

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

December 21, 2011

Our Reference: SPA-NM-11-08

Ms. Julie Weinberg, Director
New Mexico Human Services Department
Medical Assistance Division
Post Office Box 2348
Santa Fe, New Mexico 87504-2348

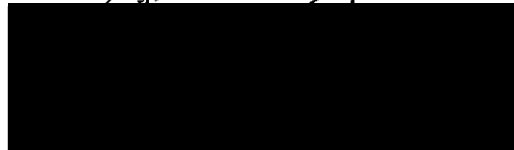
Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-08. This state plan amendment implements section 4107 of the Affordable Care Act to add tobacco cessation services for pregnant women to the New Mexico State Plan.

Transmittal Number 11-08 is approved with an effective date of October 1, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-08 dated September 26, 2011 is enclosed along with the approved plan pages.



If you have any questions, please contact Suzette Seng at (214) 767-6478.

Sincerely,



Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 11-08	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 4107 of the Patient Protection and Affordable Care Act, P.L. 111-148 Section 1905(bb)(2) of the Social Security Act Section 1905(a)(4) of the Social Security Act 42 CFR 44.230(b) Section 1916(a)(2)(B) of the Social Security Act Section 1916A(h)(3)(B)(iii) of the Social Security Act Section 1927(d)(2)(F) of the Social Security Act. as amended by the Affordable Care Act		7. FEDERAL BUDGET IMPACT: for FFY 2012 : \$59,640 for FFY 2013 : \$59,640	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 B page 25 (new) Attachment 3.1 A.1 page 3 Attachment 3.1-A page 2 Attachment 3.1-A page 2 a (new) Attachment 3.1-A page 2 b (new) Attachment 4.19-B page 16 Deleted from pkg per e-mail dated 12/12/11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1 A.1 page 3 Attachment 3.1-A page 2 Attachment 4.19-B page 16 Deleted per e-mail dated 12/12/11	
10. SUBJECT OF AMENDMENT: Tobacco Cessation Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 - 2348	
13. TYPED NAME: Julie B. Weinberg			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: September 22, 2011 Revised: December 2, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 26 September 2011		18. DATE APPROVED: 21 December, 2011	
PLAN APPROVED - ONE COPY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2011		20. SIGNATURE OF REGIONAL ADMINISTRATOR: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Pen & Ink Change made per State's E-mail dated 12/12/2011, requesting the deletion of Attachment 4.19-B page 16 from this transmittal package			

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Tuesday, January 24, 2012 10:32 AM
To: CMS SPA
Cc: Brown, Virginia M. (CMS/CMCHO); Whitaker, Carolyn M. (CMS/CMCHO); Seng, Suzette (CMS/SC); Tuttle, Wendy L. (CMS/CMCS); Ross, Mark S. (CMS/CMCS); Cieslicki, Mary E. (CMS/CMCS)
Subject: Final Approval Pkg for 11-08
Attachments: Final Approval Pkg for 11-08.pdf; NM1108APPROVAL.doc

See Attached. SPW has been Updated

State: New Mexico

Brief Description: The plan amendment implements section 4107 of Affordable Care Act to add tobacco cessation services for pregnant women. The amendment change does not have a direct impact on Indians, Indian Health programs, or Urban Indian organizations.

Approval Date: 12/21/11

Effective Date: 10/01/11

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 443-380-6499 // marsha.marks@cms.hhs.gov

Are you uninsured? Do you have a pre-existing condition? If so, you may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit www.pcip.gov and click on "Find Your State" to learn more.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Item XVI Tobacco Cessation Services

Tobacco Cessation Counseling Services

To maximize the effectiveness of tobacco cessation medications, counseling services are available for Medicaid beneficiary use in conjunction with cessation medication.

The rates are effective for tobacco cessation services on or after October 1, 2011 and were established at the Medicare rate for the same service. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Provider Enrollment and Program Policy, Fee for Service, under Fee Schedules, at: <http://www.hsd.state.nm.us/mad/feeschedules.html> Notice of changes to rates will be made as required by 42 CFR 447.205.

Assurances - Cost Sharing Exemption for Tobacco Cessation Services

The State assures that cost-sharing is prohibited for tobacco cessation services for pregnant women. In accordance with Section 1916(a)(2)(B) and section 1916A(b)(3)(B)(iii) of the Act, the State does not permit cost sharing for services furnished to pregnant women, if such services are related to the pregnancy or to any other medical condition which may complicate the pregnancy. The State assures that the prohibition on cost-sharing for pregnant women specifically includes "counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in section 1905(bb))."

