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State/Territory Name:  New Mexico

State Plan Amendment  (SPA) #:  20-0011

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Financial Management Group

October 15, 2020

Ms. Nicole Comeaux
Director
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

RE: TN 20-0011

Dear Ms. Comeaux:

We have reviewed the proposed New Mexico State Plan Amendment (SPA) to Attachment 4.19-B NM transmittal number 20-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 4, 2020. This plan amendment increases rates for the Family Infant Toddler (FIT) program.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

[Redacted]
Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER: 20011
2. STATE: New Mexico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE: July 1, 2020 **August 1, 2020**
5. TYPE OF PLAN MATERIAL (Check One)
   - [ ] NEW STATE PLAN
   - [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - [X] AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION
   42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT
   a. FFY 21: $2,767,898
   b. FFY 22: $2,770,739

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 4.19-B, page 3b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Attachment 4.19-B, page 3b (TN #19-0008)

10. SUBJECT OF AMENDMENT
    Family Infant Toddler (FIT) Program Increases

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
    - [X] OTHER, AS SPECIFIED
      Authority delegated to the Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL
    [Redacted]

13. TYPED NAME
    Nicole Comeaux

14. TITLE
    Director, Medical Assistance Division

15. DATE SUBMITTED
    September 2, 2020

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

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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
18. DATE APPROVED
   10/15/2020

19. EFFECTIVE DATE OF APPROVED MATERIAL
    8/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL
    [Redacted]

21. TYPED NAME
    Todd McMillion

22. TITLE
    Director, Division of Reimbursement Review

23. REMARKS
    **
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: http://www.hsd.state.nm.us/providers/fee-schedules.aspx 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: http://www.hsd.state.nm.us/providers/fee-schedules.aspx 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, 2020 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 will be made as required by 42 CFR 447.205.