

Regional Operations Group

June 26, 2019

Our Reference: NM SPA 19-0006

Ms. Nicole Comeaux
Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

Attention: Jennifer Vigil

Dear Ms. Comeaux:

We have reviewed the State's proposed amendment to the New Mexico State Plan submitted under Transmittal Number 19-0006, dated March 29, 2019. This state plan amendment increases payment rates to the Autism Intervention Services (AIS) fee schedule.

Based on the information submitted, we have approved the amendment for incorporation into the official New Mexico State Plan with an effective date change of January 1, 2019. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Regional Operations Group

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 6

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

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
Section 1905(a) of the Social Security Act
42 CFR 447.200

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 0.00

b. FFY 2020 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 22a¹

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B page 22a¹

10. SUBJECT OF AMENDMENT

Autism Intervention Services (AIS) Fee Schedule Changes

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

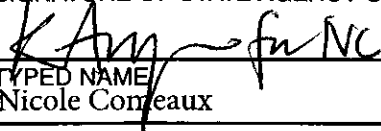
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Authority delegated to the Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME
Nicole Comeaux

14. TITLE
Director, Medical Assistance Division

15. DATE SUBMITTED
March 29, 2019

16. RETURN TO

Nicole Comeaux, J.D., M.P.H., Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
March 29, 2019

18. DATE APPROVED
June 26, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME
Bill Brooks

22. TITLE
Director
Regional Operations Group

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO
AND STANDARDS FOR ESTABLISHING PAYMENT RATES
--OTHER TYPES OF CARE

Attachment 4.19-B
Page 22a¹

Autism Intervention Services (AIS)

Autism Intervention Services (AIS) are reimbursed on a fee schedule basis.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of January 1, 2019 and are effective for services provided on or after that date. All rates are published at <http://www.hsd.state.nm.us/providers/fee-schedules.aspx>.

Notice of changes to rates are made as required by 42 CFR 447.205.

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TN No. 19-0006

Supersedes TN No. 15-01

State: New Mexico
Date Received: 03-29-19
Date Approved: 06-26-19
Date Effective: 01-01-19
Transmittal Number: 19-0006

Approval Date 06-26-19

Effective Date 01-01-19