

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

September 19, 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) 14-12. With the approval of TN 14-12, the Centers for Medicare and Medicaid Services (CMS) has approved the State's request to remove the Personal Care Option Services from its Medicaid State Plan. Those services will now be delivered through the Community Benefit which functions in the State's 1115 program, Centennial Care.

Transmittal Number 14-12 is approved with an effective date of April 1, 2014, as requested. A signed and dated copy of the Transmittal No. 14-12 form 179 is enclosed, along with the approved plan pages and their attachments.


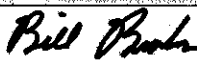
If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

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

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-12	2. STATE New Mexico
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167		7. FEDERAL BUDGET IMPACT: for FFY 2014: No Impact for FFY 2015 : No Impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 9a Supplement A to Attachment 3.1-A Pages 25 and 26 (deleted content)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1 A, page 9(a) supersedes Attch. 3.1 A, page 9a (TN 12-04) Supplement to Attachment 3.1 A, page 25 supersedes sup to Attch. 3.1A, page 25 (TN 12-04) Supplement to Attachment 3.1 A, page 26 supersedes sup to Attch. 3.1A, page 26 (TN 12-04)	
10. SUBJECT OF AMENDMENT: Removal of Personal Care Option Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 - 2348	
13. TYPED NAME: Julie B. Weinberg			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: June 27, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 30, 2014		18. DATE APPROVED: September 19, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2014		20. SIGNATURE  OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator, RO VI	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW MEXICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

ATTACHMENT 3.1-A
Page 9a

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A

_____ provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

___ Provided:

___ State Approved (Not Physician) Service Plan Allowed

___ Services Outside the Home Also Allowed

___ Limitations Described on Attachment

 X Not Provided

State: New Mexico
Date Received: 6/30/2014
Date Approved: 9/19/2014
Effective Date: 4/1/2014
Transmittal Number: 14-12

TN No. 14-12

Supersedes TN. No. 12-04

Approval Date 9/19/14

Effective Date 4/1/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW MEXICO

State Supplement A to Attachment 3.1 A
Page 25

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State: Arkansas
Date Received: 6/30/2014
Date Approved: 9/19/2014
Effective Date: 4/1/2014
Transmittal Number: 14-12

TN No. 14-12

Approval Date 9/19/14

Supersedes TN. No. 12-04

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW MEXICO

State Supplement A to Attachment 3.1 A
Page 26

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State: Arkansas
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Approval Date 9/19/14

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