February 28, 2024

Christie Guinn, Deputy Bureau Chief Medical Assistance Division Human Services Department P.O. BOX 2348 Santa Fe, NM 87504-2348

Dear Ms. Guinn:

The following expenditures are being submitted to your department for reimbursement for JPA# 95-17. These expenditures are for period July - September 2023 (SFY Q1).

Total Claim	\$	1,746,982.38
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Attached is the invoice calculating the total amount due. If you have any questions or require additional information, please contact Amanda Carlisle at (505) 490-5911.

Please use the following account codes when preparing the Operating Transfer.

	Behavioral Health (50%)	Behavioral Health (75%)	Juvenile Justice (50%)
P-Code	P800	P800	P577
Business Unit	69000	69000	69000
Fund	06700	06700	83900
Department	6020000000	6020000000	3100000000
Acct	451909	451909	451909
Reporting Cat	009217	009217	100037
Amount	\$188,519.67	\$541,556.23	\$523,944.05

	Juvenile Justice (75%)	Protective Services (50%)	Protective Services (75%)				
P-Code	P577	P578	P578				
Business Unit	69000	69000	69000				
Fund	83900	06700	06700				
Department	3100000000	5010010000	5010010000				
Acct	451909	451909	451909				
Reporting Cat	100037	008599	008599				
Amount	\$0.00	\$58,810.37	\$0.00				

	Indirect Expenditures
P-Code	P576
Business Unit	69000
Fund	06700
Department	2010000000
Acct	451909
Reporting Cat	008599
Amount	\$434,152.06

Sincerely,

Amanda Carlisle, Federal Grants Manager Administrative Services

NM Human Services Department Date: February 28, 2024		-			Quarter:	July -	September 20	23 (SFY	(Q1)	_				
JPA: 95-17 Invoice Number:										_				
	Medi	icaid Administrativ	e Claiming (MAC)	Invoi	ce									
	This form ser	ves as both the invoi	ce and the certificat	ion of	expenses of total	al compu	itable and nor	ı-federa	l funds.					
Agency	y: NM Children, Yout	h & Families Denart	ment - Behavioral F	lealth :	Services Div		City:	Santa F	ie.					
	s: PO Drawer 5160						State:							
Address2	2:					•	Zip:	87502						
		Staff							Staff	Pool 2				
	Direct	FFP Indirect	Direct	6 FFP Indir		Direct		FFP Indirec	+	Direct		6 FFP Indirect		
1. Expenditures	\$ 1,270,903.00	\$ 422,617.00	\$ 1,270,903.00		422,617.00	\$	151,983.00	\$	70,050.00	\$	151,983.00	\$	70,050.00	
Claimable Percentages	56.82%	56.82%	26.74%	_	26.74%		0.00%		0.00%		24.48%		24.48%	
3. Total Claimable Expenditures	\$ 722,074.98	\$ 240,113.65	\$ 339,830.57		113,004.83	\$	-	\$	-	\$	37,208.78	\$	17,149.78	
4. Indirect Cost Rate	0.00%	0.00%	0.00%	_	0.00%		0.00%		0.00%		0.00%		0.00%	
5. Total Claimable Indirect Costs6. Total Claimable Costs = (3.+5.)	\$ - \$ 722,074.98	\$ - \$ 240,113.65	\$ - \$ 339,830.57	\$ \$	113,004.83	\$	-	\$	-	\$	37,208.78	\$	17,149.78	
7. Net Claimable (FFP x 6.)	\$ 541,556.23	\$ 240,113.03 \$ 180.085.24	\$ 169,915.28	_	56,502.41	\$	-	\$		\$	18,604.39	\$	8,574.89	
Allowable sub-contracts Total Net Claimable (Enhanced - 7 Total Net Claimable (Non-Enhance)	,	75% FFP \$ -	50% FFP \$ - Direct \$ 541,556.23 \$ 188,519.67	_		\$ \$	ndirect 180,085.24 65,077.30							
Total Claimed						\$	975,238.44							
I, as the Representative of the Childre for the Medicaid Administrative Servi the share of public (non-federal) funds JPA# 95-17 for the period of: July - S I also certify that this agency's expendare separately identified and supported are separately identified and supported Name: Amanda Carlisle Title: Federal Revenue & Gr. Approved for Payment:	ices provided under Ti s needed to match the eptember 2023 (SFY of litures were incurred it d in our accounting sy	itle XIX (Medicaid) of federal share of clair Q1). n accordance with pr	of the Social Securions billed to the NM	ty Act, State l	as amended. I l Medicaid agenc	hereby co y in acco	ertify that this ordance with o	agency contract	expended number:	-				

