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 if you have any questions about this approval.

Sincerely,

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

	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	<u>2 3 — 0 0 0 7 NM</u>
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
TON. CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 30, 2023
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
1902(a)(10)(A)(ii)(XXIII), 1902(a)(47)(B)	a FFY 23 \$ (541,370) b. FFY 24 \$ (1,299,288)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 7.4.A, page 1	None (new)
State-Supplement A to Attachment 3:1-A, page 16	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	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Authority delegated to the Medicaid Director
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME	Lorelei Kellogg, Acting Director
Lorelei Kellogg	Medical Assistance Division
13. TITLE Acting Director, Modical Assistance Division	P.O. Box 2348
Acting Director, Medical Assistance Division 14. DATE SUBMITTED	Santa Fe, NM 87504-2348
5/16/2023	
FOR CMS USE ONLY	
16. DATE RECEIVED 5/16/23	17. DATE APPROVED
5/16/23 August 11, 2023 PLAN APPROVED - ONE COPY ATTACHED	
	19. SIGNATURE OF APPROVING OFFICIAL
4/30/23	o. Glory trotte of All Fred ville of Floring
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Alissa Mooney-DeBoy	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	3/08/23.

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
 Approval Date: August 11, 2023

 Supersedes TN. No.
 none (new)
 Effective Date: April 30, 2023