# NEW MEXICO

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## Types of Facilities

*Mental Health (MH) and Substance Use Disorder (SUD)*: New Mexico regulates Crisis Triage Centers (CTCs), which provide outpatient or short-term residential stabilization of behavioral health crises, as an alternative to hospitalization or incarceration. The CTC provides emergency behavioral health triage and evaluation, including services to manage individuals at high risk of suicide or intentional self-harm, and may provide limited detoxification services. No other regulated MH or SUD residential treatment facility types were identified.

*Unregulated Facilities*: No residential treatment facilities other than CTCs are currently regulated. Adult Residential Treatment Centers (ARTCs), which presently are not included in the New Mexico licensing regulations, contract with the state for non-Medicaid services, paid through state general funds.[1]

## Approach

*Mental Health (MH) and Substance Use Disorder (SUD)*: The New Mexico Department of Health (DOH), Division of Health Improvement (DHI) regulates all CTCs.

## Processes of Licensure or Certification and Accreditation

*Mental Health (MH) and Substance Use Disorder (SUD)*: CTCs must apply for licensure by the DOH in order to operate in the state.

- Accreditation is not required for CTCs.
- A facility survey is required for licensure and renewal.
- A Certificate of Need is not required for CTCs.

[1] As noted in the Medicaid portion of this summary, the Section 1115 waiver includes ARTCs.

- Licensure is applied for annually, and the application focuses on general compliance with regulatory requirements, and should include the building plans, building approvals, environment department approvals, board of pharmacy approvals, a program description, and program policies and procedures.

## Cause-Based Monitoring

*Mental Health (MH) and Substance Use Disorder (SUD)*: The DOH performs renewal surveys for CTCs and may conduct announced or unannounced surveys, as well as requiring a plan of correction should the DOH become aware of deficiencies. Licensure may be denied, revoked, or suspended.

## Access Requirements

*Mental Health (MH) and Substance Use Disorder (SUD)*: Wait-time requirements were not found but CTCs must comply with the Americans with Disabilities Act.

## Staffing

*Mental Health (MH) and Substance Use Disorder (SUD)*: (1) The CTC shall have an on-site administrator, which can be the same person as the clinical director; (2) The CTC shall have a full time clinical director appropriately licensed to provide clinical oversight; (3) The CTC shall have an RN present on-site 24 hours a day, seven days a week or as long as clients are present in programs that do not offer residential services, to provide direct nursing services; (4) An on-call physician or advanced practice registered nurse shall be available 24 hours a day by phone, and available on-site as needed or through telehealth; (5) Consultation by a psychiatrist or prescribing psychologist may be provided through telehealth; (6) The CTC shall maintain sufficient staff including direct care and mental health professionals to provide for supervision and the care of residential and non-residential clients served by the CTC, based on the acuity of client needs; and (7) At least one staff trained in basic cardiac life support (BCLS) and first aid shall be on duty at all times. In addition, one staff trained in the use of the automated external defibrillator (AED) equipment shall also be on duty.

The Administrator must be at least 21 and possess experience in acute mental health and hold at least a bachelor's degree in the human services field or be a registered nurse with experience or training in acute mental health treatment. The clinical director shall be at least 21 and a licensed independent mental health professional or certified nurse practitioner or certified nurse specialist with experience and training in acute mental health treatment and withdrawal management services, if withdrawal management services are provided.

Training for each new employee and volunteer who provides direct care shall include a minimum of 16 hours of training and be completed prior to providing unsupervised care to clients. At least 12 hours of on-going training shall be provided to staff that provides direct care at least annually; the training and proof of competency shall include, but not be limited to: (1) behavioral health interventions; (2) crisis interventions; (3) substance use disorders and co-occurring disorders; (4) withdrawal management protocols and procedures, if withdrawal management is provided; (5) clinical and psychosocial needs of the population served; (6) psychotropic medications and possible side effects; (7) ethnic and cultural considerations of the geographic area served; (8) community resources and services including pertinent referral criteria; and (9) treatment and discharge planning with an emphasis on crisis stabilization.

