

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

<b>TRANSMITTAL NUMBER:</b> 13-0027		<b>STATE:</b> New Mexico	
<b>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  A1 – A3	<b>COMPLETE PAGES SUPERSEDED:</b>  Page 1  Section 1.1 (pages 2-6)  Section 1.2 (page 7)  Section 1.3 (page 8)  Attachment 1.1-A (Attorney General certification)  Attachment 1.2-A (pages 1-4) (Organization and function of State Agency and Organizational chart)  Attachment 1.2-B (pages 1-4) (Organization and Function under Medical Assistance Division and organization chart)  Attachment 1.2-C (Description of professional medical and supporting staff)	<b>PARTIAL PAGES SUPERSEDED:</b>  Section 1.4 (page 9)(State Medical Care Advisory Committee only. Tribal consultation will remain in the state plan.)	

<p>State: New Mexico  Date Received: 3/18/14  Date Approved: 6/13/14  Effective Date: 1/1/14  Transmittal Number: 13-27</p>
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# Medicaid Administration

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

<b>State Plan Administration Designation and Authority</b>	<b>A1</b>
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42 CFR 431.10

State: New Mexico  
Date Received: 3/18/14  
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**Designation and Authority**

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Section 9-8-4 (Human Services Department - established) and section 9-8-12 (Cooperation with the federal government; authority of secretary; single state agency status) of New Mexico Statutes

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes  No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

**An attachment is submitted.**

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes  No



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The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes     No

**State Plan Administration  
Organization and Administration**

State: New Mexico  
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A2

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Single State Agency designated to administer the Title XIX program in New Mexico is the Human Services Department. The Department is a Cabinet-level agency in the executive branch of the New Mexico state government. The Department's administrative head is the Secretary of the Human Services Department, which is a Governor-appointed Cabinet-level position.

The Department is organized into seven areas led and directed by the Office of the Secretary (OOS): Office of General Counsel



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(OGC); Behavioral Health Services Division (BHSD); Child Support Enforcement Division (CSED); Income Support Division (ISD); Medical Assistance Division (MAD); Information Technology Division (ITD); and the Administrative Services Division (ASD), which provides finance, accounting and property management support for HSD, the Office of Human Resources (OHR), and the Office of Inspector General (OIG) providing audit, investigations, restitutions services and fair hearings for the department.

The unit responsible for administering the Title XIX program under the Single State Agency in New Mexico is the Medical Assistance Division (MAD).

MAD is lead by the Division Director, who is appointed by the Secretary, and who oversees three deputy directors, the Office of Health Care Reform, the Office of Chief Medical Officer, and several bureaus or units:

- Eligibility Bureau : analyzes eligibility changes required by federal and State legislation, and develops and promulgates all regulations and policies that pertain to Medicaid eligibility.
- Program Policy & Integrity Bureau: responsible for developing and modifying Medicaid program rules related to the Medicaid benefit package for many services and providers, except for waiver services and institutional services.
- Systems Bureau: provides analysis, project management, and contractor oversight related to the information systems used by MAD, including the Medicaid Management Information System (MMIS).
- Centennial Care (managed care) Bureau: responsible for the daily operational oversight and management of the managed care program.
- Communication & Education Bureau: develops and conducts educational outreach and media campaigns for Medical Assistance programs.
- Exempt Services & Programs Bureau: manages the following programs and contracts: Home and Community Based Services (HCBS) waivers for individuals with Developmental Disabilities (DD), HIV/AIDS, and Medically Fragile (MF) condition(s); Third Party Assessor (TPA)/Utilization Review contract; Intermediate Care Facilities for the Mentally Retarded (ICF-MR); and the Mi Via Self-Directed Waivers. The bureau also includes the School Health Office.
- Quality Bureau: ensure quality through oversight of all aspects of care through performance measurement and tracking of systemic quality indicators and issues.
- Budget Planning & Reporting Bureau: manages the financial planning and financial policy affairs of MAD. The bureau is the primary contact with HSD's Administrative Services Division.
- Financial Management Bureau: reconciles and analyzes managed care State expenditures and enrollment statistical data for appropriateness of payment for all managed care lines of business.
- Director's Office : The Director's Office develops strategic goals and objectives, directs activities, and provides guidance to all levels of staff for all programs within MAD and is made up of the New Mexico Medicaid Director and three Deputies; the Office of the Medical Director; the Office of Healthcare Reform; a Healthcare Operations Manager; a Native American Liaison; and various support staff members.

The Fair Hearings Bureau is a division of the Office of Inspector General. The Administrative Law Judges of the Fair Hearings Bureau conduct hearings for the public assistance programs administered by the Human Services Department. The bureau schedules hundreds of hearings each year for more than 17 different categories of public assistance benefits. Hearing decision recommendations are submitted to HSD division directors who issue the final decision in accordance with federal and state regulations.

Medicaid eligibility determinations are made by the Human Services Department/Income Support Division with two exceptions. SSI determinations are made by the Social Security Administration through a 1634 agreement. The Children, Youth, and Families





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Department makes eligibility determinations for adoption and foster care Medicaid.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

New Mexico is led by a Governor who oversees the executive branch, comprised of a number of different Cabinet departments. The Governor appoints the secretaries of each Cabinet department.

The Human Services Department establishes and maintains agreements with the New Mexico Department of Health, Department of Education and Children, Youth and Families Department concerning programs and projects of mutual interest, including the use of Medicaid funding for eligible services provided by or through other departments.

The Department of Health administers various components of New Mexico's Developmentally Disabled (DD), Medically Fragile and Mi Via waivers including service provider contracting, determining if recipients meet the definition of DD, monitoring of waiver providers, and participation in fair hearings. In addition, the Department of Health assists with the administration of the School Based Health Centers, Nurse Aide Training, and other Public Health services that are reimbursable through Medicaid. The Department of Health assists with the administration of the Family, Infant and Toddler Program (FIT) for reimbursement.

The Public Education Department assists HSD in the administration of the Medicaid School Based Services program. HSD also contracts with school districts, overseen by the Public Education Department, to allow school districts to receive Medicaid reimbursement for Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) related services.

The Children, Youth and Families Department provides the licenses and certification for Medical Assistance Division residential placements (Accredited Residential Treatment Centers-ARTC, Residential Treatment Centers-RTC, Group Homes, Treatment Foster Care) agencies and facilities. In addition the Children, Youth and Families Department assist with Medical Assistance Program eligibility determinations for eligible recipients the department has involvement with or responsibility for care.

HSD utilizes a Joint Powers Agreement or Governmental Services Agreement with each of the entities listed above.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)



# Medicaid Administration

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes  No

**State Plan Administration**  
**Assurances**

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A3

42 CFR 431.10  
42 CFR 431.12  
42 CFR 431.50

## Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.