

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Medicaid & Children's Health, Region VI**

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March 8, 2010

Our Reference: SPA-NM-09-02

Ms. Carolyn Ingram, Director  
Medical Assistance Division  
State of New Mexico  
Post Office Box 2348  
Santa Fe, New Mexico 87504-2348

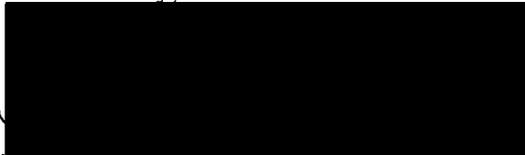
Dear Ms. Ingram:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-02. The purpose of this amendment is for the State to implement the required Asset Verification System (AVS) for the purpose of determining eligibility for aged, blind, and disabled Medicaid applicants and recipients in accordance with 1940 of the Social Security Act.

Transmittal Number 09-02 is approved with an effective July 1, 2009 as requested. A copy of the HCFA-179, Transmittal Number 09-02 dated March 31, 2009, is enclosed along with the approved plan pages.

If you have any questions, please contact Bobbie Sullivan at (214) 767-6391.

Sincerely,

  
Bill Brooks  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  09-002	2. STATE NEW MEXICO
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1940(a)		7. FEDERAL BUDGET IMPACT: a. FFY 2009      \$500,000 b. FFY 2010      \$1.5 M	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 16 to Attachment 2.6-A pp. 1 - 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  NA	
10. SUBJECT OF AMENDMENT: Asset Verification System			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGN: 		16. RETURN TO:  Carolyn Ingram, Director Medical Assistance Division Human Services Department P.O. Box 2348 - ARK Santa Fe, NM 87504-2348	
13. TYPED NAME: Carolyn Ingram			
14. TITLE: Director			
15. DATE SUBMITTED: March 31, 2009			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 31 March, 2009		18. DATE APPROVED: 3 March, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2009			
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Dir of Medicaid & Children's Health	
23. REMARKS:			

**Marks, Marsha L. (CMS/SC)**

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**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Monday, March 15, 2010 6:26 AM  
**To:** CMS CMSO\_508\_SPA  
**Cc:** Sullivan, Bobbie L. (CMS/SC); Territo, Linda J. (CMS/SC); Cowan, Robert A. (CMS/SC); Seng, Suzette (CMS/SC); 'McGee, Paula, HSD'  
**Subject:** Approval Pkg for NM 09-02  
**Attachments:** Final Approval Pkg for NM 09-02.pdf

See attached.

State: New Mexico

Brief Description: The amendment allows the State to implement the required Asset Verification System (AVS) for determining eligibility for aged, blind, and disabled Medicaid applicants and recipients.

Approval Date: 8 March, 2010

Effective Date: 1 July, 2009

*Marsha Marks* // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // [marsha.marks@cms.hhs.gov](mailto:marsha.marks@cms.hhs.gov)

STATE <u>New Mexico</u>	A
DATE REC'D <u>31 Mar, 09</u>	
DATE APPV'D <u>8 Mar 10</u>	
DATE EFF <u>1 Jul, 09</u>	
HCFA 179 <u>09-02</u>	

Revision:

SUPPLEMENT 16 TO ATTACHMENT 2.6-A  
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

ASSET VERIFICATION SYSTEM

1940(a)  
of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
  - A. The request and response system must be electronic:
    - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
    - (2) The system cannot be based on mailing paper-based requests.
    - (3) The system must have the capability to accept responses electronically.
  - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
  - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
  - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
  - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

TN No. 09-02  
Supersedes TN No. \_\_\_\_\_

Approval Date 3-8-2010  
SUPERSEDES: NONE - NEW PAGE

Effective Date 7-1-09

STATE <u>New Mexico</u>	A
DATE REC'D <u>31 Mar, 09</u>	
DATE APPV'D <u>8 Mar 10</u>	
DATE EFF <u>1 Jul 09</u>	
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SUPPLEMENT 16 TO ATTACHMENT 2.6-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

TN No. 09-02

Approval Date 3-8-10

Effective Date 2-1-09

Supersedes TN No. SUPERSEDES: NONE - NEW PAGE

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

STATE <u>New Mexico</u>	A
DATE REC'D. <u>31 Mar, 09</u>	
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Supersedes TN NO ~~09-02~~ SUPERSEDES: NONE - NEW PAGE