



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,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, flowing style.

Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

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

1. TRANSMITTAL NUMBER <u>19 — 008</u>	2. STATE New Mexico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2019	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

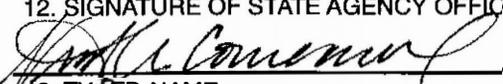
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 3b, (NM SPA 12-06B)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 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Authority delegated to the Medicaid Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL


13. TY FED NAME
Nicole Comeaux

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	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Director Regional Operations Group

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 - B
Page 3b

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

1. Physical therapy, occupation 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.

State: New Mexico
Date Received: 07-23-19
Date Approved: 08-15-19
Date Effective: 07-01-19
Transmittal Number: 19-0008

TN No. 19-0008

Approval Date 08-15-19

Supersedes TN. No. 12-06B

Effective Date 07-01-19