

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

May 22, 2014

Ms. Julie Weinberg, Director
Medical Assistance Division
New Mexico Department of Human Services
P.O. Box 2348
Santa Fe, New Mexico 87504

Re: New Mexico FMAP State Plan Amendment, TN 13-015

Dear Ms. Weinberg:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), Transmittal Number (TN) 13-015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) Dallas Regional Office on March 18, 2014. This SPA describes the methodology used by the State for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the State and described in 42 CFR 435.119.

Based on the information provided, TN 13-015 is approved with an effective date of January 1, 2014. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

CMS wishes to remind the State that we have also requested information relating to the state mechanisms for claiming federal funding for the New Adult Group on the Form CMS-64 in the Medicaid Budget and Expenditure System (MBES). The provision of this information is not necessary for the approval of state's FMAP SPA; however, it is essential to ensure that the State is able to claim New Adult Group expenditures accurately. This requested information should facilitate discussion between the State and CMS regarding the proper claiming of New Adult Group expenditures and offer an additional opportunity for the state to obtain CMS technical assistance in advance of claiming new adult group expenditures in MBES.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-15	2. STATE New Mexico
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 January 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.119 and 42 CFR 433.206		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 0 b. FFY 2015 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 18 to Attachment 2.6A, pages 1-6 (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): none	
10. SUBJECT OF AMENDMENT: Final federal medical assistance percentage (FMAP) claiming for new adult group			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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 <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority Delegated to the Medical Director			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Julie B. Weinberg		Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 - ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348	
14. TITLE: Director			
15. DATE SUBMITTED: March 18, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 18, 2014		18. DATE APPROVED: May 22, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OFFICIAL: <i>Bill Brooks</i>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator, Region VI	
23. REMARKS:			