September 19, 2014

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

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 14-12. With the approval of TN 14-12, the Centers for Medicare and Medicaid Services (CMS) has approved the State’s request to remove the Personal Care Option Services from its Medicaid State Plan. Those services will now be delivered through the Community Benefit which functions in the State’s 1115 program, Centennial Care.

Transmittal Number 14-12 is approved with an effective date of April 1, 2014, as requested. A signed and dated copy of the Transmittal No. 14-12 form 179 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
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 14-12
2. STATE New Mexico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE April 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):
   □ NEW STATE PLAN
   □ AMENDMENT TO BE CONSIDERED AS NEW PLAN
   X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167
7. FEDERAL BUDGET IMPACT:
   for FFY 2014: No Impact
   for FFY 2015: No Impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Attachment 3.1-A Page 9a
   Supplement A to Attachment 3.1-A Pages 25 and 26 (deleted content)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Attachment 3.1 A, page 9(a) supersedes Attch. 3.1 A, page 9a (TN 12-04)
   Supplement to Attachment 3.1 A, page 25 supersedes sup to Attch. 3.1A, page 25 (TN 12-04)
   Supplement to Attachment 3.1 A, page 26 supersedes sup to Attch. 3.1A, page 26 (TN 12-04)

10. SUBJECT OF AMENDMENT:
    Removal of Personal Care Option Services

11. GOVERNOR’S REVIEW (Check One):
    □ GOVERNOR’S OFFICE REPORTED NO COMMENT
    □ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
    
13. TYPED NAME: Julie B. Weinberg

14. TITLE: Director, Medical Assistance Division

15. DATE SUBMITTED: June 27, 2014

FOR REGIONAL OFFICE USE ONLY

16. RETURN TO:
    Julie B. Weinberg, Director
    Medical Assistance Division
    P.O. Box 2348
    Santa Fe, NM 87504 – 2348

17. DATE RECEIVED: June 30, 2014
18. DATE APPROVED: September 19, 2014

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2014
20. SIGNATURE OFFICIAL:

21. TYPED NAME: Bill Brooks
22. TITLE: Associate Regional Administrator, RO VI

23. REMARKS: