

## **Table of Contents**

**State/Territory Name: NM**

**State Plan Amendment (SPA) #: 22-0013**

This file contains the following documents in the order listed:

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

# NM - Submission Package - NM2022MS0001O - (NM-22-0013) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Review Assessment Report   **Approval Letter**   Transaction Logs

News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid & CHIP Operations Group (MCOG)  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

June 16, 2022

Nicole Comeaux  
New Mexico Human Services Department  
NM Human Services Department, Medical Assistance Division  
PO Box 2348  
2025 S. Pacheco Street  
Santa Fe, NM 87504

Re: Approval of State Plan Amendment NM-22-0013

Dear Ms. Comeaux,

On April 05, 2022, the Centers for Medicare and Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-22-0013, in which New Mexico proposed to elect its option to provide 12 months of continuous postpartum coverage to pregnant individuals enrolled in Medicaid and CHIP.

We approve New Mexico State Plan Amendment (SPA) NM-22-0013 with an effective date(s) of April 1, 2022. April 01, 2022.

If you have any questions regarding this amendment, please contact Peter Banks at [peter.banks@cms.hhs.gov](mailto:peter.banks@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# NM - Submission Package - NM2022MS0001O - (NM-22-0013) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#)

[News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NM2022MS0001O	<b>SPA ID</b>	NM-22-0013
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/5/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** New Mexico

**Medicaid Agency Name:** NM Human Services Department,  
Medical Assistance Division

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS00010 | NM-22-0013

### Package Header

**Package ID** NM2022MS00010  
**Submission Type** Official  
**Approval Date** 6/16/2022  
**Superseded SPA ID** N/A

**SPA ID** NM-22-0013  
**Initial Submission Date** 4/5/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NM-22-0013

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2022	NM-20-0016
Pregnant Women	4/1/2022	NM-13-0022
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	New

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** New Mexico Medicaid is implementing the American Rescue Plan Act of 2021 (ARP) option, effective April 1, 2022, to provide 12 months of continuous postpartum coverage to pregnant individuals enrolled in Medicaid and CHIP. This option is currently limited to a 5-year period. The 12-month postpartum period begins on the last day of a beneficiary's pregnancy and extends through the end of the month in which the 12-month period ends.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$11765000
Second	2023	\$44318000

#### Federal Statute / Regulation Citation

42 CFR 435.116; 42 CFR 435.170; 1902(e) of the SSA; Section 9812 and 9822 of the American Rescue Plan Act of 2021

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
22-0013 Extended Postpartum Coverage CMS 179 rev 051222	5/13/2022 7:09 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/5/2022
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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# NM - Submission Package - NM2022MS0001O - (NM-22-0013) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Review Assessment Report](#)
[Approval Letter](#)
[Transaction Logs](#)

[News](#)
Related Actions

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b> NM2022MS0001O	<b>SPA ID</b> NM-22-0013
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 4/5/2022
<b>Approval Date</b> 6/16/2022	<b>Effective Date</b> <a href="#">4/1/2022</a>
<b>Superseded SPA ID</b> NM-20-0016	
System-Derived	

### Mandatory Coverage









A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <span style="font-size: 0.8em;">?</span>	Included in Another Submission Package	Source Type <span style="font-size: 0.8em;">?</span>
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <span style="font-size: 0.8em;">?</span>	Included in Another Submission Package	Source Type <span style="font-size: 0.8em;">?</span>
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED



# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

## Package Header

<b>Package ID</b>	NM2022MS0001O	<b>SPA ID</b>	NM-22-0013
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/5/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	4/1/2022
<b>Superseded SPA ID</b>	NM-20-0016		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Adult Group	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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# NM - Submission Package - NM2022MS0001O - (NM-22-0013) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	NM2022MS0001O	<b>SPA ID</b>	NM-22-0013
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/5/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	<u>4/1/2022</u>
<b>Superseded SPA ID</b>	NM-13-0022		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

#### A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- Yes  
 No

#### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

#### C. Income Standard Used

The state uses the following income standard for this group:

**FPL** 250.00%

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

## Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/5/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	4/1/2022
<b>Superseded SPA ID</b>	NM-13-0022		
	System-Derived		

## D. Benefits for Pregnant Women

### Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS00010 | NM-22-0013

## Package Header

<b>Package ID</b>	NM2022MS00010	<b>SPA ID</b>	NM-22-0013
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/5/2022
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<b>Superseded SPA ID</b>	NM-13-0022		
	System-Derived		

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes  
 No

b. The minimum income standard for this eligibility group is 133% FPL.

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

#### b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

**c. The amount of the maximum income standard is:**

**FPL** 250.00%

## G. Additional Information (optional)

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Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | NM2022MS0001O | NM-22-0013

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	New User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

#### C. Additional Information (optional)

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