NM Human Services Department Date: February 28, 2024		_				Quarter:	July - Sep	otember 20	23 (SF	Y Q1)				
JPA: 95-17 Invoice Number:														
	Med	icaid Administrativ	e Claimir	ng (MAC)	Invoice									
	This form se	ves as both the invoi	ice and the	e certificati	on of ex	penses of tota	ıl computal	ole and nor	-feder	al funds.				
	NM Children, You E: PO Drawer 5160	h & Families Depart	ment - Ju	venile Justi	ce Servi	ces Div.		City: State:		Fe Mexico				
Address									87502					
	·													
		Staff	Pool 1							Staff	Pool	2		
	75%	FFP		50%	FFP			75%	FFP		50% FFP			
	Direct	Indirect	Direct		Indirect	t	Direct		Indire		Dire		Indi	
1. Expenditures	\$ -	\$ -	\$	- 26.740/	\$	- 26.740/	\$ 4,28	0,204.00	\$ 1	1,331,366.00	\$	4,280,204.00	\$	1,331,366.00
Claimable Percentages Total Claimable Expenditures	\$ -	56.82% \$ -	\$	26.74%	\$	26.74%	\$	0.00%	\$	0.00%	\$	24.48% 1,047,888.10	\$	24.48% 325,947.69
Indirect Cost Rate	0.00%		ý.	0.00%	J.	0.00%	φ	0.00%	Φ	0.00%	Ψ	0.00%	φ	0.00%
5. Total Claimable Indirect Costs	\$ -	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
6. Total Claimable Costs = $(3.+5.)$	\$ -	\$ -	\$	-	\$	-	\$	-	\$	-	\$	1,047,888.10	\$	325,947.69
7. Net Claimable (FFP x 6.)	\$ -	\$ -	\$	-	\$	-	\$	-	\$	-	\$	523,944.05	\$	162,973.84
		75% FFP		% FFP										
8. Allowable sub-contracts		\$ -	\$	-]									
			Di	irect	1		Ind	irect	Ì					
Total Net Claimable (Enhanced - 7	5% FFP)		\$	-			\$	-						
Total Net Claimable (Non-Enhance	ed - 50% FFP)		\$ 5	23,944.05	1		\$ 16	52,973.84						
Total Claimed							\$ 68	6,917.89						
Total Claimed							\$ 00	10,717.07						
I, as the Representative of the Childre	n, Youth, and Familie	s Department, am ch	arged wit	h the duties	of supe	rvising the ac	lministratio	n of the pr	ovisio	n and billing				
for the Medicaid Administrative Servi	ces provided under T	itle XIX (Medicaid)	of the Soc	ial Security	Act, as	amended. I l	nereby certi	fy that this	agenc	y expended				
the share of public (non-federal) funds JPA# 95-17 for the period of: July - S			ns billed t	to the NM S	State Me	edicaid agency	y in accord	ance with o	contrac	t number:				
31111/93 17 for the period of: July 15	eptemoer 2025 (St 1	Q1).												
I also certify that this agency's expend			ovisions o	of New Me	xico's po	olicies for the	services.	hese certif	fied ex	penditures				
are separately identified and supported	I in our accounting sy	stem.												
Name: Amanda Carlisle					-	Date:	2023-10-	23 09:37:0	4					
Title: Federal Revenue & Gr	ants Mgr				_									
Approved for														
Payment:					_	Date:								

NM Human Services Department Date: February 28, 2024		<u> </u>		(Quarter:	July - September 2	023 (SFY Q1)	_				
JPA: 95-17		<u></u>		Invoice	Number:			<u>-</u> ,				
Medicaid Administrative Claiming (MAC) Invoice												
This form serves as both the invoice and the certification of expenses of total computable and non-federal funds.												
	No. of the Ar	105 % 5				at:	G . P					
	: NM Children, Y : PO Drawer 5160	outh & Families Depar	tment - Protective S	services Div.			Santa Fe New Mexico					
Address2							87502					
	1											
		Staf	f Pool 1				Staff	Pool 2				
	7:	5% FFP	_	% FFP		75%	6 FFP		FFP			
	Direct	Indirect	Direct	Indirect		Direct	Indirect	Direct	Indirect			
1. Expenditures	\$ -	s -	\$ -	\$	-	\$ 6,603,455.00	\$ 2,921,141.00	\$ 6,603,455.00	\$ 2,921,141.00			
2. Claimable Percentages	0.0				0.00%	0.00%		1.78%	1.78%			
Total Claimable Expenditures Indirect Cost Rate	\$ -		\$ - 6 0.00°	\$	0.00%	\$ -	\$ -	\$ 117,620.74 0.00%	\$ 52,031.36 0.00%			
Total Claimable Indirect Costs	\$ -	\$ -	\$ -	S	-	\$ -	\$ -	\$ -	\$ -			
6. Total Claimable Costs = (3.+5.)	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ 117,620.74	\$ 52,031.36			
7. Net Claimable (FFP x 6.)	\$ -	S -	\$ -	\$	-	\$ -	\$ -	\$ 58,810.37	\$ 26,015.68			
Allowable sub-contracts Total Net Claimable (Enhanced - 7: Total Net Claimable (Non-Enhance)	<u> </u> 		Indirect \$ -]								
Total Claimed				_		\$ 84,826.05]					
I, as the Representative of the Children, Youth, and Families Department, am charged with the duties of supervising the administration of the provision and billing for the Medicaid Administrative Services provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that this agency expended the share of public (non-federal) funds needed to match the federal share of claims billed to the NM State Medicaid agency in accordance with contract number: JPA# 95-17 for the period of: July - September 2023 (SFY Q1). I also certify that this agency's expenditures were incurred in accordance with provisions of New Mexico's policies for the services. These certified expenditures are separately identified and supported in our accounting system.												
Name: Amanda Carlisle					Date:	2023-10-23 09:36:	33	-				
Title: Federal Revenue & Gra	ints Mgr			_								
Approved for Payment:				_	Date:			-				