

Division of Medicaid & Children's Health, Region VI

December 7, 2011

Our Reference: SPA-NM-11-05

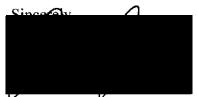
Ms. Julie Weinberg, Director New Mexico Human Services Department Medical Assistance Division Post Office Box 2348 Santa Fe, New Mexico 87504-2348

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-05. This state plan amendment clarifies that New Mexico does not currently license or approve freestanding birth centers.

Transmittal Number 11-05 is approved with an effective date of July 1, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-05 dated September 9, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Suzette Seng at (214) 767-6478.



Bill Brooks Associate Regional Administrator Division of Medicaid and Children's Health

Enclosure

| DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION | FORM APPROVED OMB NO. 0938-0193 | |
|--|---|---------------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF | I. TRANSMITTAL NUMBER: | 2. STATE |
| STATE PLAN MATERIAL | 11-05 | New Mexico |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): | 4. PROPOSED EFFECTIVE DATE July 1, 2011 | · · · · · · · · · · · · · · · · · · · |
| NEW STATE PLAN AMENDMENT TO BE | CONSIDERED AS NEW PLAN | X AMENDMENT |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN | NDMENT (Separate Transmittal for eac | h amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: | |
| Patient Protection and Affordable Care Act §2301 | for FFY 2011 \$0 | |
| v v | for FFY 2012 \$0 | |
| Social Security Act §1905(a)(28) | | DED DI INI CECTIONI |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 A Page 11 (new) | 9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable None. | |
| 10. SUBJECT OF AMENDMENT: The proposed amendment establishes that New Mexico currently 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT | does not license or approve freestand X OTHER, AS SPEC | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | Delegated to the M | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: | |
| | Julie B. Weinberg, Director | |
| 13. TYPED NAME: Julie B. Weinberg | Medical Assistance Division | |
| 15. 1 FED NAME, Julie D. Weiliberg | P.O. Box 2348 | |
| 14 TITLE: Director Medical Accidence Division | Santa Fe, NM 87504 - 2348 | |
| 14. TITLE: Director, Medical Assistance Division | | |
| 15. DATE SUBMITTED: August 31, 2011 | | |
| FOR REGIONAL OF | | ······ |
| 17. DATE RECEIVED: 9 September, 2011 | 18. DATE APPROVED: | (DL) |
| PLAN APPROVED – ON | COPY A | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2011 | 20. 516 | IAL: |
| 21. TYPED NAME: Bill Brooks | 22. THE Division of Medicai | ninistrator id & Children's Health |
| 23. REMARKS: | | |
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEW MEXICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations _____ With limitations _____ None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations ____ With limitations (please describe below)

X_Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

□ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

 \Box (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

| STATE New Mexico | |
|---|-------------------|
| DATE REC'D 9-9-11 | |
| DATE APPV/D_12=7-11 | A |
| DATE EFF 7-1-11 | |
| HC-A 17905 | |
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Approval Date 12-7-11

Supersedes TN# <u>SUPERSEDES</u>: NONE - NEW PAGE

TN#__1-05

Effective date 7 - l - ll

Marks, Marsha L. (CMS/SC)

| From: | Marks, Marsha L. (CMS/SC) |
|--------------|---|
| Sent: | Tuesday, January 10, 2012 12:05 PM |
| То: | CMS SPA |
| Cc: | Seng, Suzette (CMS/SC); Whitaker, Carolyn M. (CMS/CMCHO); Brown, Virginia M. (CMS/CMCHO); Cieslicki, Mary E. (CMS/CMCS) |
| Subject: | Approval Pkg for NM 11-05 |
| Attachments: | Final Approval pkg for 11-05.pdf; NM1105APPROVAL.doc |

See Attached. SPW has been updated.

State: New Mexico

Brief Description: The plan amendment clarifies that New Mexico does not currently license or approve freestanding birth centers. The amendment change does not have a direct impact on Indians, Indian Health programs, or Urban Indian organizations.

Approval Date: December 7, 2011

Effective Date: 1 July, 2011

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 443-380-6499 // marsha.marks@cms.hhs.gov

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