

| | | | |
|--|--|---|----------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 09-008 | 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: Section 1903(v)(4)(A) of the Social Security Act | | 7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$7,627,284 b. FFY 2011 \$10,169,712 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.6-A Pages 2, 2a, 2b, 2c and 3 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 2.6-A Page 2, and Page 3 | |
| 10. SUBJECT OF AMENDMENT: To comply with the requirement of section 1903 (v)(4)(A) of the Social Security Act, this State Plan Amendment covers pregnant women and children under the age of 21 who are lawfully residing in the United States. | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: STATE MEDICAID DIRECTOR | | | |
| 13. TYPED NAME: Carolyn Ingram | | 16. RETURN TO: Carolyn Ingram, Director Medical Assistance Division P.O. Box 2348-ARK Santa Fe, NM 87504-2348 | |
| 14. TITLE: Director | | | |
| 15. DATE SUBMITTED: 10-2-09 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 5 October, 2009 | | 18. DATE APPROVED: 23 December, 2009 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2009 | | 20. SIGNATURE: [Signature] | |
| 21. TYPED NAME: Bill Brooks | | 22. TITLE: Regional Administrator Div of Medicaid & Children's Health | |
| 23. REMARKS: | | | |

Revision: HCFA-PM-91-4
AUGUST 1991

(MB)

ATTACHMENT 2.6-A
Page 2
OMB No.: 0938-

State: NEW MEXICO
ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s) | Condition or Requirement |
|----------------|--|
| | b. For the medically needy, meets the nonfinancial eligibility conditions of 42 CFR Part 435. |
| 1905(p) of the | c. For financially eligible qualified Medicare Act beneficiaries covered under section 1902(a)(10)(E)(i) of The Act, meets the non-financial criteria of section 1905(p) Of the Act. |
| 1905(s) of the | d. For financially eligible qualified disabled and Act working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s). |

SUPERSEDES: TN- 91-19

| | |
|-----------------------------|---|
| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>10-5-09</u> | |
| DATE APPV'D <u>12-23-09</u> | |
| DATE EFF <u>10-1-09</u> | |
| HCFA 179 <u>09-08</u> | |

TN No: 09-08
Supersedes
TN No. 91-19

Approval Date 12-23-09 Effective Date 10-1-09

HCFA ID: 7985E

Revision: CMS-PM-

ATTACHMENT 2.6-A

Page 2a

OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State NEW MEXICO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| <u>Citation(s)</u> | <u>Condition or Requirement</u> |
|--------------------|---|
| 42 CFR 435.406 3. | Is residing in the United States (U.S.), and-- |
| a. | Is a citizen or national of the United States; |
| b. | Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; |
| c. | Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; |
| d. | Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; |
| e. | Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. <u>X</u> State covers all authorized QAs. State does not cover authorized QAs. |
| f. | State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following: |

TN No: 09-08 Approval Date 12-23-09 Effective Date 10-1-09
Supersedes
TN No. SUPERSEDES. NONE - NEW PAGE HCFA ID: 7285E

| | |
|-----------------------------|---|
| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>10-5-09</u> | |
| DATE APPV'D <u>12-23-09</u> | |
| DATE EFF <u>10-1-09</u> | |
| HCFA 179 <u>09-08</u> | |

Revision: CMS-PM-

ATTACHMENT 2.6-A

Page 2b

OMB No.:

- (1) A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;
- (2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
- (3) An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:
 - (a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);
 - (b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA;
 - (c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;
 - (d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and
 - (e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and
- (4) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:
 - A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA;
 - A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA;
 - A religious worker under section 101(a)(15)(R);
 - An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA;
 - A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and
 - An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA.

☒ X
☒ X

Elected for pregnant women.

Elected for children under age 21.

| | |
|-----------------------------|---|
| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>10-5-09</u> | |
| DATE APPV'D <u>12-23-09</u> | |
| DATE EFF <u>10-1-09</u> | |
| HCFA 179 <u>09-08</u> | |

TN No: 09-08

Approval Date 12-23-09

Effective Date

10-1-09

Supersedes

TN No. SUPERSEDES: NONE - NEW PAGE

HCFA ID: 7985E

Revision: CMS-PM-

ATTACHMENT 2.6-A

Page 2c

OMB No.:

- g. X The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

| | |
|-----------------------------|---|
| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>10-5-09</u> | |
| DATE APPV'D <u>12-23-09</u> | |
| DATE EFF <u>10-1-09</u> | |
| HCFA 179 <u>09-08</u> | |

SUPERSEDES: NONE - NEW PAGE

TN No: 09-08

Approval Date 12-23-09

Effective Date 10-1-09

Supersedes

TN No. SUPERSEDES: NONE - NEW PAGE HCFA ID: 7985E

Revision: CMS-PM-

ATTACHMENT 2.6-A

Page 3

OMB No.:

42 CFR 435. 403
1902 (b) of the
Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

☐ State has interstate residency agreement with the following States:

☐ State has open agreement (s).

☐ Not applicable: no residency requirement.

| | |
|-----------------------------|---|
| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>10-5-09</u> | |
| DATE APPV'D <u>12-23-09</u> | |
| DATE EFF <u>10-1-09</u> | |
| HCFA 179 <u>09-08</u> | |

SUPERSEDES: TN- 91-19

TN No: 09-08
Supersedes
TN No. 91-19

Approval Date 12-23-09 Effective Date 10-1-09

HCFA ID: 7985E

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, January 21, 2010 12:43 PM
To: CMS CMSO_508_SPA
Cc: Sullivan, Bobbie L. (CMS/SC); Tomlinson, Robert (CMS/CMSO)
Subject: RE: Approval Pkg for NM 09-08
Attachments: NM-0908Approval.doc; Final Approval Pkg for NM 09-08.pdf

Sorry, I forgot the attachments

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

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, January 21, 2010 12:30 PM
To: CMS CMSO_508_SPA
Cc: Sullivan, Bobbie L. (CMS/SC); Tomlinson, Robert (CMS/CMSO)
Subject: Approval Pkg for NM 09-08

See Attached.

State: New Mexico

Brief Description: The SPA extends Medicaid/CHIP coverage to alien children and pregnant women who are residing lawfully in the United States and who have not met the 5-year waiting period or "5-year bar" otherwise required in sections 401(a), 402(b), 403 and 421 of the Personal Responsibility and Work Opportunity Act of 1996, The State is not violating the Recovery Act requirements.

Approval Date: 23 December, 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

December 23, 2009

Our Reference: SPA-NM-09-08

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 09-08. The purpose of this amendment is to discontinue the five year bar for pregnant women and alien children to receive Medicaid and Children's Health Insurance Program (CHIP) who are residing lawfully in the United States.

Transmittal Number 09-08 is approved with an effective October 1, 2009 as requested. A copy of the HCFA- 179, Transmittal Number 09-08 dated October 2, 2009, is enclosed along with the approved plan pages.

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

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

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

Enclosures