

## **Table of Contents**

**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) #: 23-0007**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



August 11, 2023

Ms. Lorelei Kellogg  
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) 23-0007

Dear Ms. Kellogg:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to New Mexico's Medicaid state plan, as submitted under transmittal number 23-0007. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 23-0007 is approved effective April 30, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Dana Brown at 410-786-0421 or by email at [Dana.Brown@cms.hhs.gov](mailto:Dana.Brown@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.08.11  
07:27:41 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 7

2. STATE

NM

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 30, 2023

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(10)(A)(ii)(XXIII), 1902(a)(47)(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ (541,370)  
b. FFY 24 \$ (1,299,288)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 7.4.A, page 1

State Supplement A to Attachment 3.1-A, page 16

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

None (new)

State Supplement A to Attachment 3.1-A, page 16;  
(HCFA-179-05-04)

9. SUBJECT OF AMENDMENT

Effective April 30, 2023 New Mexico Medicaid is ending coverage for the COVID-19 testing group.

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

[Redacted Signature]

15. RETURN TO

Lorelei Kellogg, Acting Director  
Medical Assistance Division  
P.O. Box 2348  
Santa Fe, NM 87504-2348

12. TYPED NAME  
Lorelei Kellogg

13. TITLE  
Acting Director, Medical Assistance Division

14. DATE SUBMITTED  
5/16/2023

**FOR CMS USE ONLY**

16. DATE RECEIVED  
5/16/23

17. DATE APPROVED  
August 11, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
4/30/23

19. SIGNATURE OF APPROVING OFFICIAL  
Alissa M. Deboy -S  
Date: 2023.08.11  
07:28:00 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Alissa Mooney-DeBoy

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

22. REMARKS  
Removed 3.1-a reference from Box 7 & 8 per the state's email dated 08/08/23.

**7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective April 30, 2023 New Mexico Medicaid is ending coverage for the COVID-19 testing group at 1902(a)(10)(A)(ii)(XXIII) of the Act as described in New Mexico Disaster SPA 20-0007.

TN No. 23-0007  
Supersedes TN. No. none (new)

Approval Date: August 11, 2023  
Effective Date: April 30, 2023