DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

May 8, 2014

Ms. Julie Weinberg, Director Medical Assistance Division New Mexico Department of Human Services P.O. Box 2348 Santa Fe, New Mexico 87504

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 14-03, dated March 6, 2014. Currently, state funds are used to pay all of the non-federal share of total expenditures. With the approval of TN 14-03, the Centers for Medicare and Medicaid Services (CMS) has reviewed and approved language indicating limited local participation.

Transmittal Number 14-03 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 14-03 summary is enclosed, along with the approved plan pages and their attachments.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

Bill Brooks

Belly Bol Family for

Associate Regional Administrator Division of Medicaid & Children's Health

Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	14-03	New Mexico	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2014		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	, , , , , , , , , , , , , , , , , , ,		
5. TYPE OF PLAN MATERIAL (Check One):			
	CONSIDERED AS NEW PLAN	X AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
o. i Ballina di i i di i di i di i di i di i di i	/ TEBERAL BODGET IMI ACT.		
42 CFR 433.33	for FFY 2013: (none)		
·	for FFY 2014 : (none)	,	
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
page 85	(g) approximation		
F-8- 0-	page 85		
	Approval Date 7/16/1976 Effective	e Date 7/1/1976	
10. SUBJECT OF AMENDMENT:			
State Financial Participation			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: Authority			
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Delegated to the Me	licaid Director.	
12. SIGNATIONE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
(10mm <	Julie B. Weinberg, Director		
13. TYPED NAME: Julie B. Weinberg	Medical Assistance Division		
14. TITLE: Director, Medical Assistance Division	P.O. Box 2348		
15. DATE SUBMITTED: February 24, 2014	Santa Fe, NM 87504 – 2348		
FOR REGIONAL OF			
17. DATE RECEIVED: March 6, 2014	18. DATE APPROVED: May 8, 2014		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:	
January 1, 2014	Ballering		
21. TYPED NAME:	22. TITLE:		
23. REMARKS:			
23. KDWAKKS.			
	마스 마스 마스 프로젝트 (1985년 - 1985년 - 1985년 - 1985년 - 1985		
마이 마이크 사용 내 스포트 등 기계를 받고 있다. 마이크 교육 대표 기계를 보고 있는 것이 되었다.			
● 1、1、4、1、1、2、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	그리고 가지 않는 살이 사실 수 있다. 말하고 말을 받는 모음을 먹고	고수의 눈물 시간 중에 얼마 얼마 그리 뭐 뭐 하나요 네	
이 사람들이 하다를 걸었다. 사람들은 전환 학생들은 경험을 되었다.			

	HCFA-AT-80-38 (BPP)
	May 22, 1980
	State NEW MEXICO
<u>Citation</u>	6.3 State Financial Participation
42 CFR 433.33	
	a) State funds are used in both assistance and administration
	State funds are used to pay all of the non- Federal share of total expenditures under the plan.
	☐There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the

b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

in any part of the State.

plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan

State: New Mexico

Date Received: March 6, 2014 Date Approved: May 8, 2014 Date Effective: January 1, 2014 Transmittal Number: 14-03

Approval Date May 8, 2014 Effective Date January 1, 2014

SUPERSEDES: 76-10

TN: 14-03