

## State of New Mexico Medical Assistance Program Manual

## Supplement



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TO: MEDICAID PROVIDERS

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**BUREAU** 

SUBJECT: CHANGES TO NMAC 8.321.2.37 ELIGIBLE AGENCIES FOR TREATMENT FOSTER

CARE (TFC) I AND II

The New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) is issuing this Supplement to inform providers to a change in eligible agencies to provide Treatment Foster Care (TFC) I and II as specified in New Mexico Administrative Code (NMAC) 8.321.2.37.A eligible Agencies for Treatment Foster Care I and II. This guidance is being issued in advance of the rule promulgation of 8.321.2 NMAC and is effective immediately.

## **Current Language:**

A. **Eligible agencies:** In addition to the requirements of Subsections A and B of 8.321.2.9 NMAC, in order to be eligible to be reimbursed for providing TFC services to an eligible recipient, the agency must be a CYFD certified TFC agency and be licensed as a child placement agency by CYFD protective services.

## **New Language:**

A. **Eligible agencies:** In addition to the requirements of Subsections A and B of 8.321.2.9 NMAC, in order to be eligible to be reimbursed for providing TFC services to an eligible recipient, the agency must either be a CYFD certified TFC agency and licensed as a child placement agency by CYFD protective services, or satisfy certification and licensure requirements under the terms of the Interstate Compact for Placement of Children.

Please contact the Medical Assistance Division at MADInfo.HSD@state.nm.us if you have any questions regarding this supplement.