Division of Medicaid and Children's Health Operations

Mr. Nicole Cormier,
State Medicaid Director
NM Human Services Department, Medicaid Assistance Division
PO Box 3948
3055 S. Pacheco Street
Santa Fe, NM 87504

Re: Approval of State Plan Amendment No. NM-19-0001

Dear Mr. Cormier,

On January 18, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Mexico's State Plan Amendment (SPA) No. NM-19-0001. This SPA was submitted by the State of New Mexico to extend eligibility for former foster care enrollees up to age 26 without a restriction on income. The implementation of Service Plan Amendment No. NM-19-0001 is effective January 26, 2019.

We approve New Mexico's State Plan Amendment (SPA) No. NM-19-0001 on February 26, 2019, with an effective date of January 26, 2019.

If you have any questions regarding this amendment, please contact Bill Brooks at Bill.Brooks@healthstate.gov or 505-827-3093.

Sincerely,

Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

https://macpro.cms.gov/suite/tempo/records/item/lU89C0jznkJLyQF9Z4HpiqJnj52bPluq... 3/4/2019
## Package Information

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<tr>
<td>Submitted By</td>
<td>Donna Lopez</td>
</tr>
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<td>Region</td>
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Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID      NM2019MS0003O
Submission Type Official
Approval Date  2/28/2019
Superseded SPA ID N/A

SPA ID          NM-19-0001
Initial Submission Date 1/18/2019
Effective Date N/A

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: NM Human Services Department, Medical Assistance Division

Submission Component

1 State Plan Amendment
1 Medicaid
0 CHIP
## Submission - Summary

### Package Header

- **Package ID**: NM2019M500030
- **Submission Type**: Official
- **Approval Date**: 2/28/2019
- **Superseded SPA ID**: N/A

### SPA ID and Effective Date

- **SPA ID**: NM-19-0001

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<tr>
<td>Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability</td>
<td>1/1/2019</td>
<td>new</td>
</tr>
<tr>
<td>Mandatory Eligibility Groups</td>
<td>1/1/2019</td>
<td>NM-13-0022</td>
</tr>
<tr>
<td>Optional Eligibility Groups</td>
<td>1/1/2019</td>
<td>NM-13-0022</td>
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<tr>
<td>Individuals above 133% FPL under Age 65</td>
<td>1/1/2019</td>
<td>new</td>
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</table>
Submission - Summary

Package Header

Package ID NM2019M500030
SPA ID NM-19-0001
Submission Type Official
Initial Submission Date 1/18/2019
Approval Date 2/28/2019
Effective Date N/A
Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives

New Mexico currently covers the mandatory former foster care individuals up to age 26 and on Medicaid and in foster care in New Mexico at the time they turned 18 or age out of the foster care system. While New Mexico formerly had State Plan authority to cover former foster care individuals up to age 26 who are former residents of other states, CMS finalized a regulation retracting states' authority to receive federal Medicaid matching funds to cover this population without a waiver. New Mexico would like to continue to cover the former foster care out of state individuals and has requested to do so through our 1115 Waiver request. Concurrent with the waiver request the state is required to also submit State Plan Amendment (SPA) 550 to cover these individuals.

New Mexico is required to cover these individuals under state law. Our goal is to cover these out of state individuals as we had done before we were required to rescind this option in our State Plan. New Mexico considers this a vulnerable population that should be covered regardless of whether aging out of foster care is in New Mexico or from another state. There is also a parity issue as dependents are allowed to be covered under their parents health insurance coverage up to age 26 through private insurance.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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<tr>
<th>Federal Fiscal Year</th>
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<td>First 2019</td>
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<td>Second 2020</td>
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Federal Statute / Regulation Citation

42 CFR 435.150
1902(a)(10)(A)(XX)
42 CFR 435.218
1902(a)(10)(I)(XXX)

Supporting documentation of budget impact is uploaded (optional).

