

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 714  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

June 13, 2014

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

RE: Transmittal Number 13-027

Dear Ms. Weinberg:

The Centers for Medicare and Medicaid Services (CMS) has reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-27. With the approval of TN 13-27, CMS has reviewed and approved the State's defined Medicaid State Agency and its delegated Medicaid authority, in accordance with provisions as outlined in 42 CFR 431.10 - 12; 431.50; and the Affordable Care Act (ACA).

TN 13-27 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the TN 13-27 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 for*

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid &  
Children's Health Operations

Enclosures

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

**State/Territory name:** New Mexico

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

NM-13-0027

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 431.10; 42 CFR 431.11; 42 CFR 431.12; 42 CFR 431.50

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

New Mexico Medicaid Administration: Single State Agency  
(A1-A3)

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Authority Delegated to Medicaid Director

**Signature of State Agency Official**

**Submitted By:** Caitlin Kuennen Breen

**Last Revision Date:** Jun 12, 2014

**Submit Date:** Mar 18, 2014

DATE RECEIVED: March 18, 2014

DATE APPROVED: June 13, 2014

SIGNATURE OF REGIONAL OFFICIAL:

*Bill Brooks*

PRINTED NAME AND TITLE: Bill Brooks, Associate Regional Administrator, Division of Medicaid and Children's Health

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0027

**STATE:**

New Mexico

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

A1 – A3

**COMPLETE PAGES  
SUPERSEDED:**

Page 1  
Section 1.1 (pages 2-6)  
Section 1.2 (page 7)  
Section 1.3 (page 8)  
Attachment 1.1-A (Attorney  
General certification)  
Attachment 1.2-A (pages 1-4)  
(Organization and function of  
State Agency and  
Organizational chart)  
Attachment 1.2-B (pages 1-4)  
(Organization and Function  
under Medical Assistance  
Division and organization  
chart)  
Attachment 1.2-C (Description  
of professional medical and  
supporting staff)

**PARTIAL PAGES  
SUPERSEDED:**

Section 1.4 (page 9)(State  
Medical Care Advisory  
Committee only. Tribal  
consultation will remain in the  
state plan.)

<p>State: New Mexico Date Received: 3/18/14 Date Approved: 6/13/14 Effective Date: 1/1/14 Transmittal Number: 13-27</p>
---



# Medicaid Administration

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

<b>State Plan Administration Designation and Authority</b>		<b>A1</b>
42 CFR 431.10	<b>State: New Mexico</b> <b>Date Received: 3/18/14</b> <b>Date Approved: 6/13/14</b> <b>Effective Date: 1/1/14</b> <b>Transmittal Number: 13-27</b>	
<b>Designation and Authority</b>		
State Name:	<input type="text" value="New Mexico"/>	
<p>As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.</p>		
Name of single state agency:	<input type="text" value="New Mexico Human Services Department"/>	
Type of Agency:		
<input type="radio"/> Title IV-A Agency		
<input type="radio"/> Health		
<input type="radio"/> Human Resources		
<input checked="" type="radio"/> Other		
Type of Agency	<input type="text" value="Human Services Agency and Title IV-A Agency"/>	
<p>The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)</p>		
<p>The state statutory citation for the legal authority under which the single state agency administers the state plan is:</p>		
<input type="text" value="Section 9-8-4 (Human Services Department - established) and section 9-8-12 (Cooperation with the federal government; authority of secretary; single state agency status) of New Mexico Statutes"/>		
<p>The single state agency supervises the administration of the state plan by local political subdivisions.</p>		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
<input checked="" type="checkbox"/> The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.		
<input type="text" value="An attachment is submitted."/>		
<p>The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.</p>		
<p>The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).</p>		
<input checked="" type="radio"/> Yes <input type="radio"/> No		



# Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes  No

**State Plan Administration**  
**Organization and Administration**

42 CFR 431.10  
42 CFR 431.11

State: New Mexico
Date Received: 3/18/14
Date Approved: 6/13/14
Effective Date: 1/1/14
Transmittal Number: 13-27

A2

## Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Single State Agency designated to administer the Title XIX program in New Mexico is the Human Services Department. The Department is a Cabinet-level agency in the executive branch of the New Mexico state government. The Department's administrative head is the Secretary of the Human Services Department, which is a Governor-appointed Cabinet-level position.

The Department is organized into seven areas led and directed by the Office of the Secretary (OOS): Office of General Counsel



# Medicaid Administration

State: New Mexico  
Date Received: 3/18/14  
Date Approved: 6/13/14  
Effective Date: 1/1/14  
Transmittal Number: 13-27

(OGC); Behavioral Health Services Division (BHSD); Child Support Enforcement Division (CSED); Income Support Division (ISD); Medical Assistance Division (MAD); Information Technology Division (ITD); and the Administrative Services Division (ASD), which provides finance, accounting and property management support for HSD, the Office of Human Resources (OHR), and the Office of Inspector General (OIG) providing audit, investigations, restitutions services and fair hearings for the department.

The unit responsible for administering the Title XIX program under the Single State Agency in New Mexico is the Medical Assistance Division (MAD).

