurances~~

a. 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).

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

~~c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD 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).~~

~~iii.~~ Service Package

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

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

~~MAT for treatment of OUD is covered exclusively under section 1905(a)(29) for the period of 10/01/2020 – 9/30/2025.~~

MAT for OUD counseling and behavioral health therapies include:

~~1. Treatment plan development which includes clinical assessment to achieve goals and strategies.~~
~~2. Individual and group counseling/therapy to address underlying issues related to substance abuse.~~
1. Access to individual and group counseling services for mental health and substance use disorder offered internally or by referral.
2. Internal or external referral for comprehensive community support services (CCSS).
3. Screening, assessment, and treatment planning, which includes solving problems, setting goals or objectives, and coordinating interventions.
4. Peer support services which include providing skill-building, recovery and resiliency support.

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.

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

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)
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 (CADC);
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.

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~~c)~~ 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:
~~Must be licensed by the New Mexico Regulation and Licensing Department (RLD).~~
- Must be licensed by the state approved licensing board.

Individual and group counseling practitioner qualifications:
~~Must be licensed by the New Mexico Regulation and Licensing Department (RLD).~~
- Must be licensed by the state approved licensing board.

Certified Peer Support Worker (CPSW) qualifications:

a. Must be 18 years of age or older; and
b. Have a high school diploma or equivalent; and
~~c. Have received a license from the New Mexico Regulation and Licensing Department (RLD) to practice in NM; and~~
c. Have received a license by the state approved licensing board; and
d. Be self-identified as a current or former consumer of mental health or substance abuse services, and have at least three years of mental health or substance abuse recovery; and
~~e. Have received certification as a CPSW from the New Mexico Behavioral Health Credentialing Board; and~~
e. Have received certification as a CPSW from the New Mexico Behavioral Health Credentialing Board; and
f. Be supervised by a competent, independently licensed behavioral health professional, as defined by the State.

~~iv.~~ Utilization Controls

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

__X___Generic first policy
_____Preferred drug lists
_____Clinical criteria
_____Quantity limits

_____The state does not have drug utilization controls in place.

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~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)~~

~~v.~~ 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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~~PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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.~~