



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: MEDICAID PROVIDERS

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SUBJECT: CHANGES TO 8.321.2.37 NMAC ELIGIBLE AGENCIES FOR TREATMENT FOSTER CARE (TFC) I AND II

This Supplement replaces Supplement 22-08. 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. In lieu of New Mexico CYFD licensure and certification, an out-of-state TFC agency must have equivalent accreditation and be licensed in its own state as a TFC agency.

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