

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 New Mexico State Plan Amendment (SPA) 14-13, updating and reorganizing the EPSDT services and reimbursement pages.

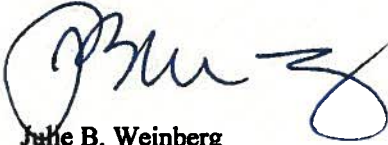
The primary purpose of this state plan amendment is to update and reorganize both the services (supplement A to attachment 3.1A) and reimbursement (attachment 4.19-B) sections of the state plan that primarily address early and periodic screening, diagnostic, and treatment (EPSDT) services.

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 EPSDT section with fee schedule increases and additions to school services 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,



Julie B. Weinberg
Director

Copies:
Stacy Shuman, CMS, Region VI
Ellen Costilla, MAD Health Care Operations Manager
Robert Stevens, MAD Chief, Program Policy & Integrity Bureau
Russell Toal, Deputy Director, Medical Assistance Division



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-13	2. STATE New Mexico
		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 October 1, 2014	
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: Section 1905(r) of the Social Security Act (the Act) 42 CFR 447.200		7. FEDERAL BUDGET IMPACT: for FFY 2015: \$2,160,000 for FFY 2016: \$2,880,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B pages 3, 15 – 22, and new page 22a State Supplement A to Attachment 3.1A pages 5, 5a, 5b, 5c, 5d, 5e, 5f, and 5g		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B : Pg. 3, supercedes same page, TN 12-06B; pg. 15 supercedes same page, TN 96-05; pg. 16 supercedes same page, TN 99-06; pg. 17 supercedes same page, TN 92-11; pg. 18 supercedes same page, TN 92-11; pg. 19 supercedes same page, TN 92-11; pg. 20 supercedes same page, TN 92-11; pg. 21 supercedes same page, TN 92-11; pg. 22 supercedes same page, TN 92-11; pg. 22a, supercedes none, new page State Supplement A to Attachment 3.1A : Pg. 5 supercedes same page, TN 91-11; pg. 5a supercedes same page, TN 90-15; pg. 5b supercedes same page, TN 92-11; pg. 5c supercedes same page, TN 92-11; pg. 5d supercedes same page, TN 93-27; pg. 5e supercedes same page, TN 93-27; pg. 5f supercedes same page, TN 08-03, pg. 5g supercedes same page, TN 04-08	
10. SUBJECT OF AMENDMENT: Updating and reorganization of EPSDT services and reimbursement pages			
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			
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:			