

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Room 714
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 13, 2014

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

RE: Transmittal Number 13-027

Dear Ms. Weinberg:

The Centers for Medicare and Medicaid Services (CMS) has reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-27. With the approval of TN 13-27, CMS has reviewed and approved the State's defined Medicaid State Agency and its delegated Medicaid authority, in accordance with provisions as outlined in 42 CFR 431.10 - 12; 431.50; and the Affordable Care Act (ACA).

TN 13-27 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the TN 13-27 summary is enclosed, along with the approved plan pages and their attachments.

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

Sincerely,

Bill Brooks for

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

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New Mexico

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NM-13-0027

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10; 42 CFR 431.11; 42 CFR 431.12; 42 CFR 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

New Mexico Medicaid Administration: Single State Agency (A1-A3)

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

[Empty text box for description]

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Authority Delegated to Medicaid Director

Signature of State Agency Official

Submitted By: Caitlin Kuennen Breen
 Last Revision Date: Jun 12, 2014
 Submit Date: Mar 18, 2014

DATE RECEIVED: March 18, 2014

DATE APPROVED: June 13, 2014

SIGNATURE OF REGIONAL OFFICIAL: *Bill Brooks*

PRINTED NAME AND TITLE: Bill Brooks, Associate Regional Administrator, Division of Medicaid and Children's Health



Medicaid Administration

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130917

State: New Mexico
Date Received: 3/18/14
Date Approved: 6/13/14
Effective Date: 1/1/14
Transmittal Number: 13-27

TN: NM 13-27

Approved: 13 June, 2014

Effective: 1 January, 2014