



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-007	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 January 1, 2010	
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(e)(4) of the Social Security Act 42 CFR 435.117		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 0 b. FFY 2011 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.2-A Page 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 2.2-A Page 6	
10. SUBJECT OF AMENDMENT: Delete wording regarding Newborn eligibility per CHIPRA legislation.			
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. SIGNATURE: 		16. RETURN TO:	
13. TYPED NAME: Carolyn Ingram		Carolyn Ingram, Director	
14. TITLE: Director Medical Assistance Division		NM Human Services Department - MAD	
15. DATE SUBMITTED: September 30, 2009		P.O. Box 2348	
		Santa Fe, NM 87504-2348	
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 January, 2010		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW MEXICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

<u>Agency * Citation (s)</u>		<u>Groups Covered</u>	
IV-A	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (continued)	
1902 (e) (4) of the Act 42 CFR.117	12.	A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant.	
42 CFR 435.120	13.	Aged, Blind and Disabled Individuals Receiving Cash Assistance	
IV-A	<u>X</u> a.	Individuals receiving SSI.	
		This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619 (a) of the Act or considered to be receiving SSI under section 1619 (b) of the Act.	
		<u>X</u> Aged	
		<u>X</u> Blind	
		<u>X</u> Disabled	

STATE	NM
DATE REC'D	9/30/09
DATE APPV'D	11/16/09
DATE EFF	7/1/09
HCFA 179	09-07

*Agency that determines eligibility for coverage.

TN No. 09-07
Supersedes
TN No. 92-04

Approval Date 11/16/09 Effective Date 07/01/09

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, January 21, 2010 12:22 PM
To: CMS CMSO_508_SPA
Cc: Sullivan, Bobbie L. (CMS/SC)
Subject: Approval Pkg for NM 09-07
Attachments: Final Approval Pkg for 09-07.pdf; NM-0974Approval.doc

See Attached.

State: New Mexico

Brief Description: The plan revises the Medicaid eligibility requirements for deemed newborns required by the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

Approval Date: 16 November, 2009

Effective Date: 1 January, 2010

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-09-07

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 09-07. The purpose of this amendment is to revise the Medicaid eligibility requirements for deemed newborns by the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

Transmittal Number 09-07 is approved with an effective date of July 1, 2009 as requested. A copy of the HCFA- 179, Transmittal Number 09-07 dated September 30, 2009, is enclosed along with the approved plan pages.

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

Sincerely,

A solid black rectangular box used to redact the signature of Bill Brooks.

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

Enclosures