MAD is lead by the Division Director, who is appointed by the Secretary, and who oversees three deputy directors, the Office of Health Care Reform, the Office of Chief Medical Officer, and several bureaus or units:

- Eligibility Bureau : analyzes eligibility changes required by federal and State legislation, and develops and promulgates all regulations and policies that pertain to Medicaid eligibility.
- Program Policy & Integrity Bureau: responsible for developing and modifying Medicaid program rules related to the Medicaid benefit package for many services and providers, except for waiver services and institutional services.
- Systems Bureau: provides analysis, project management, and contractor oversight related to the information systems used by MAD, including the Medicaid Management Information System (MMIS).
- Centennial Care (managed care) Bureau: responsible for the daily operational oversight and management of the managed care program.
- Communication & Education Bureau: develops and conducts educational outreach and media campaigns for Medical Assistance programs.
- Exempt Services & Programs Bureau: manages the following programs and contracts: Home and Community Based Services (HCBS) waivers for individuals with Developmental Disabilities (DD), HIV/AIDS, and Medically Fragile (MF) condition(s); Third Party Assessor (TPA)/Utilization Review contract; Intermediate Care Facilities for the Mentally Retarded (ICF-MR); and the Mi Via Self-Directed Waivers. The bureau also includes the School Health Office.
- Quality Bureau: ensure quality through oversight of all aspects of care through performance measurement and tracking of systemic quality indicators and issues.
- Budget Planning & Reporting Bureau: manages the financial planning and financial policy affairs of MAD. The bureau is the primary contact with HSD's Administrative Services Division.
- Financial Management Bureau: reconciles and analyzes managed care State expenditures and enrollment statistical data for appropriateness of payment for all managed care lines of business.
- Director's Office : The Director's Office develops strategic goals and objectives, directs activities, and provides guidance to all levels of staff for all programs within MAD and is made up of the New Mexico Medicaid Director and three Deputies; the Office of the Medical Director; the Office of Healthcare Reform; a Healthcare Operations Manager; a Native American Liaison; and various support staff members.

The Fair Hearings Bureau is a division of the Office of Inspector General. The Administrative Law Judges of the Fair Hearings Bureau conduct hearings for the public assistance programs administered by the Human Services Department. The bureau schedules hundreds of hearings each year for more than 17 different categories of public assistance benefits. Hearing decision recommendations are submitted to HSD division directors who issue the final decision in accordance with federal and state regulations.

Medicaid eligibility determinations are made by the Human Services Department/Income Support Division with two exceptions. SSI determinations are made by the Social Security Administration through a 1634 agreement. The Children, Youth, and Families



# Medicaid Administration

State: New Mexico  
 Date Received: 3/18/14  
 Date Approved: 6/13/14  
 Effective Date: 1/1/14  
 Transmittal Number: 13-27

Department makes eligibility determinations for adoption and foster care Medicaid.

Upload an organizational chart of the Medicaid agency.

**An attachment is submitted.**

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

New Mexico is led by a Governor who oversees the executive branch, comprised of a number of different Cabinet departments. The Governor appoints the secretaries of each Cabinet department.

The Human Services Department establishes and maintains agreements with the New Mexico Department of Health, Department of Education and Children, Youth and Families Department concerning programs and projects of mutual interest, including the use of Medicaid funding for eligible services provided by or through other departments.

The Department of Health administers various components of New Mexico's Developmentally Disabled (DD), Medically Fragile and Mi Via waivers including service provider contracting, determining if recipients meet the definition of DD, monitoring of waiver providers, and participation in fair hearings. In addition, the Department of Health assists with the administration of the School Based Health Centers, Nurse Aide Training, and other Public Health services that are reimbursable through Medicaid. The Department of Health assists with the administration of the Family, Infant and Toddler Program (FIT) for reimbursement.

The Public Education Department assists HSD in the administration of the Medicaid School Based Services program. HSD also contracts with school districts, overseen by the Public Education Department, to allow school districts to receive Medicaid reimbursement for Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) related services.

The Children, Youth and Families Department provides the licenses and certification for Medical Assistance Division residential placements (Accredited Residential Treatment Centers-ARTC, Residential Treatment Centers-RTC, Group Homes, Treatment Foster Care) agencies and facilities. In addition the Children, Youth and Families Department assist with Medical Assistance Program eligibility determinations for eligible recipients the department has involvement with or responsibility for care.

HSD utilizes a Joint Powers Agreement or Governmental Services Agreement with each of the entities listed above.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)



# Medicaid Administration

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No

**State Plan Administration Assurances**

State: New Mexico
Date Received: 3/18/14
Date Approved: 6/13/14
Effective Date: 1/1/14
Transmittal Number: 13-27

A3

42 CFR 431.10  
 42 CFR 431.12  
 42 CFR 431.50

**Assurances**

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.





# Medicaid Administration

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130917

State: New Mexico
Date Received: 3/18/14
Date Approved: 6/13/14
Effective Date: 1/1/14
Transmittal Number: 13-27

TN: NM 13-27

Approved: 13 June, 2014

Effective: 1 January, 2014