State/Territory: NEW MEXICO

- VI. Case Management for Pregnant Women and Infants
 - A. Target Group: Case Management services will be provided to Medicaid eligible pregnant women and to their infants on the day the pregnancy ends through the last day in which the 12-month postpartum period ends.
 - B. Areas of the State in which services will be provided.
 - <u>X</u> Entire state
 - _____ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide).
 - C. Comparability of Services:
 - _____ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
 - X Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

TN No. 22-0013

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Supersedes TN No. <u>95-11</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State <u>NEW MEXICO</u>

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

19. Case management services and tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
 - \underline{X} Provided: \underline{X} With limitations
 - ____ Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

____ Provided: ___ With limitations*

____ Not provided.

20. Extended services for pregnant women

a. Pregnancy and postpartum services for a 12-month period after the pregnancy ends and any remaining days in the month in which the 12th month falls.

____ Additional Coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

X Additional Coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 22-0013

Approval Date_____

Supersedes TN No. 94 - 08

Effective Date <u>4/1/2022</u>

20a

State/Territory: NEW MEXICO

<u>Citation</u>	3.1 (a) (2)	Amount, Duration, and Scope of Services: Categorically Needy (continued)
		(iii) Ambulatory services, as defined in Attachment 3.1-B, for recipients under age 18 and recipients entitled to institutional services.
		□ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.
		(iv) Home health services to recipients entitled to nursing facility services as indicated in item 3.1 (b) of this plan.
42 CFR 440.14 440.150, 440.16	2	(v) Services in an institution for mental diseases for individuals over age 65.
Subpart B, 442. Subpart C	441	(vi) Services in an intermediate care facility for the mentally retarded.
1902 (a) (20) ar (21) of the Act 1902 (a) (10) (c		(vii) Inpatient psychiatric services for individuals under age 21.

Approval Date _____

Supersedes TN No. 92-02