## Placement

*Mental Health (MH) and Substance Use Disorder (SUD)*: Use of the ASAM criteria, including placement requirements, is only required for people needing detoxification, and a CTC shall not provide detoxification services beyond Level III.7-D: Medically Monitored Inpatient Detoxification services. The admission assessment must contain an assessment of past trauma or abuse, how the individual served would prefer to be approached should he become dangerous to himself or to others and the findings from this initial assessment shall guide the process for determining interventions. The assessment must include: medical and mental health history and status, the onset of illness, the presenting circumstances, risk assessment, cognitive abilities, communication abilities, social history and history as a victim of physical abuse, sexual abuse, neglect, or other trauma as well as history as a perpetrator of physical or sexual abuse.

## Treatment and Discharge Planning and Aftercare Services

*Mental Health (MH) and Substance Use Disorder (SUD)*: Treatment and discharge planning are required beginning at admission. Discharge plan and summary information shall be provided to the client at the time of discharge that includes recommendations and documentation for continued care, including appointment times, locations and contact information for providers; and recommendations for community services if indicated with contact information for the services.

## Treatment Services

*Mental Health (MH) and Substance Use Disorder (SUD)*: In addition to emergency behavioral health triage and evaluation and possible detoxification services, trauma-informed care is required. For example, crisis intervention plans must document the use of physical restraints and address: the client's medical condition(s); the role of the client's history of trauma in

his/her behavioral patterns; specific suggestions from the client regarding prevention of future physical interventions. Additionally, the admission assessment should document instances of past trauma. No references to medication-assisted treatment specific to residential treatment were identified.

## Patient Rights and Safety Standards

*Mental Health (MH) and Substance Use Disorder (SUD)*: All facilities shall report to the licensing authority any serious incidents or unusual occurrences which have threatened, or could have threatened the health, safety and welfare of the clients. The CTC shall develop policies and procedures addressing risk assessment and mitigation. The policies and procedures must address the CTC's response to clients that present with imminent risk to self or others, assaultive and other high-risk behaviors, and must prohibit seclusion and address physical restraint, if used. The use of physical restraint must be consistent with federal and state laws and regulation. Physical restraint shall not be used as punishment or for the convenience of staff. Physical restraints are implemented only by staff who have been trained and certified by a recognized program in the prevention and use of physical restraint. This training emphasizes de-escalation techniques and alternatives to physical contact with clients as a means of managing behavior and allows only the use of reasonable force necessary to protect the client or other person from imminent and serious physical harm. Clients and youth do not participate in the physical restraint of other clients and youth. The use of physical restraint must be consistent with federal and state laws and regulation. Chemical and mechanical restraints are prohibited. Crisis intervention plans must document the use of physical restraints and address: the client's medical condition(s); the role of the client's history of trauma in his/her behavioral patterns; specific suggestions from the client regarding prevention of future physical interventions.

Suicide risk interventions must include the following: (1) a registered nurse or other licensed mental health professional may initiate suicide precautions and must obtain physician or advanced practice registered nurse order within one hour of initiating the precautions; (2) modifications or removal of suicide precautions shall require clinical justification determined by an assessment and shall be ordered by a physician or advanced practice registered nurse and documented in the clinical record; (3) staff and client shall be debriefed immediately following an episode of a suicide attempt or gesture, identifying the circumstances leading up to the suicide attempt or gesture; and (4) an evaluation of the client by a medical, psychiatric or independently licensed mental health provider must be done immediately, or the client must be transferred to a higher level of care immediately.

## Quality Assurance or Improvement

*Mental Health (MH) and Substance Use Disorder (SUD)*: The CTC shall establish written policies and procedures which govern the CTC's operation and that are reviewed annually and approved by the governing body. The administrator shall ensure that these policies and procedures are adopted, administered and enforced to provide quality services in a safe environment. At a minimum, the CTC's written policies and procedures shall include how the CTC intends to comply with all requirements of the regulations and address ways in which each CTC shall establish and maintain quality improvement systems including policies and procedures for quality assurance and quality improvement and have a quality committee.

The CTC shall establish a quality committee comprised at a minimum of the administrator, clinical director, director of nursing, licensed mental health professional, certified peer support worker, and psychiatrist. The committee shall establish and implement quality assurance and quality improvement systems that monitor and promote quality care to clients. The systems are approved by the governing body and updated annually. The quality improvement systems must include: (a) chart reviews; (b) annual review of policies and procedures; (c) data collection, and other program monitoring processes; (d) data analyses; (e) identification of events, trends and patterns that may affect client health, safety or treatment efficacy; (f) identification of areas for improvement; (g) intervention plans, including action steps, responsible parties, and completion time; and, (h) evaluation of the effectiveness of interventions.