Name
Date Created

No items available
Submission - Summary

Package Header

Package ID: NM2019M500030
Submission Type: Official
Approval Date: 2/28/2019
Superseded SPA ID: N/A

SPA ID: NM-19-0001
Initial Submission Date: 1/18/2019
Effective Date: N/A

Governor's Office Review

☐ No comment
☐ Comments received
☒ No response within 45 days
☐ Other
Submission - Medicaid State Plan

The submission includes the following:

☐ Administration

☑ Eligibility

☑ Income/Resource Methodologies

☐ MAGI-Based Methodologies

☑ Financial Eligibility Requirements for Non-MAGI Groups

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

Financial Eligibility Requirements for Non-MAGI Groups - APPROVED
Mandatory Eligibility Groups

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments
Submission - Public Comment

Package Header

Package ID: NM2019MS00030
Submission Type: Official
Approval Date: 2/28/2019
Superseded SPA ID: N/A

SPA ID: NM-19-0001
Initial Submission Date: 1/18/2019
Effective Date: N/A

Indicate whether public comment was solicited with respect to this submission:
☐ Public notice was not federally required and comment was not solicited
☐ Public notice was not federally required, but comment was solicited
☐ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:
☐ Newspaper Announcement
☐ Publication in state’s administrative record, in accordance with the administrative procedures requirements
☐ Email to Electronic Mailing List or Similar Mechanism
☐ Website Notice

Name of Paper: Las Cruces Sun News
Date of Publication: 10/31/2018
Locations covered: Southern New Mexico

Name of Paper: Albuquerque Journal
Date of Publication: 10/31/2018
Locations covered: Northern and Central New Mexico

☐ Public Hearing or Meeting
☐ Other method

Upload copies of public notices and other documents used

Name: 18-003 Individuals above 133% Former Foster Care Albuquerque Journal
Date Created: 12/10/2018 4:15 PM EST

Name: 18-003 Individuals above 133% Former Foster Care Las Cruces Sun-News
Date Created: 12/10/2018 4:18 PM EST

Name: 18-003 Individuals above 133% Former Foster Care NEWSPAPER
Date Created: 12/10/2018 4:25 PM EST

Upload with this application a written summary of public comments received (optional)

Name
Date Created
No items available

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<table>
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<tr>
<th>Name</th>
<th>Date Created</th>
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</thead>
</table>

**Indicate the key issues raised during the public comment period (optional):**
- [ ] Access
- [ ] Quality
- [ ] Cost
- [ ] Payment methodology
- [ ] Eligibility
- [ ] Benefits
- [ ] Service delivery
- [ ] Other issue
Submission - Tribal Input

Package Header

Package ID: NM2019MS0003O
SPA ID: NM-19-0001
Submission Type: Official
Initial Submission Date: 1/18/2019
Approval Date: 2/28/2019
Effective Date: N/A
Superseded SPA ID: N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state:
- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations:
- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA:

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

  Date of solicitation/consultation: 10/29/2018
  Method of solicitation/consultation: Letter to all Native American Tribes in New Mexico

- All Urban Indian Organizations

  Date of solicitation/consultation: 10/29/2018
  Method of solicitation/consultation: Letter to all Native American Tribes in New Mexico

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

  Date of consultation: 10/29/2018
  Method of consultation: Letter to all Native American Tribes in New Mexico

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.

Name:

18-003 Individuals above 133% Former Foster Care TN 102918

Date Created:

12/3/2018 5:58 PM EST

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Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue
Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID NM2019MS0003O
Submission Type Official
Approval Date 2/28/2019
Superseded SPA ID n/a
User-Entered

SPA ID NM-19-0001
Initial Submission Date 1/18/2019
Effective Date 1/1/2019

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

☐ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

☐ SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

☐ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)
**Medicaid State Plan Eligibility**

**Mandatory Eligibility Groups**

**Package Header**

- **Package ID**: NM2019MS00030
- **SPS ID**: NM-19-0001
- **Submission Type**: Official
- **Approval Date**: 2/28/2019
- **Superseded SPA ID**: NM-13-0022
- **Initial Submission Date**: 1/18/2019
- **Effective Date**: 1/1/2019
- **System-Derived**

**Mandatory Coverage**

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

**Families and Adults**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU in Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
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<td>Pregnant Women</td>
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<td>Deemed Newborns</td>
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<td>NEW</td>
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<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
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<td>☐</td>
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<td>Former Foster Care Children</td>
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<td>Transitional Medical Assistance</td>
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**Aged, Blind and Disabled**

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<td>Qualified Disabled and Working Individuals</td>
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Mandatory Eligibility Groups

Package Header

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B. The state elects the Adult Group, described at 42 CFR 435.119.

