Medicaid State Plan Eligibility: General Information

State/Territory name: New Mexico
Transmittal Number: NM-15-010

General Information
Submission Title: Former Foster Care Children (S33)
PDFs superseded by this SPA (Include Transmittal Number): PDF S33 from NM SPA 13-22 is superseded by this SPA.

Description:
Eligibility Groups - Mandatory Coverage
Former Foster Care Children
S33
42 CFR 435.150
1902(a)(10)(A)(i)(IX)

Medicaid State Plan Eligibility: File Management Summary

<table>
<thead>
<tr>
<th>Type of SPA</th>
<th>Form Code</th>
<th>Form Name/Description</th>
<th>Uploaded?</th>
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<tbody>
<tr>
<td>MAGI-Based Eligibility Groups</td>
<td>S33</td>
<td>Mandatory: Former Foster Care Children up to age 26</td>
<td>yes</td>
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Medicaid State Plan Eligibility: Tribal Input

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations. **YES**

The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment. **YES**

*Complete the following information regarding any tribal consultation conducted with respect to this submission:*

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Indian Tribes
Indian Health Programs
Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.
Documents:
TC Letter 15-11 Foster SPA.pdf
This is the notification letter sent to tribes, IHS facilities and other interested parties explaining the purpose and impact of this SPA and inviting comments.

Copy of IHS 638 Facilities Tribal Governors Mailing List Feb 2013.xlsx
This is the mailing list containing the names and addresses of the parties that the above letter was sent to.

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New Mexico
Transmittal Number: NM-15-0010
Proposed Effective Date: 07/01/2015
Federal Statute/Regulation Citation: 42 CFR 435.150 and 1902(a)(10)(A)(i)(IX)
Federal Budget Impact

<table>
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<tr>
<td>First Year</td>
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<tr>
<td>Second Year</td>
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<td>$ 156173.00</td>
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Subject of Amendment: Eligibility Groups - Mandatory Coverage Former Foster Care Children S33

Governor's Office Review
☐ Governor's office reported no comment
☐ Comments of Governor's office received
☐ No reply received within 45 days of submittal
☑ Other, as specified: Authority Delegated to the Medicaid Director

Signature of State Agency Official ____________________________

Submitted By: Ellen Costilla
Last Revision Date: 6/18/2015
Submit Date: