



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

December 29, 2014

Bill Brooks, Medicaid Associate Regional Administrator
Division of Medicaid and Children's Health
Centers for Medicare and Medicaid Services
1301 Young St.
Dallas, TX 75202

Dear Mr. Brooks:

Enclosed are documents related to the submission of New Mexico State Plan Amendment (SPA) 14-07, Rehabilitative Services and Indian Health Services.

The primary purpose of this state plan amendment is to update and reorganize the reimbursement and services sections of the state plan relating to rehabilitative option services and Indian Health Services.

This amendment is not for the purpose of making program changes. Rather, this is part of our continuing effort in working with CMS to assure the reimbursement pages clearly correspond to the service sections of the state plan and to implement the now required wording regarding public notice and the dates for which reimbursement rates were set for these services.

While there are no intended content changes other than improved descriptions, there are some behavioral health services in the Rehabilitative section with fee schedule increases for which public notice has been provided that become effective on January 1, 2015. That date for establishing the fee schedule has been added to the amendment and that increase is the sole reason for the financial impact indicated on the transmittal form.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Weinberg', with a stylized flourish at the end.

Julie B. Weinberg


Director, Medical Assistance Division

Copies:

Stacey Shuman, CMS, Region VI

Ellen Costilla, Healthcare Operations Manager, MAD

Robert Stevens, MAD Chief, Program Policy & Integrity Bureau

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-07	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	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 42 CFR 440 42 CFR 441		7. FEDERAL BUDGET IMPACT: for FFY 2015: \$1,440,000 for FFY 2016 : \$1,920,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B pages 23– 23d , page 24 State Supplement A to Attachment 3.1A; pages 3a, 3b, 20a, 20b, 21, 21a – 21d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B: Pg. 23 supercedes same page, TN 04-12; pages 23a – 23d new pages supercede none; page 24 TN 00-06 State Supplement A to Attachment 3.1A: Page 20a, 21b – 21 d supersede none – new pages Pg. 21 supercedes same page, TN 10-08 Pg. 21a supercedes page 21a, TN 04-12 Pgs 3a and 3b (new)	
10. SUBJECT OF AMENDMENT: Rehabilitative Services and Indian Health Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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 Medicaid Director.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 – 2348	
13. TYPED NAME: Julie B. Weinberg			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: December 29, 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:			