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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 22-0016

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

September 22, 2022

Ms. Nicole Comeaux
Director
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Re: New Mexico State Plan Amendment (SPA) 22-0016

Dear Ms. Comeaux:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0016. This amendment proposes to implement changes to state plan limits on amounts for necessary medical or remedial care to comply with 42 CFR 435.725(c)(4).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 435.725(c)(4). This letter is to inform you that New Mexico Medicaid SPA 22-0016 was approved on September 22, 2022, with an effective date of December 1, 2022.

If you have any questions, please contact Peter Banks at (415) 744-3782 or via email at Peter.Banks@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2022.09.22
14:52:51 -05'00'

James G. Scott, Director
Division of Program Operations

cc:

- Nicole Comeaux
- Valerie Tapia
- Donna Lopez

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

| | |
|---|-----------------------|
| 1. TRANSMITTAL NUMBER <u>2</u> <u>2</u> — <u>0</u> <u>0</u> <u>1</u> <u>6</u> | 2. STATE <u>NM</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |

| | |
|--|---|
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE December 1, 2022 |
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|---|---|
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.725(c)(4) | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>363,290</u> b. FFY <u>24</u> \$ <u>435,952</u> |
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|---|--|
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 2.6-A pg. 1 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 3 to Attachment 2.6-A pg. 1 (93-12) |
|---|--|

9. SUBJECT OF AMENDMENT
Post-Eligibility Treatment of Income - New Mexico is implementing the PETI deduction for necessary medical or remedial care.

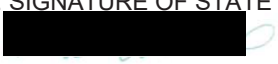
10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Authority delegated to the Medicaid Director

| | |
|--|--|
| 11. SIGNATURE OF STATE AGENCY OFFICIAL  | 15. RETURN TO Nicole Comeaux, J.D., M.P.H., Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504-2348 |
| 12. TYPED NAME Nicole Comeaux | |
| 13. TITLE Director, Medical Assistance Division | |
| 14. DATE SUBMITTED July 1, 2022 | |

FOR CMS USE ONLY

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|--|--|
| 16. DATE RECEIVED July 1, 2022 | 17. DATE APPROVED September 22, 2022 |
|--|--|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--|--|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2022 | 19. SIGNING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.09.22 15:06:38 -05'00' |
| 20. TYPED NAME OF APPROVING OFFICIAL James G. Scott | 21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations |

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

For expenses not covered under the State Plan or expenses covered under the State Plan, but not paid for by Medicaid, the amount of the deduction is the billed amount not to exceed the provider's usual and customary charges except for unpaid nursing facility expenses.

To be deducted, an expense must be for medically necessary medical or remedial care rendered to the applicant or beneficiary and prescribed by a health care practitioner acting within their scope of practice who meet the qualifications of an eligible Medicaid provider as listed in the New Mexico Administrative Code "Professional Providers, Services, and Reimbursement", even if such practitioner is not a Medicaid provider.

A deduction for incurred medically necessary non-covered medical or remedial care expenses will be allowed when the bill is incurred during a period which is no more than three months prior to the month of the current application. For each month of unpaid nursing facility services incurred during this period, deductions are allowed at an amount not to exceed the average monthly private rate of nursing facility services, as used to calculate asset transfer penalties and which is updated annually in the New Mexico Administrative Code "Resource Standards" section (or a prorated amount of this figure, for unpaid nursing facility services that are for less than a full month).

The deduction for medical and remedial care expenses that were incurred as the result of a transfer penalty period is limited to zero.

Expenses for cosmetic/elective procedures (e.g., face lifts or liposuction etc.) are not allowed as deductions except when prescribed by a health care practitioner.

Expenses from medical or remedial procedures that were denied coverage by an insurer, including Medicaid, on the basis of a lack of medical necessity are not allowed.

TN No. 22-0016

Approval Date: 9/22/2022

Supersedes TN No. 93-12

Effective Date: 12/1/2022