



Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H., Director

July 21, 2021

Mr. 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 please find documents related to New Mexico State Plan Amendment (SPA) 21-0008 Family Infant Toddler (FIT) Rate Increases.

These rate changes are being made due to the Early Childhood Education and Care Department (ECECD), Division of Support and Intervention – Family Infant Toddler (FIT) Program receiving an appropriation of \$1,400,000 from the 2021 State Legislature for rate increases to FIT Program services, which are funded by State and Medicaid funds. These services are provided under EPSDT – Special Rehabilitation and the State General Fund; the match will be paid through the ECECD.

HSD followed a process that included public notification, tribal notification and web posting. Documentation of these activities is attached.

Please refer to the attachments for the transmittal form and notices.

We appreciate your consideration of this state plan amendment. Should you have any questions, please contact Jennifer Vigil at: JenniferR.Vigil@state.nm.us or (505) 490-5816.

Sincerely,

Nicole Comeaux, J.D., M.P.H., Director
Medical Assistance Division

cc: Peter Banks, CMS
Lorelei Kellogg, HSD/MAD Deputy Director

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

1. TRANSMITTAL NUMBER

2 1 0 0 8

2. STATE

New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE 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 22 \$ 4,244,592b. FFY 23 \$ 3,907,051

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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 (TN #20-011)

10. SUBJECT OF AMENDMENT

Family Infant Toddler (FIT) Program Increases

11. GOVERNOR'S REVIEW (*Check One*)☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Nicole Comeaux

14. TITLE

Director, Medical Assistance Division

15. DATE SUBMITTED

July 21, 2021

16. RETURN TO

Nicole Comeaux, JD., M.P.H., Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348**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

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: <https://www.hsd.state.nm.us/providers/fee-schedules/> 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: <https://www.hsd.state.nm.us/providers/fee-schedules/> 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, 2021 and are effective for services provided on or after that date. All rates are published at: <https://www.hsd.state.nm.us/providers/fee-schedules/> Notice of changes to rates will be made as required by 42 CFR 447.205.

TN No. 21-0008

Approval Date _____

Supersedes TN. No. 20-0011

Effective Date _____

NEWSPAPER PUBLIC NOTICE AND PROOF OF PUBLICATION

Newspaper Notice for SPA 21-0008 - FIT Rate Increases

The New Mexico Human Services Department (HSD) Medical Assistance Division is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 21-0008 Family Infant Toddler (FIT) Rate Increases.

These changes are being made due to the Early Childhood Education and Care Department (ECECD), Division of Support and Intervention – Family Infant Toddler (FIT) Program receiving an appropriation of \$1,400,000 from the 2021 State Legislature for rate increases to FIT Program services, which are funded by State and Medicaid funds. These services are provided under EPSDT – Special Rehabilitation and the State General Fund; the match will be paid through the ECECD.

The estimated financial impact is \$4,244,592 (in federal funds) for FFY 22 and \$3,907,051 (in federal funds) for FFY 23.

FIT Program Service Rate Increase for Services Provided on or after July 1, 2021

Service	Current Procedure Code/Modifier	Current Rate	FY 22 Rate
Comprehensive Multidisciplinary Evaluation	H2000 TL	\$ 725.00	\$ 781.50
Home and Community Individual	T1027 TL	\$ 29.75	\$ 30.00
Center-Based Individual	T1027 TL TT	\$ 20.00	\$ 25.00
Center-Based Group	T1027 TL HQ	\$ 7.00	\$ 10.00
Family Service Coordination	T2023 TL	\$ 189.50	\$ 194.50

OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS

Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposed SPA. The complete draft amendment may be found on the Department's website at:

<https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notice-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1337.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to madrules@state.nm.us. All comments must be received no later than **5:00 p.m. Mountain Time (MT) on July 16, 2021**. Written or e-mailed comments are preferred because they become part of the record associated with these changes.

Interested persons may address written comments to:

Human Services Department
Office of the Secretary
ATTN: Medical Assistance Division Public Comments

P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.

Las Cruces Sun News.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0004779130

This is not an invoice

HUMAN SVCS DEPT - ME D ASSIST DIV
PO BOX 2348

SANTA FE, NM 87504-2348

I, a legal clerk of the **Las Cruces Sun News**, a newspaper published daily at the county of Dona Ana, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

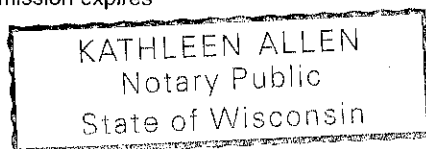
06/16/2021

Despondent further states this newspaper is duly qualified to publish legal notice or advertisements within the meaning of Sec. Chapter 167, Laws of 1937.

Linda Tuttle
Legal Clerk

Subscribed and sworn before me this June 16, 2021:

Kathleen Allen
State of WI, County of Brown
NOTARY PUBLIC
1-7-25
My commission expires



Ad # 0004779130
PO #: FIT Rate
of Affidavits 1

This is not an invoice

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These changes are being made due to the Early Childhood Education and Care Department (ECECD), Division of Support and Intervention - Family Infant Toddler (FIT) Program receiving an appropriation of \$1,400,000 from the 2021 State Legislature for rate increases to FIT Program services, which are funded by State and Medicaid funds. These services are provided under EPSDT - Special Rehabilitation and the State General Fund; the match will be paid through the ECECD.

The estimated financial impact is \$4,244,592 (in federal funds) for FFY 22 and \$3,907,051 (in federal funds) for FFY 23.

FIT Program Service Rate Increase for Services Provided on or after July 1, 2021

Service	Procedure
Current Code/Modifier	
Current Rate	
FY 22	
Rate	
Comprehensive Multidisciplinary Evaluation	
H2000 TL	
\$ 725.00	
\$ 781.50	
Home and Community Individual	
T1027 TL	
\$ 29.75	
\$ 30.00	
Center-Based Individual	
T1027 TL TT	
\$ 20.00	
\$ 25.00	
Center-Based Group	
T1027 TL HQ	
\$ 7.00	
\$ 10.00	
Family Service Coordination	
T2023 TL	
\$ 189.50	
\$ 194.50	

OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS

Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposed SPA. The complete draft amendment may be found on the Department's website at:
<https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1227.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to madrules@state.nm.us. All comments must be received no later than 5:00 p.m. Mountain Time (MT) on July 16, 2021. Written or e-mailed comments are preferred because they become part of the record associated with these changes.

Interested persons may address written comments to:
Human Services Department
Office of the Secretary
ATTN: Medical Assistance Division Public Comments
P.O. Box 2348
Santa Fe, New Mexico
87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.
#4779130, Sun-News, June 16, 2021



The New Mexico Human Services Department (HSD) Medical Assistance Division is providing this notice of opportunity to comment on proposed State Plan Amendment (SPA) 21-0008 Family Infant Toddler (FIT) Rate Increases.

These changes are being made due to the Early Childhood Education and Care Department (ECECD), Division of Support and Intervention – Family Infant Toddler (FIT) Program receiving an appropriation of \$1,400,000 from the 2021 State Legislature for rate increases to FIT Program services, which are funded by State and Medicaid funds. These services are provided under EPSDT – Special Rehabilitation and the State General Fund; the match will be paid through the ECECD.

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on or after July 1, 2021**

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<https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notice-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1337.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to madrules@state.nm.us. All comments must be received no later than **5:00 p.m. Mountain Time (MT) on July 16, 2021**. Written or e-mailed comments are preferred because they become part of the record associated with these changes.

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Office of the Secretary
ATTN: Medical Assistance Division Public Comments
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.

CATION

that she is an authorized Representative of
qualified to publish legal notices

Chapter 167, Session Laws of 1937, and that
part cost; that the notice, copy of which hereto
daily edition, for 1 time(s) on the following



OFFICIAL SEAL
Susan Ramirez
NOTARY PUBLIC - STATE OF NEW MEXICO

My Commission Expires: 2/15/2023

in and

AFFIDAVIT OF PUBLICATION

STATE OF NEW MEXICO

County of Bernalillo SS

Elise Rodriguez , the undersigned, on oath states that she is an authorized Representative of The Albuquerque Journal, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which hereto attached, was published in said paper in the regular daily edition, for 1 time(s) on the following date(s):

06/16/2021

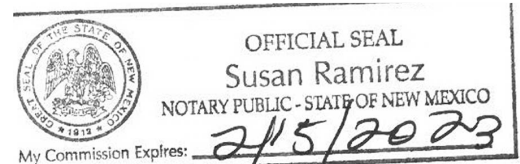


Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this
21 day of June of 2021

PRICE \$257.26

Statement to come at the end of month.

ACCOUNT NUMBER 1009565



PROVIDER, INTERESTED PARTIES, STAKEHOLDERS ASSOCIATIONS NOTICE



Michelle Lujan Grisham, Governor
David R. Scruse, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

June 16, 2021

Interested Parties:

The New Mexico Human Services Department Medical Assistance Division is providing notice of a proposed increase for Family Infant Toddler (FIT) program rates for specific services provided on or after July 1, 2021.

These changes are being made due to the Early Childhood Education and Care Department (ECECD), Division of Support and Intervention – Family Infant Toddler (FIT) Program receiving an appropriation of \$1,400,000 from the 2021 State Legislature for rate increases to FIT Program services, which are funded by State and Medicaid funds. These services are provided under EPSDT – Special Rehabilitation and the State General Fund; the match will be paid through the ECECD.

