

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PDFs superseded by this SPA (Include Transmittal Number): **PDF S33 from NM SPA 13-22 is superseded by this SPA.**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

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	yes

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 638Facilities 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

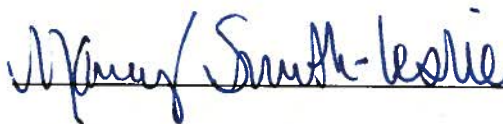
	Federal Fiscal Year	Amount
First Year	2016	\$ 75805.00
Second Year	2017	\$ 156173.00

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: