

Records / Submission Packages

NM - Submission Package - NM2019MS00030 - (NM-19-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Approval Letter News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202

Request System Help



Division of Medicaid and Children's Health Operations

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Ms. Nicole Comeaux
State Medicaid Director
NM Human Services Department, Medical Assistance Division
PO Box 2348
2025 S. Pacheco Street
Santa Fe, 87504

Re: Approval of State Plan Amendment NM-19-0001

Dear Ms. Nicole Comeaux:

On January 18, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-19-0001 to This SPA ensures that NM continues to cover the former foster care for out of state individuals. The State of NM was required to submit this SPA concurrent with its 1115 waiver request to cover these individuals. CMS finalized a regulation retracting states' authority to receive federal funding to cover former foster care individuals up to age 26 without a waiver. In this SPA, NM also updated its coverage of Eligibility groups.

We approve New Mexico State Plan Amendment (SPA) NM-19-0001 on February 28, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Ford Blunt at 2147676381 or ford.blunt@cms.hhs.gov.

Sincerely,
Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

CMS-10434 OMB 0938-1188

Package Information

Package ID NM2019MS00030
Program Name N/A
SPA ID NM-19-0001
Version Number 3
Submitted By Donna Lopez
Package Disposition



Submission Type Official
State NM
Region Dallas, TX
Package Status Approved
Submission Date 1/18/2019
Approval Date 2/28/2019 6:19 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID	NM2019MS00030	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: NM Human Services
Department, Medical
Assistance Division

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID NM2019MS00030

SPA ID NM-19-0001

Submission Type Official

Initial Submission Date 1/18/2019

Approval Date 2/28/2019

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NM-19-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	new
Mandatory Eligibility Groups	1/1/2019	NM-13-0022
Optional Eligibility Groups	1/1/2019	NM-13-0022
Individuals above 133% FPL under Age 65	1/1/2019	new

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID NM2019MS00030	SPA ID NM-19-0001
Submission Type Official	Initial Submission Date 1/18/2019
Approval Date 2/28/2019	Effective Date N/A
Superseded SPA ID N/A	

Executive Summary

Summary Description Including Goals and Objectives New Mexico currently covers the mandatory former foster care individuals up to age 26 and on Medicaid and in foster care in New Mexico at the time they turned 18 or age out of the foster care system. While New Mexico formerly had State Plan authority to cover former foster care individuals up to age 26 who are former residents of other states, CMS finalized a regulation retracting states' authority to receive federal Medicaid matching funds to cover this population without a waiver. New Mexico would like to continue to cover the former foster care out of state individuals and has requested to do so through our 1115 Waiver request. Concurrent with the waiver request the state is required to also submit State Plan Amendment (SPA) S50 to cover these individuals.

New Mexico is required to cover these individuals under state law. Our goal is to cover these out of state individuals as we had done before we were required to rescind this option in our State Plan. New Mexico considers this a vulnerable population that should be covered regardless of whether aging out of foster care in New Mexico or from another state. There is also a parity issue as dependents are allowed to be covered under their parents health insurance coverage up to age 26 through private insurance.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$56700
Second	2020	\$75600

Federal Statute / Regulation Citation

42 CFR 435.150
 1902(a)(10)(A)(i)(IX)
 42 CFR 435.218
 1902(a)(10)(ii)(XX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
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No Items available

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID NM2019MS00030

SPA ID NM-19-0001

Submission Type Official

Initial Submission Date 1/18/2019

Approval Date 2/28/2019

Effective Date N/A

Superseded SPA ID N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

MAGI-Based Methodologies

Financial Eligibility Requirements for Non-MAGI Groups

Reviewable Unit Name	Included in Another Reviewable Unit Submission Package	Source Type

Financial Eligibility Requirements for Non-MAGI Groups

APPROVED

Income/Resource Standards

Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Reviewable Unit Submission Package	Source Type

Mandatory Eligibility Groups APPROVED

Optional Eligibility Groups

Included in Another Reviewable Unit Name
Source Type
Submission Package

Optional Eligibility Groups APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID NM2019MS00030	SPA ID NM-19-0001
Submission Type Official	Initial Submission Date 1/18/2019
Approval Date 2/28/2019	Effective Date N/A
Superseded SPA ID N/A	

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Las Cruces Sun News	10/31/2018	Southern New Mexico
Albuquerque Journal	10/31/2018	Northern and Central New Mexico

Publication in state's administrative record, in accordance with the administrative procedures requirements

Email to Electronic Mailing List or Similar Mechanism

Website Notice

Select the type of website

Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Oct 29, 2018

Website URL: <http://www.hsd.state.nm.us/2017-comment-period-open.aspx>




Website for State Regulations

Other

Public Hearing or Meeting

Other method

Upload copies of public notices and other documents used

Name	Date Created	
18-003 Individuals above 133% Former Foster Care Albuquerque Journal	12/10/2018 4:15 PM EST	
18-003 Individuals above 133% Former Foster Care Las Cruces Sun-News	12/10/2018 4:18 PM EST	
18-003 Individuals above 133% Former Foster Care NEWSPAPER	12/10/2018 4:25 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created
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No items available