- Yes  ○ No

Families and Adults

<table>
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<tr>
<th>Eligibility Group Name</th>
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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A
## Medicaid State Plan Eligibility

### Optional Eligibility Groups

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</table>

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

- **Yes** ☑️
- **No** ☐

The optional eligibility groups covered in the state plan are (selections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

### Families and Adults

<table>
<thead>
<tr>
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<td>Independent Foster Care Adolescents</td>
<td>☑️</td>
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<tr>
<td>Optional Targeted Low Income Children</td>
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<tr>
<td>Individuals above 133% FPL under Age 65</td>
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<tr>
<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
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<td>Individuals Eligible for Family Planning Services</td>
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<tr>
<td>Individuals with Tuberculosis</td>
<td>☑️</td>
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<tr>
<td>Individuals Electing COBRA Continuation Coverage</td>
<td>☑️</td>
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</table>

**Aged, Blind and Disabled**
<table>
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<tr>
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<th>Source Type</th>
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<tbody>
<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
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<td>☐</td>
<td>☐</td>
<td>NEW</td>
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<td>Individuals Eligible for Cash Except for Institutionalization</td>
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<td>NEW</td>
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<tr>
<td>Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules</td>
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<td>☐</td>
<td>NEW</td>
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<tr>
<td>Optional State Supplement Beneficiaries</td>
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<td>Individuals in Institutions Eligible under a Special Income Level</td>
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<td>☐</td>
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<td>PACE Participants</td>
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<td>☐</td>
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<tr>
<td>Individuals Receiving Hospice</td>
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<td>Children under Age 19 with a Disability</td>
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<td>Age and Disability-Related Poverty Level</td>
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<td>Ticket to Work Basic</td>
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<td>Ticket to Work Medical Improvements</td>
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<td>Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers</td>
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<td>☐</td>
<td>☐</td>
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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. 

☐ Yes  ☐ No
Optional Eligibility Groups

Package Header

- Package ID: NM2019M50003O
- SPA ID: NM-19-0001
- Submission Type: Official
- Approval Date: 2/28/2019
- Superseded SPA ID: NM-13-0022
  System-Derived
- Initial Submission Date: 1/18/2019
- Effective Date: 1/1/2019

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A
Medicaid State Plan Eligibility
Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

Package Header

<table>
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<tr>
<th>Package ID</th>
<th>NM2019MS00030</th>
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<tr>
<td>SPA ID</td>
<td>NM-19-0001</td>
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<td>2/28/2019</td>
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<tr>
<td>Effective Date</td>
<td>1/1/2019</td>
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The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAJI-based methodologies are used in calculating household income. Please refer as necessary to MAJI-Based Methodologies, completed by the state.
C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

◯ Yes  ◯ No
D. Income Standard Used

1. The state uses the same income standard for all individuals covered.
   ☐ Yes  ☐ No

2. The income standard for this eligibility group is:
   ☐ a. Percentage of the federal poverty level.
   ☐ b. No income test (the income standard is infinite).
E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☐ 1. Under age 19, or

☐ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010;
F. Phase-In

The state elects to phase-in coverage to individuals in this group.

☐ Yes ☐ No
G. Additional Information (optional)

This coverage is to further the out-of-state former foster care youth demonstration project authorized under section 1115 of the Act Project No.11-W-00285/6 and will begin when the demonstration authority is approved and end when the demonstration authority expires.
December 4, 2018

Mr. Bill Brooks,
Medicaid Associate Regional Administrator
Division of Medicaid and Children’s Health Centers
for Medicare and Medicaid Services
1301 Young Street
Dallas, Texas 75202

Dear Mr. Brooks:

Enclosed are documents related to New Mexico State Plan Amendment (SPA) 18-003.

The purpose of this State Plan Amendment is to cover former foster care individuals up to age 26 who were in foster care under the responsibility of another state. In 2017, the Centers for Medicare and Medicaid Services finalized a regulation revoking Medicaid coverage for these individuals without explicit 1115 waiver authority. This population is currently covered with state general funds. Approval of this SPA will allow the state to claim federal financial participation (FFP) through the Medicaid State Plan.