STATE <u>New Mexico</u>	A
DATE REC'D <u>9-26-11</u>	
DATE APPV'D <u>12-21-11</u>	
DATE EFF <u>10-1-11</u>	
HCFA 179 <u>11-08</u>	

TN No. 11-08

Approval Date 12-21-11

Supersedes TN No. SUPERSEDES: NONE - NEW PAGE

Effective Date 10-1-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE AGENCY: NEW MEXICO

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citations

1927 (d) (2) and 1935 (d) (2)

Provisions

- (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
- (h) barbiturates (see specific drug categories below)
- (i) benzodiazepines (see specific drug categories below)
- (j) smoking cessation drugs (Except dual eligibles as Part D will cover) (see specific drug categories below)

STATE <u>New Mexico</u>	A
DATE REC'D. <u>9-24-11</u>	
DATE APPV'D <u>12-21-11</u>	
DATE EFF. <u>10-1-11</u>	
HCFA 179 <u>11-08</u>	

- (a) **Agents when used for anorexia, weight loss, weight gain:** Appetite stimulants, anorexic agents, and fat absorption-decreasing agents
- (d) **Agents when used for symptomatic relief of cough and colds:** Antihistamines, antitussives, decongestants and expectorants
- (e) **Prescription vitamin and mineral products:** Single and multiple vitamins and minerals and combinations.
- (f) **Nonprescription drugs:** Coverage for the following categories when an item is a drug of choice for a common medical condition or is an appropriate economical and therapeutic alternative to a prescription drug item: analgesics; anti-emetics; anti-inflammatory agents; anti-parasites; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 antagonists, proton pump inhibitors, laxatives, and antacids; insulin; ophthalmic agents; otic agents; and respiratory agents.
- (g) **Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee:** All items
- (h) **Barbiturates:** All items
- (i) **Benzodiazepines:** All items
- (j) **Smoking cessation drugs:** All items. The Medicaid agency will provide coverage of prescription and over-the counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence -2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

_____ No excluded drugs are covered

TN No. 11-08

Approval Date 12-21-11

Supersedes TN No. 10-07

Effective Date 10-1-11

SUPERSEDES: TN- 10-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE AGENCY: NEW MEXICO

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: X No limitations With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. *

1905(a)(4)(C) 4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is selected by the State.

Provided: No limitations X With limitations*

4.c.(ii) Family planning-related services provided under the above State Eligibility Option

*Description provided on attachment.

STATE <u>New Mexico</u>	A
DATE REC'D <u>9-26-11</u>	
DATE APPV'D <u>12-21-11</u>	
DATE EFF <u>10-1-11</u>	
HCFA 179 <u>11-08</u>	

SUPERSEDES TN 10-12

TN No. 11-08

Approval Date 12-21-11

Supersedes TN No. 10-12

Effective Date 10-1-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE AGENCY: NEW MEXICO

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

4.d. Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: X No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

NOT APPLICABLE

Face-to-Face Tobacco Cessation Counseling Services provided (by):

 X (i) By or under supervision of a physician;

 X (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; * or

 (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

There are no limitations on tobacco cessation services under the Early & Periodic Screening & Diagnostic Treatment (EPSDT) program.

STATE <u>New Mexico</u>	A
DATE REC'D <u>9-26-11</u>	
DATE APP'VD <u>12-21-11</u>	
DATE EFF <u>10-1-11</u>	
HCFA 179 <u>11-08</u>	

TN No. 11-08

Approval Date 12-21-11

Supersedes TN No. SUPERSEDES: NONE - NEW PAGE

Effective Date 10-1-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE AGENCY: NEW MEXICO

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

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations X With limitations*

- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: No limitations X With limitations*

*Description provided on attachment.

STATE <u>New Mexico</u>	A
DATE REC'D <u>9-26-11</u>	
DATE APPV'D <u>12-21-11</u>	
DATE EFF <u>10-1-11</u>	
HCFA 179 <u>11-08</u>	

TN No. 11-08

Approval Date 12-21-11

Supersedes TN No. SUPERSEDES: NONE - NEW PAGE

Effective Date 10-1-11