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
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: NM-13-0027

Proposed Effective Date: 01/01/2014

Federal Statute/Regulation Citation:
42 CFR 431.10; 42 CFR 431.11; 42 CFR 431.12; 42 CFR 431.50

Federal Budget Impact

<table>
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<th>Federal Fiscal Year</th>
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<td>First Year</td>
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<td>Second Year</td>
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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:

- 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
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