

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-004	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 October 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: Sections 1902(a)(47) and 1920 of the Social Security Act Section 1902(e)(12) of the Social Security Act 42 CFR 435.10 and Subpart J		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$1,919,267 b. FFY 2011 \$1,919,267	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.2-A Pages 23b and 23c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 2.2-A Pages 23b and 23c	
10. SUBJECT OF AMENDMENT: Application of 12 months continuous provision (Section 1902(e)(12)).			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED State Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGN: 		16. RETURN TO:	
13. TYPED NAME: Carolyn Ingram		Carolyn Ingram, Director NM Human Services Department -- MAD P.O. Box 2348 Santa Fe, NM 87504-2348	
14. TITLE: Director Medical Assistance Division			
15. DATE SUBMITTED: August 14, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 30 September, 2009		18. DATE APPROVED: 16 November, 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2009		20. SIGN: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Childrens Health	
23. REMARKS:			

ATTACHMENT 2.2-A
Page 23b

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

— 20. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(l)(2)(D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

TN No. 09-04
Supersedes
TN No. 04-04

Approval Date 11-16-09 Effective Date 10-1-09

HCFA ID: 7982E

SUPERSEDES: TN- 04-04

STATE <u>New Mexico</u>	A
DATE REC'D. <u>9-30-09</u>	
DATE APP'VD <u>11-16-09</u>	
DATE EFF <u>10-1-09</u>	
HCFA 179 <u>09-04</u>	

Citation Groups Covered

The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 235 percent of the Federal poverty level.

_____ The following reasonable classifications of children described above who are under age (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e)(12) of the Act

X 21.

A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act

X 22.

Children under age 19 who are determined by a "qualified entity" (as defined in §1902A(b)(3)(A) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 09-04 Approval Date 11-16-09
Supersedes
TN No. 04-04

Effective Date 10-1-09

HCFA ID: 7982E

STATE <u>New Mexico</u>	A
DATE REC'D. <u>9-30-09</u>	
DATE APP'VD <u>11-16-09</u>	
DATE EFF <u>10-1-09</u>	
HCFA 179 <u>09-04</u>	

SUPERSEDES: TN- 04-04

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, January 21, 2010 12:40 PM
To: CMS CMSO_508_SPA
Cc: Sullivan, Bobbie L. (CMS/SC)
Subject: Approval Pkg for NM 09-04
Attachments: NM-0904Approval.doc; Final Approval Pkg for 09-04.pdf

See Attached.

State: New Mexico

Brief Description: This SPA allows the State to provide 12 months continuous eligibility for children up to the age of 19.

Approval Date: 16 November, 2009

Effective Date: 1 October, 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

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

November 16, 2009

Our Reference: SPA-NM-09-04

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

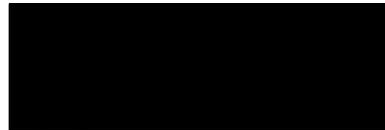
Dear Ms. Ingram:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-04. The purpose of this amendment is to provide twelve months continuous eligibility for children up to the age of 19.

Transmittal Number 09-04 is approved with an effective date of October 1, 2009 as requested. A copy of the HCFA- 179, Transmittal Number 09-04 dated August 14, 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