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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 19-0008

This file contains the following documents in the order listed:

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



#### **Regional Operations Group**

August 15, 2019

#### Our Reference: SPA NM 19-0008

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 19-0008, dated July 23, 2019. This state plan amendment proposes to increase the reimbursement rates for the Family Infant Toddler (FIT) Program.

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 July 1, 2019. A copy of the CMS-179 and the 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.

Sincerely,



Bill Brooks Director Centers for Medicaid & CHIP Services Regional Operations Group

FORM APPROVED
OMB No. 0038-0103

OR ATTACHMENT (ff Applicable)         Attachment 4.19-B, page 3b         Attachment 4.19-B, page 3b         Attachment 4.19-B, page 3b, (NM SPA 12-06B         O. SUBJECT OF AMENDMENT Family Infant Toddler (FIT) Program Increases         GOVERNOR'S REVIEW (Check One)         GOVERNOR'S OFFICE REPORTED NO COMMENT         Authority delegated to the Medicaid Direct         Authority delegated to the Medicaid Direct         No REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         SIGNATURE OF STATE AGENCY OFFICAL         16. RETURN TO         Nicole Comeaux         Nicole Comeaux         A TITLE         Director, Medical Assistance Division         S. DATE SUBMITTED         July 23, 2019         FOR REGIONAL OFFICE USE ONLY         7 DATE RECEIVED July 23, 2019         PLAN APPROVED - ONE COPY ATTACHED         3. EFFECTIVE DATE OF APPROVED MATERIAL         July 1, 2019         PLAN APPROVED - ONE COPY ATTACHED         22. TITLE         Director	ENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 093
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Instructions on Back

Attachment 4.19 - B Page 3b

# **D.** Physical Therapy, Occupational Therapy and Services for Individuals with Speech, Hearing, and Language Disorders

1. Physical therapy, occupation therapy, and speech and language pathology services (including audiologists) are reimbursed on a fee schedule basis. Habilitation services for ABP recipients are also reimbursed using this methodology.

The agency's fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates to the fee schedule are published on the New Mexico Human Services Department website under Providers, Fee for Service, Fee Schedules at: <u>http://www.hsd.state.nm.us/providers/fee-schedules.aspx</u> Notice of changes to rates will be made as required by 42 CFR 447.205.

**2.** Physical therapy, occupational therapy and speech and language pathology services provided by a therapy assistant are reimbursed on a fee schedule basis. Habilitation services for ABP recipients are also reimbursed using this methodology.

The agency's fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates to the fee schedule are published on the New Mexico Human Services Department website under Providers, Fee for Service, Fee Schedules at: <u>http://www.hsd.state.nm.us/providers/fee-schedules.aspx</u> Notice of changes to rates will be made as required by 42 CFR 447.205.

# E. Special rehabilitation services (Family Infant Toddler program early intervention services)

Special rehabilitation services (Family Infant Toddler program early intervention services) 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 July 1, 2019, and are effective for services provided on or after that date. All rates are published at: <u>http://www.hsd.state.nm.us/providers/feeschedules.aspx</u> Notice of changes to rates will be made as required by 42 CFR 447.205.

State: New Mexico Date Received: 07-23-19 Date Approved: 08-15-19 Date Effective: 07-01-19 Transmittal Number: 19-0008

Approval Date \_\_\_\_\_08-15-19

TN No. <u>19-0008</u>

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Supersedes TN. No. 12-06B

Effective Date 07-01-19