The quality committee shall review at a minimum, the following: (1) high-risk situations and critical incidents (such as suicide, death, serious injury, violence and abuse, neglect and exploitation) within 24 hours; (2) medical emergencies; (3) medication variance; (4) infection control; (5) emergency safety interventions including any instances physical restraints; and (6) environmental safety and maintenance.

The quality committee is responsible for the implementation of quality improvement processes. The quality committee shall submit a quarterly report to the governing body for review and approval and shall evaluate the CTC's effectiveness in improving performance.

## Governance

*Mental Health (MH) and Substance Use Disorder (SUD)*: CTCs must have a formally constituted governing body or operate under the governing body of the legal entity, which has ultimate authority over the CTC. The governing body shall: (1) establish and adopt bylaws that govern its operation; (2) approve policies and procedures; (3) appoint an on-site administrator or chief executive officer/administrator for the CTC; and (4) review the performance of the administrator/chief executive officer at least annually. The CTC shall establish written policies and procedures on specified subjects that are reviewed annually and approved by the governing body, which govern the CTC's operation.

## Special Populations

*Mental Health (MH) and Substance Use Disorder (SUD)*: Direct care staff must have training and proof of competency in SUDs and co-occurring disorders.

## Location of Regulatory and Licensing Requirements

Department of Health, Crisis Triage Center regulations[2]. Regulatory data collected August 30, 2019.

## Other Information Sources

C. Melugin (NM HSD); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[2] See http://164.64.110.134/parts/title07/07.030.0013.html.

# NEW MEXICO MEDICAID

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## Approach

The New Mexico Human Services Department (HSD) oversees the state Medicaid program. New Mexico also has a Section 1115 waiver permitting coverage of Medicaid enrollees diagnosed with a substance use disorder (SUD) who are short term residents in residential treatment facilities that meet the definition of an Institution for Mental Diseases (IMD). It also has historically relied on the in lieu of provision to reimburse certain services in IMDs but not on Disproportionate Share Hospital (DSH) payments.

## Types of Facilities

*Mental Health (MH) and Substance Use Disorder (SUD)*: Pursuant to a Medicaid state plan amendment effective January 1, 2019, Medicaid coverage is provided of services in Crisis Triage Centers (CTCs) set in residential treatment facilities with no more than 16 beds. They provide voluntary stabilization of behavioral health crises including emergency mental health evaluation, withdrawal management, and care.

*Substance Use Disorder (SUD)*: The New Mexico Section 1115 waiver provides coverage for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term (statewide average length of stay of 30 days) residents in facilities that meet the definition of an IMD. The residential settings specified in the waiver include the following:

- Adult residential treatment.
- Medically supervised withdrawal management.

The state was required by the Section 1115 OUD/SUD program demonstration approval to provide ASAM Level 3 treatment services, which previously were not covered by Medicaid in the state. New Mexico elected to incorporate residential treatment into the state plan and into its Medicaid regulations. Effective January 1, 2019, the state plan was amended to include Medicaid coverage of Accredited Residential Treatment Centers (ARTCs) for Adults with SUD. The sections below on placement, staffing, and services provide additional information on the

provision of Levels 3.1, 3.2-WM, 3.3, 3.5, 3.7, and 3.7-WM services within the Medicaid program.

## Processes of Medicaid Enrollment

*Mental Health (MH) and Substance Use Disorder (SUD)*: To be reimbursed by Medicaid, CTCs must be enrolled as Medicaid providers and licensed by the state Department of Health and certified by the HSD Behavioral Health Services Division (BHSD). All Medicaid providers must adhere to provisions of all statutes, regulations, rules, and executive orders. Surveys may be conducted and provider status may be terminated or revoked.

*Substance Use Disorder (SUD)*: To be reimbursed by Medicaid, an ARTC: (a) must be accredited by JC, COA, or CARF as an adult (18 and older) residential treatment facility; (b) must have written policies and procedures specifying ASAM level of care three criteria as the basis for accepting eligible recipients into the sub-level treatment program; (c) must meet ASAM treatment service requirements for the ASAM level of care three recipients it admits into each sub-level of care; (d) must provide medication assisted treatment (MAT) for SUD, as indicated; and (e) all practitioners shall be trained in ASAM principles and levels of care.

