Regional Operations Group

August 15, 2019

Our Reference: SPA NM 19-0008

Ms. Nicole Comeaux
Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

Attention: Jennifer Vigil

Dear Ms. Comeaux:

We have reviewed the State’s proposed amendment to the New Mexico State Plan submitted under Transmittal Number 19-0008, dated July 23, 2019. This state plan amendment proposes to increase the reimbursement rates for the Family Infant Toddler (FIT) Program.

Based on the information submitted, we have approved the amendment for incorporation into the official New Mexico State Plan with an effective date change of July 1, 2019. A copy of the CMS-179 and the approved plan page are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
19-008

2. STATE
New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 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 447 Subpart F

7. FEDERAL BUDGET IMPACT
   a. FFY 20 $5,118,565
   b. FFY 21 $5,287,631

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, page 3b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
   OR ATTACHMENT (If Applicable)
Attachment 4.19-B, page 3b, (NM SPA 12-06B)

10. SUBJECT OF AMENDMENT
   Family Infant Toddler (FIT) Program Increases

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

14. TITLE
Director, Medical Assistance Division

15. DATE SUBMITTED
July 23, 2019

16. RETURN TO
Nicole Comeaux, J.D., M.P.H., Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
July 23, 2019

18. DATE APPROVED
August 15, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2019

21. TYPED NAME
Bill Brooks

22. TITLE
Director
Regional Operations Group

23. REMARKS

Instructions on Back
D. Physical Therapy, Occupational Therapy and Services for Individuals with Speech, Hearing, and Language Disorders

1. Physical therapy, occupational therapy, and speech and language pathology services (including audiologists) are reimbursed on a fee schedule basis. Habilitation services for ABP recipients are also reimbursed using this methodology.

The agency’s fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates to the fee schedule are published on the New Mexico Human Services Department website under Providers, Fee for Service, Fee Schedules at: http://www.hsd.state.nm.us/providers/fee-schedules.aspx Notice of changes to rates will be made as required by 42 CFR 447.205.

2. Physical therapy, occupational therapy and speech and language pathology services provided by a therapy assistant are reimbursed on a fee schedule basis. Habilitation services for ABP recipients are also reimbursed using this methodology.

The agency’s fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates to the fee schedule are published on the New Mexico Human Services Department website under Providers, Fee for Service, Fee Schedules at: http://www.hsd.state.nm.us/providers/fee-schedules.aspx Notice of changes to rates will be made as required by 42 CFR 447.205.

E. Special rehabilitation services (Family Infant Toddler program early intervention services)

Special rehabilitation services (Family Infant Toddler program early intervention services) are reimbursed on a fee schedule basis.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rates were set as of July 1, 2019, and are effective for services provided on or after that date. All rates are published at: http://www.hsd.state.nm.us/providers/fee-schedules.aspx Notice of changes to rates will be made as required by 42 CFR 447.205.