New Mexico currently provides coverage under the Other Adult Group to adults with income below 133% of the federal poverty level (FPL). This SPA extends coverage to former foster care individuals who aged out of foster care from another state and whose income exceeds 133% FPL. It is the Human Services Department’s (HSD’s) intention to have a SPA effective date of January 1, 2019, to be concurrent with the effective date of the 1115 Centennial Care waiver. New Mexico is not requesting an upper income limit for this population, which is consistent with how the State currently covers individuals who aged out of foster care in New Mexico.

Native American Tribal Notification has been performed. A letter and copies of the proposed State Plan Amendment explaining the change were sent to Native American Tribal Leaders and to the directors of Indian Health Service facilities on October 29, 2018 for comment. Public notice was also provided in newspapers on October 31, 2018. Copies are attached. No comments were received.

We appreciate your consideration of this State Plan Amendment. Should you have any questions on this amendment, please contact Roy Burt at Roy.Burt@state.nm.us or at (505) 476-6898.
Sincerely,

Nancy Smith-Leslie  
Director

cc:  Ford Blunt, CMS  
     Robert Stevens, Program Policy Bureau Chief, MAD  
     Roy Burt, Eligibility Bureau Chief, MAD
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER
   18 003
2. STATE
   New Mexico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE
   January 1, 2019

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 435.150
   42 CFR 435.119
   1902(a)(10)(A)(i)(IX)
   1902(a)(10)(A)(i)(VIII)
7. FEDERAL BUDGET IMPACT
   a. FY 2019 $ 56,700
   b. FY 2020 $ 75,600

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

10. SUBJECT OF AMENDMENT

   Eligibility for individuals above 133% FPL, Former Foster Care.

   □ 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
   [Signature]
   [Date]
13. TYPED NAME
   [Name]
14. TITLE
   [Title]
15. DATE SUBMITTED

16. RETURN TO
   Nancy Smith-Leslie, Director
   Medical Assistance Division
   P.O. Box 2348
   Santa Fe, NM 87504 – 2348

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
22. TITLE

23. REMARKS
WRITTEN TRIBAL NOTIFICATION
October 29, 2018

RE: Tribal Notification to Request Advice and Comments Letter 18-16 – Individuals Above 133% FPL (Former Foster Care Individuals from Other States up to Age 26)

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers and other Interested Parties:

Seeking advice and comments from New Mexico’s Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department’s (HSD’s) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division, is accepting written comments until 5:00pm Mountain Time (MT) on November 28, 2018, regarding State Plan Amendment (SPA) 18-003, which will allow the state to claim federal financial participation (FFP) through the Medicaid State Plan to cover former foster care individuals up to age 26 who were in foster care under the responsibility of another state.

HSD currently covers this population with state general funds. In 2017, the Centers for Medicare and Medicaid Services (CMS) finalized a regulation revoking Medicaid coverage for these individuals without explicit 1115 waiver authority. This SPA will accompany the Centennial Care 1115 waiver renewal to be effective on January 1, 2019, in which HSD requested FFP to cover this population.

New Mexico currently provides coverage under the Other Adult Group to adults with income below 133% of the federal poverty level (FPL). HSD is submitting this SPA to CMS to extend coverage to former foster care individuals who aged out of foster care from another state and whose income exceeds 133% FPL. It is HSD’s intention to have a SPA effective date of January 1, 2019, to be concurrent with the effective date of the 1115 Centennial Care waiver. New Mexico is not requesting an upper income limit for this population, which is consistent with how the State currently covers individuals who aged out of foster care in New Mexico.

Estimated Total Financial Impact

The Department estimates the financial impact of this change will be approximately $108,000 ($32,400 in state general funds) annually.
**Tribal Impact:** The impact to Indian Nations, Tribes, Pueblos and their health care providers is positive. The SPA, in conjunction with the 1115 waiver, will allow New Mexico to access FFP for covering former foster care individuals up to age 26 from another state. Without the SPA, New Mexico can only access FFP for former foster care individuals who aged out of foster care in New Mexico.

Tribes and their health care providers may view the proposed SPA on the HSD webpage at: [http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx](http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx), **Notification Letter 18-16.**

**Important Dates:**

- **Written comments must be submitted by 5:00pm Mountain Time (MT) on November 28, 2018.** Please send your comments to the MAD Native American Liaison, Theresa Belanger, at (505) 827-3122 or by email at: [Theresa.Belanger@state.nm.us](mailto:Theresa.Belanger@state.nm.us).