Name

Date Created

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

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Package ID NM2019MS00030	SPA ID NM-19-0001
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Approval Date 2/28/2019	Effective Date N/A
Superseded SPA ID N/A	

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:

10/29/2018

Method of solicitation/consultation:

Letter to all Native American Tribes in New Mexico

All Urban Indian Organizations

Date of solicitation/consultation:

10/29/2018

Method of solicitation/consultation:

Letter to all Native American Tribes in New Mexico

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:

10/29/2018

Method of consultation:

Letter to all Native American Tribes in New Mexico

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name

Date Created

18-003 Individuals above 133% Former Foster Care TN 102918

12/3/2018 5:58 PM EST



Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID	NM2019MS00030	SPA ID	NM-19-0001
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Superseded SPA ID	new		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID NM2019MS00030	SPA ID NM-19-0001
Submission Type Official	Initial Submission Date 1/18/2019
Approval Date 2/28/2019	Effective Date 1/1/2019
Superseded SPA ID NM-13-0022	
System-Derived	

Mandatory Coverage







A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)				
Qualified Medicare Beneficiaries 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

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System-Derived	

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU in Package	Included in Another Submission Package	Source Type
Adult Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID NM2019MS00030 **SPA ID** NM-19-0001
Submission Type Official **Initial Submission Date** 1/18/2019
Approval Date 2/28/2019 **Effective Date** 1/1/2019
Superseded SPA ID NM-13-0022
 System-Derived

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. *

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID	NM2019MS00030	SPA ID	NM-19-0001
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Superseded SPA ID	NM-13-0022		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. *

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Package Header

Package ID	NM2019MS00030	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	NM-13-0022		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00030 | NM-19-0001

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

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	User-Entered		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

- a. Percentage of the federal poverty level.
- b. No income test (the income standard is infinite).

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes No

G. Additional Information (optional)

This coverage is to further the out-of-state former foster care youth demonstration project authorized under section 1115 of the Act Project No.11-W-00285/6 and will begin when the demonstration authority is approved and end when the demonstration authority expires.

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 0938-1188. 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.

This view was generated on 7/25/2019 10:28 AM EDT



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

December 4, 2018

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 are documents related to New Mexico State Plan Amendment (SPA) 18-003.

The purpose of this State Plan Amendment is to cover former foster care individuals up to age 26 who were in foster care under the responsibility of another state. In 2017, the Centers for Medicare and Medicaid Services finalized a regulation revoking Medicaid coverage for these individuals without explicit 1115 waiver authority. This population is currently covered with state general funds. Approval of this SPA will allow the state to claim federal financial participation (FFP) through the Medicaid State Plan.

New Mexico currently provides coverage under the Other Adult Group to adults with income below 133% of the federal poverty level (FPL). This SPA extends coverage to former foster care individuals who aged out of foster care from another state and whose income exceeds 133% FPL. It is the Human Services Department's (HSD's) intention to have a SPA effective date of January 1, 2019, to be concurrent with the effective date of the 1115 Centennial Care waiver. New Mexico is not requesting an upper income limit for this population, which is consistent with how the State currently covers individuals who aged out of foster care in New Mexico.

Native American Tribal Notification has been performed. A letter and copies of the proposed State Plan Amendment explaining the change were sent to Native American Tribal Leaders and to the directors of Indian Health Service facilities on October 29, 2018 for comment. Public notice was also provided in newspapers on October 31, 2018. Copies are attached. No comments were received.

We appreciate your consideration of this State Plan Amendment. Should you have any questions on this amendment, please contact Roy Burt at Roy.Burt@state.nm.us or at (505) 476-6898.

Sincerely,



Nancy Smith-Leslie
Director

cc: Ford Blunt, CMS
Robert Stevens, Program Policy Bureau Chief, MAD
Roy Burt, Eligibility Bureau Chief, MAD

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

1. TRANSMITTAL NUMBER <u>1 8</u> — <u>0 0 3</u>	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 January 1, 2019
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.150 42 CFR 435.119 1902(a)(10)(A)(i)(IX) 1902(a)(10)(A)(i)(VIII)	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 56,700 b. FFY 2020 \$ 75,600
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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10. SUBJECT OF AMENDMENT

Eligibility for individuals above 133% FPL, Former Foster Care.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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	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

WRITTEN TRIBAL NOTIFICATION



Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

October 29, 2018

RE: Tribal Notification to Request Advice and Comments Letter 18-16 – Individuals Above 133% FPL (Former Foster Care Individuals from Other States up to Age 26)

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, is accepting written comments until **5:00pm Mountain Time (MT) on November 28, 2018**, regarding State Plan Amendment (SPA) 18-003, which will allow the state to claim federal financial participation (FFP) through the Medicaid State Plan to cover former foster care individuals up to age 26 who were in foster care under the responsibility of another state.

HSD currently covers this population with state general funds. In 2017, the Centers for Medicare and Medicaid Services (CMS) finalized a regulation revoking Medicaid coverage for these individuals without explicit 1115 waiver authority. This SPA will accompany the Centennial Care 1115 waiver renewal to be effective on January 1, 2019, in which HSD requested FFP to cover this population.

