

February 28, 2024

Human Services Department  
MAD/Program Oversight & Support Bureau  
Attn: Renay Martinez  
P.O. BOX 2348  
Santa Fe, NM 87504-2348

Dear Ms. Martinez:

The following expenditures are being submitted to your department for reimbursement for GSA# 17-

Total Claim	\$ 457,132.85
-------------	---------------

Attached is the invoice calculating the total amount due. If you have any questions or require

To properly credit our account, use the following accounting string for the Operating Transfer:

DIRECT EXPENDITURE	
Business Unit	62400
Fund	4900
Department	2400000000
Account	451909
Amount	\$ 457,132.85
Budget Reference	121
Class	E0000

Sincerely,

Valerie Garcia  
ASD Director

NM Human Services Department  
Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

GSA: 7-630-8000-0001 A2

Invoice Number: \_\_\_\_\_

## Medicaid Administrative Claiming (MAC) Invoice

This form serves as both the invoice and the certification of expenses of total computable and non-federal funds.

Agency: NM Aging & Long-Term Services Dept  
Address: PO Box 27118  
Address2: \_\_\_\_\_

City: Santa Fe  
State: New Mexico  
Zip: 87502

	Cost Pool 1	
	75% FFP	50% FFP
1. Total Expenditures	\$ 2,943,765.00	\$ 2,943,765.00
2. Total Claimable Expenditures	\$ -	\$ 914,265.70
3. Net Claimable (FFP x 2)	\$ -	\$ 457,132.85

Total Net Claimable (Enhanced - 75% FFP) \$ -

Total Net Claimable (Non-Enhanced - 50% FFP) \$ 457,132.85

**Total Claimed** **\$ 457,132.85**

I, as the Representative of the NM Aging & Long-Term Services Dept. am charged with the duties of supervising the administration of the provision and billing for the Medicaid Administrative Services provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that this agency expended the share of public (non-federal) funds needed to match the federal share of claims billed to the NM State Medicaid agency in accordance with contract number: GSA# 17-630-8000-0001 A2 for the period of: July - September 2023 (SFY Q1).

I also certify that this agency's expenditures were incurred in accordance with provisions of New Mexico's policies for the services. These certified expenditures are separately identified and supported in our accounting system.

Name: Brandi Flores

Date: 2023-11-21 10:26:54

Title: Grant Manager

Approved for  
Payment: \_\_\_\_\_

Date: \_\_\_\_\_