DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0004

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
10/01/2024

5. FEDERAL STATUTE/REGULATION CITATION
21 CFR Part 1301and 42 CFR 440.130 (c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY FFY 2024 $ 34,440
b. FFY FFY 2025 $ 103,320

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A page 11
State Supplement A to Attachment 3.1 A page 21.1
Attachment 4.19-B Page 3a
Attachment 4.19-B Page 3a1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A page 11 (TN No. 17-0002)
State Supplement A to Attachment 3.1 A page 21.1 (TN 23-0011)
Attachment 4.19-B Page 3a (TN No 23-0017)
Attachment 4.19-B Page 3a1 (NEW)

9. SUBJECT OF AMENDMENT
To add overage for doula services as a new reimbursable preventative service for individuals navigating pregnancy-related care adding coverage for lactation provider services as a new reimbursable preventative to increase access to education and management to prevent and solve breastfeeding problems and encourage support to breastfeeding mother-infant.

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

12. TYPED NAME
Dana Flannery

13. TITLE
Medical Assistance Division

14. DATE SUBMITTED
09/19/2024

15. RETURN TO
Dana Flannery
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate typed transmittal form with each plan/amendment.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

Block 2 - State - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

Block 3 - Program Identification - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

Block 5 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 6 - Federal Budget Impact - 6(a) - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

Block 7 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

Block 9 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 10 - Governor's Review - Check the appropriate box. See SMM section 13026 A.

Block 11 - Signature of State Agency Official - Authorized State official signs this block.

Block 12 - Typed Name - Type name of State official who signed block 11.

Block 13 - Title - Type title of State official who signed block 11.

Block 14 - Date Submitted - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

Block 15 - Return To - Type the name and address of State official to whom this form should be returned.

Block 16–22 (FOR CMS USE ONLY).

Block 16 - Date Received - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

Block 17 - Date Approved - Enter the date CMCS approved the plan material.

Block 18 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 22 or attach a sheet.

Block 19 - Signature of Approving Official - Approving official signs this block.

Block 20 - Typed Name of Approving Official - Type approving official's name.

Block 21 - Title of Approving Official - Type approving official's title.

Block 22 - Remarks - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

September 19, 2024

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find documents related to New Mexico State Plan Amendment (SPA) 24-0004, Doula and Lactation Provider Services.

New Mexico is requesting adding coverage for doula services as a new reimbursable preventative service for individuals navigating pregnancy-related care before, during, and after a pregnancy or childbirth; and adding coverage for lactation provider services as a new reimbursable preventative to increase access to education and management to prevent and solve breastfeeding problems and encourage support to breastfeeding mother–infant.

The HCA followed a process that included public notification, tribal notification, and web posting. Documentation of these activities is attached.

Please refer to the attachments for the transmittal form and notices.

We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Valerie Tapia at: Valerie.Tapia@hca.nm.gov or (505) 257-8420.

Sincerely,

Dana Flannery
Medicaid Director

cc: Dana Brown, CMS

4. **Licensed Midwives (Lay Midwives):** Payments to licensed midwives are reimbursed at 77% of the physician fee schedule as described in Item I. A of Attachment 4.19 B for global delivery codes; payments for other codes are reimbursed at 100% of the physician fee schedule.

   The agency's fee schedule rates were set as of July 1, 2023, and are effective for services provided on or after those dates. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205. Reimbursement for governmental and non-governmental providers are paid the same, uniform rate unless otherwise noted on the payment pages.

5. **Chiropractic Services:** Effective October 1, 2024, chiropractic services are covered for all individuals Pursuant to 440.60(b), chiropractor services are provided by a licensed chiropractor and consist of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

   Payments to New Mexico chiropractic licensed providers are reimbursed at 100% of the physician fee schedule with an annual benefit limit of $2,000.

   Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. (ex. case management for persons with chronic mental illness). The agency's fee schedule rate was set as of October 1, 2024 and is effective for services provided on or after that date.

   All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

6. **Doula Services:** Effective October 1, 2024, Doula services are covered for all individuals navigating pregnancy-related care before, during, and after a pregnancy or childbirth.

   Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness). The agency's fee schedule rate was set as of October 1, 2024, and is effective for services provided on or after that date.

   All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

7. **Lactation Provider Services:** Effective October 1, 2024, Lactation Provider services are covered for all individuals who need access to education and management to prevent and solve breastfeeding problems and encourage support to breastfeeding mother–infant.

   Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness). The agency's fee schedule rate was set as of October 1, 2024, and is effective for services provided on or after that date.

   All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

C. Other Services

1. **Ambulatory Surgical Centers Services** - Free standing ambulatory surgical centers are paid at the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedure of similar complexity.

   The agency's fee schedule rates were set as of July 1, 2023, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.

2. **Renal Dialysis Facilities -** Renal dialysis facilities are paid at the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedure of similar complexity.

   The agency's fee schedule rates were set as of July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.

3. **Licensed Birth Centers** - Licensed birth centers are paid at the Medicaid fee schedule. The agency's fee schedule rates were set as of July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEW MEXICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: X No limitations ___ With limitations __ None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations ☒ With limitations (please describe below)

☐ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☒ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

☒ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation provider, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

(b) Licensed Midwives (lay midwives licensed by the state))
(c) Doulas
(d) Lactation Providers

Doula Services

Effective October 1, 2024, New Mexico Medicaid is adding coverage for doula services as a new reimbursable preventative service for individuals navigating pregnancy-related care before, during, and after a pregnancy or childbirth. Doula services include:

i. Prenatal & post-partum physical, emotional, and evidence-based education support and linkages to community-based resources.
ii. Counseling related to Pre-conception, Pregnancy Loss, Infant Loss, Termination of Pregnancy.
iii. Non-medical Labor & Delivery (L&D) support.

Lactation Provider Services

Effective October 1, 2024, New Mexico Medicaid is adding coverage for lactation provider services as a new reimbursable preventative to increase access to education and management to prevent and solve breastfeeding problems and encourage support to breastfeeding mother–infant.

Item 13d Rehabilitative Services

The rehabilitative services listed below must be recommended by a physician or OLP.

Services are limited to mental health rehabilitation services for eligible recipients for whom the medical necessity of such services has been determined and who are not residents of an institution for mental illness.

The services are limited to goal oriented mental health rehabilitative services individually designed to accommodate the level of the recipient's functioning and which reduce the disability and to restore the recipient to his/her best possible level of functioning.

Services are limited to assessment, treatment planning, and specific services which reduce symptomatology and restore basic skills necessary to function independently in the community including:

1. Therapeutic interventions: Provides face to face therapeutic services which include assessments, treatment planning, ongoing treatment, and transition planning.

2. Medication Services: Provides for the assessment of the efficacy of medication and evaluation of side effects, and administration of medication by qualified personnel when it cannot be self-administered. Also provides educationally structured face to face activities delivered to patients, their families and others who provide care to patients regarding medication management.

3. Community Based Crisis Interventions: Provides coordinated services utilizing a crisis team. The service includes immediate access, evaluation, crisis intervention and respite care to patients.

4. Professional Consultation: Provides consultation services by mental health professionals as part of treatment team, to patients for the purpose of clinical case review, treatment plan development and ongoing treatment.