



Susana Martinez, Governor
Sidonie Squier, Secretary
Julie B. Weinberg, Director

March 18, 2014

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) 14-02, Cost Sharing.

The purpose of this SPA is to implement cost sharing provisions for certain recipients and for certain services, as allowed under 42 CFR 447.50 through 447.57.

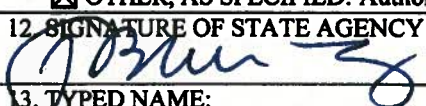
We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Ellen Costilla at Ellen.Costilla@state.nm.us or at 505-827-3180.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie B. Weinberg", with a stylized flourish at the end.

Julie B. Weinberg
Director

Copies:
Suzette Seng, CMS, Region VI
Stacey Shuman, NM State Liaison
Robert Stevens, MAD Chief, Program Policy & Integrity Bureau
Ellen Costilla, Healthcare Operations Manager, MAD

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 14-02 | 2. STATE New Mexico |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE January 1, 2014 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.50 through 447.57 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 0.00 b. FFY 2015 \$ 0.00 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A pages 1, 2, 3 and 4 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.18-A: Page 1 supercedes page 1, TN 92-19, approved 12-16-92, effective 10-1-92 Page 2 supercedes page 2, TN 85-10, approved 1-30-86, effective 10-1-85 Page 3 supercedes page 3, TN 85-10, approved 1-30-86, effective 10-1-85 Page 4 supercedes none (new) | |
| 10. SUBJECT OF AMENDMENT: Cost-Sharing | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority Delegated to the Medical Director | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 - ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348 | |
| 13. TYPED NAME: Julie B. Weinberg | | | |
| 14. TITLE: Director | | | |
| 15. DATE SUBMITTED: March 18, 2014 | | | |
| 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:

[A large rectangular area with a light gray, textured background, intended for handwritten or typed remarks.]