New Mexico currently provides coverage under the Other Adult Group to adults with income below 133% of the federal poverty level (FPL). HSD is submitting this SPA to CMS to extend coverage to former foster care individuals who aged out of foster care from another state and whose income exceeds 133% FPL. It is HSD's intention to have a SPA effective date of January 1, 2019, to be concurrent with the effective date of the 1115 Centennial Care waiver. New Mexico is not requesting an upper income limit for this population, which is consistent with how the State currently covers individuals who aged out of foster care in New Mexico.

Estimated Total Financial Impact

The Department estimates the financial impact of this change will be approximately \$108,000 (\$32,400 in state general funds) annually.

Tribal Impact: The impact to Indian Nations, Tribes, Pueblos and their health care providers is positive. The SPA, in conjunction with the 1115 waiver, will allow New Mexico to access FFP for covering former foster care individuals up to age 26 from another state. Without the SPA, New Mexico can only access FFP for former foster care individuals who aged out of foster care in New Mexico.

Tribes and their health care providers may view the proposed SPA on the HSD webpage at: <http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx>. **Notification Letter 18-16.**

Important Dates:

- **Written comments must be submitted by 5:00pm Mountain Time (MT) on November 28, 2018.** Please send your comments to the MAD Native American Liaison, Theresa Belanger, at (505) 827-3122 or by email at: Theresa.Belanger@state.nm.us.
- All written comments received will be posted as they are received on the HSD website at <http://www.hsd.state.nm.us/providers/written-tribal-consultations.aspx> along with the applicable notification letter and proposed rule. The public posting will include the name and any contact information provided by the commenter.
- All comments and responses will be compiled and made available after December 14, 2018.

Sincerely,



Nancy Smith-Leslie, Director
Medical Assistance Division

CC: Theresa Belanger

PROVIDER, INTERESTED PARTIES, STAKEHOLDERS, ASSOCIATION – MAILED NOTICE



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

October 29, 2018

The New Mexico Human Services Department (the Department) is providing this notice for the purpose of receiving public comment regarding a proposed State Plan Amendment (SPA) that will allow the state to claim federal financial participation (FFP) through the Medicaid State Plan to cover former foster care individuals up to age 26 who were in foster care under the responsibility of another state. The estimated financial impact is approximately \$108,000 (\$32,400 in state general funds) annually.

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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 proposal. The complete draft amendment may be found on the Department's website at:

<http://www.hsd.state.nm.us/LookingForInformation/registers.aspx> and
<http://www.hsd.state.nm.us/public-notice-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx>.

A written copy of these proposed documents may be requested by contacting the HSD Medical Assistance Division (HSD/MAD) in Santa Fe at (505) 827-6252.

Recorded comments may be left by calling (505) 827-6252. Electronic comments may be submitted to madrules@state.nm.us. All comments must be received no later than 5:00 p.m. MT on November 30, 2018. Written or e-mailed comments are preferred because they become part of the record associated with these changes. All written comments will be posted as they are received on the HSD website at <http://www.hsd.state.nm.us/2017-comment-period-open.aspx>. The public posting will include the name and any contact information provided by the commenter.

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.

NEWSPAPER PUBLIC NOTICE AND PROOF OF PUBLICATION

LAS CRUCES SUN-NEWS

AFFIDAVIT OF PUBLICATION

Ad No.
0001266798

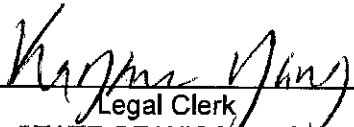
PPIB
HUMAN SVCS DEPT - MED ASSIST DIV
PO BOX 2348

SANTA FE NM 87504

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:

10/31/18

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


Legal Clerk

STATE OF WISCONSIN SS.
County of Brown

Subscribed and sworn before me this
31st of October 2018.



NOTARY PUBLIC in and for
Brown County, Wisconsin



My Commission Expires

Ad#:0001266798
P O : 63000-000030470
of Affidavits :0.00

TARA MONDLOCH
Notary Public
State of Wisconsin

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Pub#1266798 Run Date:
October 31, 2018

AFFIDAVIT OF PUBLICATION

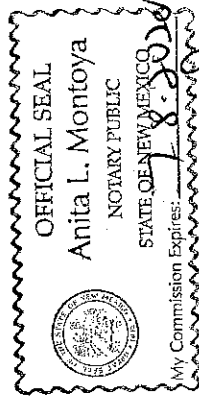
STATE OF NEW MEXICO

County of Bernalillo SS

THE NEW MEXICO HUMAN SERVICES DEPARTMENT IS PROVIDING THIS NOTICE FOR THE PURPOSE OF RECEIVING PUBLIC COMMENT REGARDING A PROPOSED STATE PLAN AMENDMENT.

Bernadette Gonzales, 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):

10/31/2018



[Signature]
Sworn and subscribed before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 31 day of October of 2018

PRICE \$135.88

Statement to come at the end of month.

ACCOUNT NUMBER 1009565

HUMAN SERVICES DEPARTMENT
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Journal: October 31, 2018