

Records / Submission Packages - Your State

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

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CMS-10434 OMB 0938-1188

Package Information

Package ID	NM2022MS0001O	Submission Type	Official
Program Name	N/A	State	NM
SPA ID	NM-22-0013	Region	Dallas, TX
Version Number	1	Package Status	Submitted
Submitted By	Donna Lopez	Submission Date	4/5/2022
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

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

Package Header

Package ID	NM2022MS0001O	SPA ID	NM-22-0013
Submission Type	Official	Initial Submission Date	4/5/2022
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

State Information

State/Territory Name:	New Mexico	Medicaid Agency Name:	NM Human Services Department, Medical Assistance Division
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

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

Package Header

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Reviewable Unit Instructions			

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Reviewable Unit	Proposed Effective Date	Superseded SPA ID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

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Pregnant Women	4/1/2022	NM-13-0022
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	NM-91-19

Page Number of the Superseded Plan Section or Attachment (If Applicable):

TN 94-08
 TN 95-11
 State Supplement A to Attachment 3.1A, pg. 23 (deleted)
 TN 91-15, pg.19a (deleted)

Submission - Summary

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

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Reviewable Unit Instructions

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	4/5/2022 5:45 PM EDT	

Submission - Summary

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

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Reviewable Unit Instructions

Governor's Office Review

- No comment
- Comments received

- No response within 45 days
- Other

Submission - Medicaid State Plan

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

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
 - Income/Resource Methodologies
 - Income/Resource Standards
 - Mandatory Eligibility Groups
- Optional Eligibility Groups
- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Reviewable Unit Name	Included in Another Source Type Package
Mandatory Eligibility Groups	APPROVED

- Eligibility Process
- Application
- Presumptive Eligibility
- Continuous Eligibility for Children
- Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Reviewable Unit Name	Included in Another Source Type Package
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	NEW

- Benefits and Payments

Submission - Public Comment

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

Package Header

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Albuquerque Journal	3/4/2022	Northern and Central New Mexico
Las Cruces Sun News	3/4/2022	Southern New Mexico

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency




Date of Posting: Mar 2, 2022

Website URL: <https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
22-0013 Extended Postpartum Coverage NEWSPAPER NOTICE	4/4/2022 5:11 PM EDT	
22-0013 Extended Postpartum Coverage affidavit Alb Journal	4/5/2022 1:18 PM EDT	
22-0013 Extended Postpartum Coverage affidavit LCSN	4/5/2022 5:19 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
22-0013 Extended Postpartum Coverage comments and responses	4/4/2022 5:13 PM EDT	

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility

Benefits

- **Summarize comments:** Two commenters strongly support the extension of postpartum coverage and stated they believe the change will improve the health of mothers, reduce the incidence of developmental delays and disorders for children and decrease demand for uncompensated care.
- **Summarize response:** The Department thanks the commenters for their responses.

Service delivery

Other issue

Submission - Tribal Input

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

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Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
3/4/2022	Letter to all Native American Tribes in New Mexico

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
3/4/2022	Letter to all Native American Tribes in New Mexico


States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
3/4/2022	Letter to all Native American Tribes in New Mexico

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
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Name	Date Created	
22-0013 Extended Postpartum Coverage TN #22-10	4/4/2022 5:19 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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

Package Header











Package ID	NM2022MS0001O	SPA ID	NM-22-0013
Submission Type	Official	Initial Submission Date	4/5/2022
Approval Date	N/A	Effective Date	4/1/2022
Superseded SPA ID	NM-20-0016 System-Derived		

Reviewable Unit Instructions

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 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

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

Mandatory Eligibility Groups

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

Package Header

Package ID	NM2022MS00010	SPA ID	NM-22-0013
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Approval Date	N/A	Effective Date	4/1/2022
Superseded SPA ID	NM-20-0016		
	System-Derived		

Reviewable Unit Instructions

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	Included in Another Submission Package	Source Type
Adult Group		<input 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

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women

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

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

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Superseded SPA ID	NM-13-0022 System-Derived		

Reviewable Unit Instructions

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

A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. 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

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Reviewable Unit Instructions

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 | NM2022MS0001O | NM-22-0013

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Reviewable Unit Instructions

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)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

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

Package Header

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Submission Type	Official	Initial Submission Date	4/5/2022
Approval Date	N/A	Effective Date	4/1/2022
Superseded SPA ID	NM-91-19		
	User-Entered		

Reviewable Unit Instructions

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)

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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