- All written comments received will be posted as they are received on the HSD website at [http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx](http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx) along with the applicable notification letter and proposed rule. The public posting will include the name and any contact information provided by the commenter.

- All comments and responses will be compiled and made available after December 14, 2018.

Sincerely,

[Nancy Smith-Leslie](#)
Nancy Smith-Leslie, Director
Medical Assistance Division

CC: Theresa Belanger
October 29, 2018

The New Mexico Human Services Department (the Department) is providing this notice for the purpose of receiving public comment regarding a proposed State Plan Amendment (SPA) that will allow the state to claim federal financial participation (FFP) through the Medicaid State Plan to cover former foster care individuals up to age 26 who were in foster care under the responsibility of another state. The estimated financial impact is approximately $108,000 ($32,400 in state general funds) annually.

The Department currently covers this population with state general funds. In 2017, the Centers for Medicare and Medicaid Services (CMS) finalized a regulation revoking Medicaid coverage for these individuals without explicit 1115 waiver authority. This SPA will accompany the Centennial Care 1115 waiver renewal to be effective on January 1, 2019, in which HSD requested FFP to cover this population.

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OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS
Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposal. The complete draft amendment may be found on the Department’s website at: http://www.hsd.state.nm.us/LookingForInformation/registers.aspx and http://www.hsd.state.nm.us/public-notices-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx.

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-6252.

Recorded comments may be left by calling (505) 827-6252. Electronic comments may be submitted to madrules@state.nm.us. All comments must be received no later than 5:00 p.m. MT on November 30, 2018. Written or e-mailed comments are preferred because they become part of the record associated with these changes. All written comments will be posted as they are received on the HSD website at http://www.hsd.state.nm.us/2017-comment-period-open.aspx. The public posting will include the name and any contact information provided by the commenter.
Interested persons may address written comments to:
   Human Services Department
   Office of the Secretary
   ATTN: Medical Assistance Division Public Comments
   P.O. Box 2348
   Santa Fe, New Mexico 87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.
AFFIDAVIT OF PUBLICATION

Ad No.
0001266798

PPID
HUMAN SVCS DEPT – MED ASSIST DIV
PO BOX 2348
SANTA FE NM 87504

The New Mexico Human Services Department (the Department) is providing this notice for the purpose of receiving public comment regarding a proposed State Plan Amendment (SPA) that will allow the state to claim federal financial participation (FFP) through the Medicaid State Plan to cover former foster care individuals up to age 26 who were in foster care under the responsibility of another state. The estimated financial impact is approximately $108,000 ($32,400 in state general funds) annually.

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OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS
Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments.

I, a legal clerk of the Las Cruces Sun-News, a newspaper published daily at the county of Dona Ana, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

10/31/18

Despondent further states this newspaper is duly qualified to publish legal notice or advertisements within the meaning of Sec. Chapter 187, Laws of 1937.


Legal Clerk
STATE OF WISCONSIN SS.
County of Brown
Subscribed and sworn before me this 31st of October 2018.

NOTARY PUBLIC in and for
Brown County, Wisconsin

My Commission Expires

TARA MONDOLOCH
Notary Public
State of Wisconsin

Ad#:0001266798
P O: 83000-0000030470
# of Affidavits: 0.00
on this proposal. The complete draft amendment may be found on the Department’s website at:
http://www.hsd.state.nm.us/LookingForInformation/registers.aspx and

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-6252.

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ATTN: Medical Assistance Division Public Comments
P.O. Box 2348
Santa Fe, New Mexico
87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.
Pub#1266798 Run Date: October 31, 2018
AFFIDAVIT OF PUBLICATION

STATE OF NEW MEXICO

County of Bernalillo SS

Bernadette Gonzales, the undersigned, on oath states that she is an authorized Representative of The Albuquerque Journal, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which hereto attached, was published in said paper in the regular daily edition, for 1 time(s) on the following date(s):

10/31/2018

Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 31 day of October of 2016

PRICE $135.88

Statement to come at the end of month.

ACCOUNT NUMBER 100955

Sworn to and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 31 day of October of 2016.

ACCOUNT NUMBER 100955

Sworn to and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 31 day of October of 2016.

ACCOUNT NUMBER 100955

Sworn to and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 31 day of October of 2016.

ACCOUNT NUMBER 100955

Sworn to and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 31 day of October of 2016.