## Staffing

*Mental Health (MH) and Substance Use Disorder (SUD)*: For a CTC: Practitioners must be contracted or employed by the provider agency as part of its crisis triage center service delivery. All providers must be licensed in New Mexico for services performed in New Mexico. For services performed by providers licensed outside of New Mexico, a provider's out-of-state license may be accepted in lieu of licensure in New Mexico if the out-of-state licensure requirements are similar to those of the state of New Mexico. For services provided under the public health service including IHS, providers must meet the requirements of the public health service corps.

The facility shall maintain sufficient staff including supervision and direct care and mental health professionals to provide for the care of residential and non-residential clients served by the facility, based on the acuity of client needs. The following individuals and practitioners must be contracted or employed by the provider agency as part of its crisis triage center service delivery: (a) An on-site administrator which can be the same person as the clinical director. The administrator is specifically assigned to crisis triage center service oversight and administrative responsibilities and meets specified age, experience, and credentialing requirements. (b) A full time clinical director that meets requirements regarding age, licensure, experience, and training. (c) A charge nurse on duty during all hours of operation under whom all services are directed, with the exception of the physician's and who meets age, credentialing, and licensure requirements. (d) A regulation and licensing department (RLD) master's level licensed mental

health practitioner. (e) Certified peer support workers (CPSW) holding a certification by the New Mexico credentialing board for behavioral health professionals as a certified peer support worker staffed appropriate to meet the client needs 24 hours a day 7 days a week. (f) An on call physician during all hours of operation who meets certain education and licensure requirements. (g) A part time psychiatric consultant or prescribing psychologist, hours determined by size of center, who meets credentialing, licensure, and board eligibility or certification standards. These services may be provided through telehealth. (h) At least one staff trained in basic cardiac life support (BCLS), the use of the automated external defibrillator (AED) equipment, and first aid shall be on duty at all times.

*Substance Use Disorder (SUD)*: Pursuant to the Section 1115 waiver, the state must conduct an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT.

State Medicaid regulations specify that a clinically-managed ARTC facility must provide 24-hour care with trained staff. Treatment must be provided under the direction of an independently licensed clinician/practitioner as defined by ASAM criteria level three for the sub-level of treatment being rendered.

The state plan amendment and/or regulations regarding staffing required as part of Level 3 facilities are as follows:

- Level 3.2-WM: Services are managed by behavioral health professionals, with protocols in place should a patient's condition deteriorate and appear to need medical or nursing interventions.

- Level 3.7: Services include 24-hour nursing care with physician availability for significant problems; other interdisciplinary staff of trained clinicians may include counselors, social workers, psychologists available to assess and treat the recipient and to obtain and interpret information regarding recipient needs; also addiction specialists, peer support workers; 16 hour/day counselor availability.

- Level 3.7-WM: Services are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, peer support workers or other health and technical personnel under the direction of a licensed physician; services are monitored by medical or nursing professionals, with 24-hour nursing care and physician visits as needed, with protocols in place should a patient's condition deteriorate and appear to need intensive inpatient withdrawal management interventions.

## Placement

*Mental Health (MH) and Substance Use Disorder (SUD)*: For a CTC, an eligible recipient who is 18 years of age or older must meet the crisis triage center admission criteria for an adults-only agency. Recipients may also have other co-occurring diagnoses. The CTC shall not refuse service to any recipient who meets the agency's criteria for services, or solely based on the recipient being on a law enforcement hold or living in the community on a court ordered conditional release. Crisis triage services do not require prior authorization, but are provided as approved by the crisis triage center provider agency.

*Substance Use Disorder (SUD)*: Under the Section 1115 waiver, the state must offer a full range of SUD treatment options using American Society for Addiction Medicine (ASAM) criteria for assessment and treatment decision making. The state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state also must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

Medicaid regulations indicate admission and treatment criteria based on the sub-levels of ASAM level three criteria must be met for ARTCs. The differing sub-levels of ASAM three are based on the intensity of clinical services, particularly as demonstrated by the degree of involvement of medical and nursing professionals. The defining characteristic of level three ASAM criteria is that they serve recipients who need safe and stable living environments to develop their recovery skills. They are transferred to lower levels of care when they have established sufficient skills to safely continue treatment without the immediate risk of relapse, continued use, or other continued problems, and are no longer in imminent danger of harm to themselves or others.

