

Table of Contents

State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 19-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Pages

Package Information

Package ID	NM2019MS0003O	Submission Type	Official
Program Name	N/A	State	NM
SPA ID	NM-19-0001	Region	Dallas, TX
Version Number	3	Package Status	Approved
Submitted By	Donna Lopez	Submission Date	1/18/2019
Package Disposition		Approval Date	2/28/2019 6:19 PM EST
Priority Code	P2		



Division of Medicaid and Children's Health Operations

Ms. Nicole Comeaux
State Medicaid Director
NM Human Services Department, Medical Assistance Division
PO Box 2348
2025 S. Pacheco Street
Santa Fe, 87504

Re: Approval of State Plan Amendment NM-19-0001

Dear Ms. Nicole Comeaux:

On January 18, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-19-0001 to This SPA ensures that NM continues to cover the former foster care for out of state individuals. The State of NM was required to submit this SPA concurrent with its 1115 waiver request to cover these individuals. CMS finalized a regulation retracting states' authority to receive federal funding to cover former foster care individuals up to age 26 without a waiver. In this SPA, NM also updated its coverage of Eligibility groups.

We approve New Mexico State Plan Amendment (SPA) NM-19-0001 on February 28, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Ford Blunt at 2147676381 or ford.blunt@cms.hhs.gov.

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: NM Human Services Department,
Medical Assistance Division

Submission Component

☒ State Plan Amendment

☒ Medicaid

☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NM-19-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	new
Mandatory Eligibility Groups	1/1/2019	NM-13-0022
Optional Eligibility Groups	1/1/2019	NM-13-0022
Individuals above 133% FPL under Age 65	1/1/2019	new

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives New Mexico currently covers the mandatory former foster care individuals up to age 26 and on Medicaid and in foster care in New Mexico at the time they turned 18 or age out of the foster care system. While New Mexico formerly had State Plan authority to cover former foster care individuals up to age 26 who are former residents of other states, CMS finalized a regulation retracting states' authority to receive federal Medicaid matching funds to cover this population without a waiver. New Mexico would like to continue to cover the former foster care out of state individuals and has requested to do so through our 1115 Waiver request. Concurrent with the waiver request the state is required to also submit State Plan Amendment (SPA) S50 to cover these individuals.

New Mexico is required to cover these individuals under state law. Our goal is to cover these out of state individuals as we had done before we were required to rescind this option in our State Plan. New Mexico considers this a vulnerable population that should be covered regardless of whether aging out of foster care in New Mexico or from another state. There is also a parity issue as dependents are allowed to be covered under their parents health insurance coverage up to age 26 through private insurance.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$56700
Second	2020	\$75600

Federal Statute / Regulation Citation

42 CFR 435.150
1902(a)(10)(A)(i)(IX)
42 CFR 435.218
1902(a)(10)(ii)(XX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☒ No response within 45 days
- ☐ Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☒ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☒ Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Las Cruces Sun News	10/31/2018	Southern New Mexico
Albuquerque Journal	10/31/2018	Northern and Central New Mexico

- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☒ Website Notice

Select the type of website

- ☒ Website of the State Medicaid Agency or Responsible Agency




Date of Posting: Oct 29, 2018

Website URL: <http://www.hsd.state.nm.us/2017-comment-period-open.aspx>

- ☐ Website for State Regulations
- ☐ Other

- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
18-003 Individuals above 133% Former Foster Care Albuquerque Journal	12/10/2018 4:15 PM EST	
18-003 Individuals above 133% Former Foster Care Las Cruces Sun-News	12/10/2018 4:18 PM EST	
18-003 Individuals above 133% Former Foster Care NEWSPAPER	12/10/2018 4:25 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost

- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- ☒ Yes
☐ No

☒ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☒ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
10/29/2018	Letter to all Native American Tribes in New Mexico

☒ All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
10/29/2018	Letter to all Native American Tribes in New Mexico

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☒ All Indian Tribes

Date of consultation:	Method of consultation:
10/29/2018	Letter to all Native American Tribes in New Mexico

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
18-003 Individuals above 133% Former Foster Care TN 102918	12/3/2018 5:58 PM EST	

Indicate the key issues raised (optional)

- ☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
☐ Eligibility
☐ Benefits

☐ Service delivery

☐ Other issue

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	new		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

☒ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

☒ SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

☒ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001









Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	NM-13-0022		
	System-Derived		








Mandatory Coverage


A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001


Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	NM-13-0022		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	NM-13-0022		
	System-Derived		











A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. *



☒ Yes ☐ No














The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	NM-13-0022		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. *

☐ Yes ☒ No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	NM-13-0022		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0003O | NM-19-0001

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

Package Header

Package ID	NM2019MS0003O	SPA ID	NM-19-0001
Submission Type	Official	Initial Submission Date	1/18/2019
Approval Date	2/28/2019	Effective Date	1/1/2019
Superseded SPA ID	new		
	User-Entered		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☒ Yes ☐ No

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

☒ Yes ☐ No

2. The income standard for this eligibility group is:

- ☐ a. Percentage of the federal poverty level.
- ☒ b. No income test (the income standard is infinite).

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- ☒ 1. Under age 19, or
- ☐ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

F. Phase-In

The state elects to phase-in coverage to individuals in this group.

☐ Yes ☒ No

G. Additional Information (optional)

This coverage is to further the out-of-state former foster care youth demonstration project authorized under section 1115 of the Act Project No.11-W-00285/6 and will begin when the demonstration authority is approved and end when the demonstration authority expires.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/4/2019 11:08 AM EST