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**FIT Program Service Rate Increase for Services Provided
on or after July 1, 2021**

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OPPORTUNITY TO VIEW DOCUMENTS AND MAKE COMMENTS

Medicaid providers, Medicaid recipients, and other interested parties are invited to make comments on this proposed State Plan Amendment (SPA). The complete draft amendment may be found on the Department's website at:

<https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notice-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-1337.

Recorded comments may be left by calling (505) 827-1337. Electronic comments may be submitted to madrules@state.nm.us. **All comments must be received no later than 5:00 p.m. MT on July 16, 2021.** Written or e-mailed comments are preferred because they become part of the record associated with these changes.

Interested persons may address written comments to:

Human Services Department
Office of the Secretary
ATTN: Medical Assistance Division Public Comments
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Copies of all comments will be made available by HSD/MAD upon request by providing copies directly to a requestor or by making them available on the HSD/MAD website or at a location within the county of the requestor.

WRITTEN TRIBAL NOTIFICATION



Michelle Lujan Grisham, Governor
David R. Scruse, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

June 16, 2021

RE: Tribal Notification to Request Advice and Comments Letter 21-13: Family Infant Toddler (FIT) Program Rate Increases

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

Seeking advice and comments from New Mexico's Indian Nations, Tribes, Pueblos and their health care providers is an important component of the government-to-government relationship with the State of New Mexico. In accordance with the New Mexico Human Services Department's (HSD's) Tribal Notification to Request Advice and Comments process, this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting comments until **5:00 p.m. Mountain Time (MT) July 16, 2021**, regarding proposed increases for Family Infant Toddler (FIT) program rates for specific services provided on or after July 1, 2021.

These changes are being made due to the Early Childhood Education and Care Department (ECECD), Division of Support and Intervention – Family Infant Toddler (FIT) Program receiving an appropriation of \$1,400,000 from the 2021 State Legislature for rate increases to FIT Program services, which are funded by State and Medicaid funds. These services are provided under EPSDT – Special Rehabilitation and the State General Fund; the match will be paid through the ECECD.

**FIT Program Service Rate Increase for Services Provided
on or after July 1, 2021**

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Home and Community Individual	T1027 TL	\$ 29.75	\$ 30.00
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Center-Based Group	T1027 TL HQ	\$ 7.00	\$ 10.00
Family Service Coordination	T2023 TL	\$ 189.50	\$ 194.50

Tribal Impact

The Human Services Department does not anticipate a service or financial impact to Indian Nations, Tribes, Pueblos or their health care providers with these proposed FIT Program Rate Increases.

Tribal Advice and Comments

Tribes and their healthcare providers may view the proposed changes, on the HSD webpage at: <https://www.hsd.state.nm.us/providers/written-tribal-consultations/> **Tribal Notification 21-13.**

Important Dates

Written comments must be submitted by 5:00 p.m. Mountain Time (MT) July 16, 2021. Please send your comments to the MAD Native American Liaison, Theresa Belanger, at (505) 670-8067 or by email at: Theresa.Belanger@state.nm.us. All written comments received will be posted on the HSD website at: <https://www.hsd.state.nm.us/providers/written-tribal-consultations/> along with this notification letter. The public posting will include the name and any contact information provided by the commenter.

Sincerely,



Nicole Comeaux, J.D., M.P.H.
State Medicaid Director

NO COMMENTS RECEIVED

FEE SCHEDULE

**FIT Program Service Rate Increase for Services Provided
on or after July 1, 2021**

Service	Current Procedure Code/Modifier	Current Rate	FY 22 Rate
Comprehensive Multidisciplinary Evaluation	H2000 TL	\$ 725.00	\$ 781.50
Home and Community Individual	T1027 TL	\$ 29.75	\$ 30.00
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Center-Based Group	T1027 TL HQ	\$ 7.00	\$ 10.00
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STANDARD FUNDING QUESTIONS

Standard Funding Questions: SPA 21-0008 FIT Rate Increases

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

STATE RESPONSE: Providers are not required to return any portion of payments for these services.

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
 - (i) a complete list of the names of entities transferring or certifying funds;
 - (ii) the operational nature of the entity (state, county, city, other);

- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority: and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

STATE RESPONSE: These services are paid using appropriations from the state legislature from funds received by broad-based taxes levied by the state.

- 3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

STATE RESPONSE: No supplemental or enhanced payments are made.

- 4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

STATE RESPONSE: These fee schedule changes do not apply to any provider subject to the UPL calculations.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

STATE RESPONSE: If governmental providers were to receive payments that exceed their reasonable cost of providing services, the excess payment would be recovered and the federal share of the excess would be reported and returned to CMS.