The state plan amendment and/or Medicaid regulations impose the following additional placement standards for Level 3 facilities:

- Level 3.1 Clinically Managed Low-Intensity Residential Treatment Services: This level is often a step down from a higher level of care and prepares the recipient for outpatient treatment and community life.

- Level 3.2-WM Clinically Managed Residential Withdrawal Management: Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. The recipient remains in a Level 3.2 withdrawal management program until: (i) withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care;

or (ii) the recipient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management services is indicated. 3.2-WM typically lasts for no more than 30 days.

- Level 3.3. Clinically Managed Population-Specific High Intensity Residential Services: Level 3.3 meets the needs of recipients with cognitive difficulties needing more specialized individualized services. The cognitive impairments can be due to aging, traumatic brain injury, acute but lasting injury, or illness. These recipients need a slower pace and lower intensity of services.

- Level 3.5 Clinically Managed High-Intensity Residential Services: Multi-dimensional imminent danger but medical monitoring is not required.

- Level 3.7-WM Medically Monitored Inpatient Withdrawal Management: Severe withdrawal; unlikely to complete withdrawal management without medical monitoring. The recipient remains in a level 3.7 withdrawal management program until: (i) withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or (ii) the recipient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management services is indicated. 3.7-WM typically last for no more than seven days.

The state Medicaid standards also include requirements regarding referrals, prior authorization, continued care, and utilization review.

## Treatment and Discharge Planning and Aftercare Services

*Mental Health (MH) and Substance Use Disorder (SUD)*: In a CTC, a licensed mental health professional must document a crisis stabilization plan to address needs identified in the assessment which must also include criteria describing evidence of stabilization and either transfer or discharge criteria. Readiness for discharge must be reviewed in collaboration with the recipient every day.

*Substance Use Disorder (SUD)*: The ARTC treatment plan must be developed by a team of professionals in consultation with the recipient and in accordance with ASAM and accreditation standards. An interdisciplinary team must review the treatment plan at least every 15 days. See Care Coordination below regarding aftercare services.

## Treatment Services

*Mental Health (MH) and Substance Use Disorder (SUD)*: The CTC shall provide emergency screening, and evaluation services 24-hours a day, seven days a week and shall admit 24-hours a day seven days a week and discharge seven days a week. CTCs in residential settings provide the following services: (1) Comprehensive medical history and physical examination at admission. (2) Development and update of the assessment and plan. (3) Crisis stabilization including, but not limited to: (a) crisis triage; (b) screening and assessment; (c) de-escalation and stabilization; (d) brief intervention and psychological counseling; (e) peer support. (4) Ambulatory withdrawal management (non-residential) based on American society of addiction medicine (ASAM) 2.1 level of care includes: (a) evaluation, withdrawal management and referral services; (b) clinical consultation and supervision for bio-medical, emotional, behavioral, and cognitive problems; (c) psychological and psychiatric consultation; and (d) other services determined through the assessment process. (5) Clinically or medically monitored withdrawal management in residential setting, if included, not to exceed services described in level 3.7 of the current ASAM patient placement criteria. (6) Prescribing and administering medication, if applicable. (7) Conducting or arranging for appropriate laboratory and toxicology testing.

The CTC identifies recipients at high risk of suicide or intentional self-harm, and subsequently engages these recipients through solution-focused and harm-reducing methods. Education and program offerings are designed to meet the stabilization and transfer of recipients to a different level of care.

*Substance Use Disorder (SUD)*: Under the Section 1115 waiver, initiatives to improve SUD services will ensure the appropriate level of treatment is provided, increase the availability of medication assisted treatment (MAT), and enhance coordination between levels of care. The state must offer a full range of SUD treatment options using American Society for Addiction Medicine (ASAM) criteria for assessment and treatment decision making. Beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. In addition to current licensing requirements, pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in a pre-enrollment certification by the state based upon meeting accrediting body qualifications and ASAM standards for staffing credentials, hours of clinical care and types of clinical service established in state regulations. The managed care contracts and credentialing policies along with prior authorization practices offer further guidance and monitoring of adherence to SUD specific program standards. The state must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

