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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 15-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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 29, 2015

Ms. Nancy Smith-Leslie, Director
Medical Assistance Division
New Mexico Department of Human Services
P.O. Box 2348
Santa Fe, New Mexico 87504

Dear Ms. Smith-Leslie:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 15-0009. With the approval of TN 15-0009, the Centers for Medicare and Medicaid Services (CMS) has approved the State's adoption of a State Long Term Care Insurance Partnership Plan, and exempts any resources from the plan from estate recoveries.

Transmittal Number 15-0009 is approved with an effective date of July 1, 2015, as requested. A signed and dated copy of the Transmittal No. 15-0009 summary is attached, along with the approved plan pages.

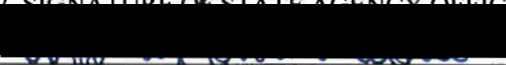

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,



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

Cc: Bill Bob Farrell, DMCH
Terri Fraser, CMS Baltimore
Stephanie Bell, CMS Baltimore
Stacey Shuman, DMCH
Tallie Tolen, NMHSD
Ellen Costilla, NMHSD

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-09	2. STATE New Mexico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2015	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 6201 of the Deficit Reduction Act of 2005 Sections 1917(b)(1)(C) and 1902©(2) of the SSA		7. FEDERAL BUDGET IMPACT: for FFY 2015: \$0 for FFY 2016: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 53b Supplement 8c to Attachment 2.6A, pages 1 and 2 – both new		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Page 53b, supercedes page 53b TN 10-06, approved 8-11-10 Supplement 8c to Attachment 2.6A, pages 1 and 2, supercede none, both new pages	
10. SUBJECT OF AMENDMENT: The SPA adopts a State Long Term Care Insurance Partnership Plan and exempts any resources from the Partnership Plan from estate recoveries.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Nancy Smith Leslie, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 – 2348	
13. TYPED NAME: Nancy Smith Leslie			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: July 7, 2015		18. DATE APPROVED: September 29, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015		20. SIGNATURE:  OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator, DMCH	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico
 Date Received: 7 July, 2015
 Date Approved: 29 September, 2015
 Effective Date: 1 July, 2015
 Transmittal Number: 15-09

State: New Mexico

SUPPLEMENT 8c TO ATTACHMENT 2. 6-A

Page 1

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

<p>1902(r)(2) 1917(b)(1)(C)</p>	<p>The following more liberal methodology applies .to individuals who are eligible for medical assistance under one of the following eligibility groups:</p> <p style="text-align: center;">1902(a)(10)(A)(ii)(V) Institutional Care 1902(a)(10)(A)(ii)(XXII) Home and Community-Based Services</p> <p>An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.</p> <p><u> X </u> The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.</p> <ul style="list-style-type: none"> • The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986. • The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New Mexico

SUPPLEMENT 8c TO ATTACHMENT 2. 6-A
Page 2

	<ul style="list-style-type: none">• The policy was issued no earlier than the effective date of this State plan amendment.• The insured individual was a _resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.• The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.• The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.• The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.• The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.• The Agency provides information and technical assistance to the Insurance Department regarding the training described above.
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State: New Mexico
Date Received: 7 July, 2015
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