

## Table of Contents

State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 19-0006

This file contains the following documents in the order listed:

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



## **Regional Operations Group**

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June 26, 2019

### **Our Reference: NM SPA 19-0006**

Ms. Nicole Comeaux  
Director  
Medical Assistance Division  
P.O. Box 2348  
Santa Fe, NM 87504-2348

Attention: Jennifer Vigil

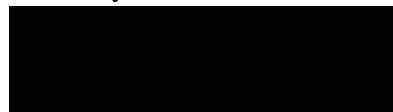
Dear Ms. Comeaux:

We have reviewed the State's proposed amendment to the New Mexico State Plan submitted under Transmittal Number 19-0006, dated March 29, 2019. This state plan amendment increases payment rates to the Autism Intervention Services (AIS) fee schedule.

Based on the information submitted, we have approved the amendment for incorporation into the official New Mexico State Plan with an effective date change of January 1, 2019. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,



Bill Brooks  
Director  
Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 9 — 0 0 6

2. STATE

New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
Section 1905(a) of the Social Security Act  
42 CFR 447.200

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 0.00

b. FFY 2020 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 22a<sup>1</sup>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 4.19-B page 22a<sup>1</sup>

10. SUBJECT OF AMENDMENT

Autism Intervention Services (AIS) Fee Schedule Changes

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIEDAuthority delegated to the Medicaid  
Director

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME/  
Nicole Comeaux14. TITLE  
Director, Medical Assistance Division15. DATE SUBMITTED  
March 29, 2019

16. RETURN TO

Nicole Comeaux, J.D., M.P.H., Director  
Medical Assistance Division  
P.O. Box 2348  
Santa Fe, NM 87504-2348

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 29, 2019

18. DATE APPROVED June 26, 2019

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
Bill Brooks22. TITLE  
Director  
Regional Operations Group

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF NEW MEXICO  
AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
--OTHER TYPES OF CARE

**Attachment 4.19-B**  
**Page 22a<sup>1</sup>**

**Autism Intervention Services (AIS)**

Autism Intervention Services (AIS) are reimbursed on a fee schedule basis.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of January 1, 2019 and are effective for services provided on or after that date. All rates are published at <http://www.hsd.state.nm.us/providers/fee-schedules.aspx>.

Notice of changes to rates are made as required by 42 CFR 447.205.

<sup>1</sup>

TN No. 19-0006

Supersedes TN No. 15-01

State: New Mexico  
Date Received: 03-29-19  
Date Approved: 06-26-19  
Date Effective: 01-01-19  
Transmittal Number: 19-0006

Approval Date 06-26-19

Effective Date 01-01-19