State Medicaid regulations specify that the following services shall be performed by the ARTC agency to receive reimbursement: (a) diagnostic evaluation, necessary psychological testing, and development of the eligible recipient's treatment plan; (b) provision of regularly scheduled

counseling and therapy sessions in an individual, family or group setting following the eligible recipient's treatment plan, and according to ASAM guidelines for level three, residential care, and the specific sub-level of care for which that client meets admission criteria; (c) facilitation of age-appropriate life skills development; (d) assistance to the eligible recipient in his or her self-administration of medication in compliance with state statute, regulation and rules; (e) maintain appropriate staff available on a 24-hour basis to respond to crisis situations, determine the severity of the situation, stabilize the eligible recipient, make referrals as necessary, and provide follow-up to the eligible recipient; and (f) consultation with other professionals or allied caregivers regarding the needs of the eligible recipient, as applicable. Medicaid reimbursement covers services considered routine in the residential setting and that are medically necessary for the diagnosis and treatment of an eligible recipient's condition. Routine services include, but are not limited to, counseling, therapy, activities of daily living, medical management, crisis intervention, professional consultation, transportation, rehabilitative services and administration. Medicaid does not cover room and board.

The state plan and state Medicaid regulations specify the following by level:

- Level 3.1 Clinically Managed Low-Intensity Residential Treatment Services: 24-hour structure with trained personnel; at least 5 hours of clinical service (recovery skills)/week.

- Level 3.2-WM Clinically Managed Residential Withdrawal Management: The program has the ability to arrange for appropriate laboratory and toxicology tests; a range of cognitive, behavioral, medical, mental health and other therapies are administered on an individual or group basis to enhance the recipient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment.

- Level 3.3. Clinically Managed Population-Specific High Intensity Residential Services: 24-hour structure with trained counselors to stabilize multidimensional imminent danger; less intense programming and group treatment for those with cognitive or other impairments unable to use full therapeutic community; and preparation for outpatient treatment.

- Level 3.5 Clinically Managed High-Intensity Residential Services: 24-hour care with trained counselors to stabilize multi-dimensional imminent danger; and preparation for outpatient treatment.

- Level 3.7 Medically Monitored Intensive Inpatient Services: an organized service delivered by medical and nursing professionals which provides 24-hour evaluation and monitoring services under the direction of a physician or clinical nurse practitioner who is available by phone 24-hours a day.

- Level 3.7-WM Medically Monitored Inpatient Withdrawal Management: 24-hour nursing care and physician visits. The program has the ability to arrange for appropriate laboratory and toxicology tests; a range of cognitive, behavioral, medical, mental health and other therapies are administered on an individual or group basis to enhance the recipient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment.

## Care Coordination

*Mental Health (MH) and Substance Use Disorder (SUD)*: A CTC in a residential setting must provide navigational services for individuals transitioning to the community which, when available, include: (a) prescription and medication assistance; (b) arranging for temporary or permanent housing; (c) family and natural support group planning; (d) outpatient behavioral health referrals and appointments; and (e) other services determined through the assessment process.

*Substance Use Disorder (SUD)*: Under the Section 1115 waiver, initiatives to improve SUD services will enhance coordination between levels of care. Beneficiaries will have access to improved care coordination and care for comorbid physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities. As a general matter under the waiver, the managed care organizations (MCOs) must provide comprehensive care coordination to certain members, including but not limited to developing and facilitating transition plans for participants who are candidates to transition from an institutional facility to the community. The MCOs also must assign dedicated care coordinators to, among others, members with complex behavioral health needs and, for high-need populations, develop and implement a transition plan that must remain in place for a minimum of 60 days for members transitioning from a higher level of care to a community setting. The state must ensure that specified members, including but not limited to member(s) moving from a residential placement or institutional facility to a community placement, receive an additional assessment within seventy-five (75) calendar days of transition to determine if the transition was successful and identify any remaining needs.

## Quality Assurance or Improvement

*Mental Health (MH) and Substance Use Disorder (SUD)*: MCOs must implement quality management and performance assessment and improvement activities.

*Substance Use Disorder (SUD)*: Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other comparable, nationally recognized SUD

program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

## Special Populations

*Substance Use Disorder (SUD)*: Coverage in an IMD under the Section 1115 waiver includes coverage of co-occurring behavioral health disorders with the primary SUD.

## Location of Medicaid Requirements

NM Medicaid Regulations[3]; New Mexico Section 1115 waiver[4]; New Mexico state plan amendment[5]. Regulatory data collected January 2020.

## Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[3] See https://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx.

[4] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nm/nm-centennial-care-ca.pdf.

[5] See https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NM/NM-19-0002.pdf.