

February 28, 2024

Christie Guinn, Deputy Bureau Chief  
Medical Assistance Division  
Human Services Department  
P.O. BOX 2348  
Santa Fe, NM 87504-2348

Dear Ms. Guinn:

The following expenditures are being submitted to your department for reimbursement for JPA# 95-17. These expenditures are for period July - September 2023 (SFY Q1).

Total Claim	\$ 1,746,982.38
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Attached is the invoice calculating the total amount due. If you have any questions or require additional information, please contact Amanda Carlisle at (505) 490-5911.

Please use the following account codes when preparing the Operating Transfer.

	Behavioral Health (50%)	Behavioral Health (75%)	Juvenile Justice (50%)
P-Code	P800	P800	P577
Business Unit	69000	69000	69000
Fund	06700	06700	83900
Department	6020000000	6020000000	3100000000
Acct	451909	451909	451909
Reporting Cat	009217	009217	100037
Amount	\$188,519.67	\$541,556.23	\$523,944.05

	Juvenile Justice (75%)	Protective Services (50%)	Protective Services (75%)
P-Code	P577	P578	P578
Business Unit	69000	69000	69000
Fund	83900	06700	06700
Department	3100000000	5010010000	5010010000
Acct	451909	451909	451909
Reporting Cat	100037	008599	008599
Amount	\$0.00	\$58,810.37	\$0.00

	Indirect Expenditures
P-Code	P576
Business Unit	69000
Fund	06700
Department	2010000000
Acct	451909
Reporting Cat	008599
Amount	\$434,152.06

Sincerely,

Amanda Carlisle, Federal Grants Manager  
Administrative Services

NM Human Services Department

Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

JPA: 95-17

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 Children, Youth & Families Department - Behavioral Health Services Div.  
 Address: PO Drawer 5160  
 Address2:

City: Santa Fe  
 State: New Mexico  
 Zip: 87502

	Staff Pool 1				Staff Pool 2			
	75% FFP		50% FFP		75% FFP		50% FFP	
	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect
1. Expenditures	\$ 1,270,903.00	\$ 422,617.00	\$ 1,270,903.00	\$ 422,617.00	\$ 151,983.00	\$ 70,050.00	\$ 151,983.00	\$ 70,050.00
2. Claimable Percentages	56.82%	56.82%	26.74%	26.74%	0.00%	0.00%	24.48%	24.48%
3. Total Claimable Expenditures	\$ 722,074.98	\$ 240,113.65	\$ 339,830.57	\$ 113,004.83	\$ -	\$ -	\$ 37,208.78	\$ 17,149.78
4. Indirect Cost Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
5. Total Claimable Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Total Claimable Costs = (3.+5.)	\$ 722,074.98	\$ 240,113.65	\$ 339,830.57	\$ 113,004.83	\$ -	\$ -	\$ 37,208.78	\$ 17,149.78
7. Net Claimable (FFP x 6.)	\$ 541,556.23	\$ 180,085.24	\$ 169,915.28	\$ 56,502.41	\$ -	\$ -	\$ 18,604.39	\$ 8,574.89

	75% FFP	50% FFP
8. Allowable sub-contracts	\$ -	\$ -

	Direct	Indirect
Total Net Claimable (Enhanced - 75% FFP)	\$ 541,556.23	\$ 180,085.24
Total Net Claimable (Non-Enhanced - 50% FFP)	\$ 188,519.67	\$ 65,077.30
<b>Total Claimed</b>		<b>\$ 975,238.44</b>

I, as the Representative of the Children, Youth, and Families Department, 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: JPA# 95-17 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: Amanda Carlisle

Date: 2023-10-23 09:37:23

Title: Federal Revenue & Grants Mgr

Approved for Payment:

Date:

NM Human Services Department

Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

JPA: 95-17

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 Children, Youth & Families Department - Juvenile Justice Services Div.  
 Address: PO Drawer 5160  
 Address2:

City: Santa Fe  
 State: New Mexico  
 Zip: 87502

	Staff Pool 1				Staff Pool 2			
	75% FFP		50% FFP		75% FFP		50% FFP	
	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect
1. Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 4,280,204.00	\$ 1,331,366.00	\$ 4,280,204.00	\$ 1,331,366.00
2. Claimable Percentages	56.82%	56.82%	26.74%	26.74%	0.00%	0.00%	24.48%	24.48%
3. Total Claimable Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,047,888.10	\$ 325,947.69
4. Indirect Cost Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
5. Total Claimable Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Total Claimable Costs = (3.+5.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,047,888.10	\$ 325,947.69
7. Net Claimable (FFP x 6.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 523,944.05	\$ 162,973.84

	75% FFP	50% FFP
8. Allowable sub-contracts	\$ -	\$ -

	Direct	Indirect
Total Net Claimable (Enhanced - 75% FFP)	\$ -	\$ -
Total Net Claimable (Non-Enhanced - 50% FFP)	\$ 523,944.05	\$ 162,973.84
<b>Total Claimed</b>		<b>\$ 686,917.89</b>

I, as the Representative of the Children, Youth, and Families Department, 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: JPA# 95-17 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: Amanda Carlisle

Date: 2023-10-23 09:37:04

Title: Federal Revenue & Grants Mgr

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

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

NM Human Services Department

Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

JPA: 95-17

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 Children, Youth & Families Department - Protective Services Div.
Address: PO Drawer 5160
Address2:

City: Santa Fe
State: New Mexico
Zip: 87502

Table with columns for Staff Pool 1 and Staff Pool 2, each subdivided into 75% FFP and 50% FFP. Rows include Expenditures, Claimable Percentages, Total Claimable Expenditures, Indirect Cost Rate, Total Claimable Indirect Costs, Total Claimable Costs, and Net Claimable.

Table for 8. Allowable sub-contracts with columns for 75% FFP and 50% FFP.

Summary table for Total Net Claimable (Enhanced - 75% FFP) and Total Net Claimable (Non-Enhanced - 50% FFP), with a Total Claimed row.

I, as the Representative of the Children, Youth, and Families Department, 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: JPA# 95-17 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: Amanda Carlisle

Date: 2023-10-23 09:36:33

Title: Federal Revenue & Grants Mgr

Approved for Payment:

Date: