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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

NM - Submission Package - NM2024MS0002O - (NM-24-0002) - Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

November 25, 2024

Dana Flannery
Director
New Mexico Health Care Authority
Medical Assistance Division
2025 South Pacheco Drive
Santa Fe, NM 87504

Re: Approval of State Plan Amendment NM-24-0002

Dear Director Flannery,

On September 03, 2024, the Centers for Medicare & Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-24-0002 requesting approval relating to an executive reorganization which will rename the Human Services Department (HSD) as the Health Care Authority (HCA). As a new executive department, HCA will administer laws and exercise functions relating to health care purchasing, policy, and regulation for the State of New Mexico.

We approve New Mexico State Plan Amendment (SPA) NM-24-0002 with an effective date(s) of July 01, 2024.

If you have any questions regarding this amendment, please contact Dana Brown at Dana.Brown@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

NM - Submission Package - NM2024MS0002O - (NM-24-0002) - Administration

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NM2024MS0002O | NM-24-0002

Package Header

Package ID NM2024MS0002O
SPA ID NM-24-0002
Submission Type Official
Initial Submission Date 9/3/2024
Approval Date 11/25/2024
Effective Date N/A
Superseded SPA ID N/A

State Information

State/Territory Name: New Mexico
Medicaid Agency Name: New Mexico Health Care Authority

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NM2024MS0002O | NM-24-0002

Package Header

Package ID NM2024MS0002O
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Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NM-24-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	7/1/2024	NM-19-0010
Eligibility Determinations and Fair Hearings	7/1/2024	NM-19-0010
Organization and Administration	7/1/2024	NM-19-0010
Single State Agency Assurances	7/1/2024	NM-19-0010

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NM2024MS0002O | NM-24-0002

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Package ID NM2024MS0002O
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Effective Date N/A
Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives New Mexico is requesting approval relating to an executive reorganization which will rename the Human Services Department (HSD) as the Health Care Authority (HCA). The reorganization allows the change of HSD's powers and duties, providing for transition, transferring functions, personnel, money, appropriations, records, equipment, supplies, other property, contractual obligations and statutory references, amending and repealing sections of the NMSA 1978; reconciling conflicting section of law in Laws 2019 by repealing Laws 2019, Chapter 211, Section 11.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	$0
Second	2025	$0

Federal Statute / Regulation Citation

42 CFR 431.10
Section 1905(a) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NM2024MS0002O | NM-24-0002

Package Header

Package ID	NM2024MS0002O	**SPA ID**	NM-24-0002
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Approval Date	11/25/2024	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 12/3/2024 12:26 PM EST

NM - Submission Package - NM2024MS0002O - (NM-24-0002) - Administration

CMS-10434 OMB 0938-1188

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NM2024MS0002O | NM-24-0002

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Superseded SPA ID	NM-19-0010		
	User-Entered		

A. Single State Agency

1. State Name: New Mexico

☐ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

New Mexico Health Care Authority

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

☐ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
8. HCA Certification from AG	7/5/2024 12:58 PM EDT	PDF

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

◉ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.

○ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

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	User-Entered		

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | NM2024MS0002O | NM-24-0002

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	User-Entered		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- [ ] a. The Medicaid agency
- [ ] b. Delegated governmental agency
  - [ ] i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - [ ] ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - [ ] iii. Other

Name of entity:
Children, Youth and Families Department (Title IV-E agency)

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- [ ] a. The Medicaid agency
- [ ] b. Delegated governmental agency
  - [ ] i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - [ ] ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - [ ] iii. The Social Security Administration determines Medicaid eligibility for:
    - [ ] (1) SSI beneficiaries
    - [ ] (2) Optional state supplement recipients
  - [ ] iv. Other

3. Assurances:

- [ ] a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- [ ] b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- [ ] c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- [ ] d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

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B. Fair Hearings (including any delegations)

☐ The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

☐ The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

☐ a. Medicaid agency

☐ d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

☐ All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- ○ Yes
- ◉ No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NM2024MS0002O | NM-24-0002

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- ○ a. A stand-alone agency, separate from every other state agency
- ◉ b. Also the Title IV-A (TANF) agency
- ○ c. Also the state health department
- ○ d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Medicaid eligibility determinations are made by the Health Care Authority/Income Support Division (HCA/ISD) with two exceptions. SSI determinations are made by the Social Security Administration through a 1634 agreement. The Children, Youth, and Families Department, a cabinet level department separate from the Health Care Authority, makes eligibility determinations for all adoption and foster care Medicaid.

The Medical Assistance Division (MAD) Eligibility Bureau (EB) oversees the policy for approximately 40 Medicaid categories of eligibility for children, families, adults, individuals with long-term care needs, and emergency medical services for non-citizens. The EB is responsible for the promulgation of eligibility policy changes. The EB is involved in the eligibility system change process from the drafting of eligibility related change requests, participating in level of effort and design meetings, testing, and implementation. Additional activities include client medical travel for fee-for-service recipients, estate recovery, oversight of the disability determination determiners, trusts for Institutional Care and Home and Community-Based Services Waiver Medicaid, the buy-in process for the payment of Medicare premiums, and the resolution of recipient eligibility issues.

b. Fair Hearings (including expedited fair hearings)

The Office of Fair Hearings (OFH) provides administrative hearings consistent with the New Mexico Administrative code (NMAC), and the Code of Federal Regulations (CFR). The OFH registers and schedules appeals of adverse actions initiated by the HCA, Managed Care Organization (MCO), Third-Party Assessors (TPA) or other agents of the HCA. Adverse actions include, but are not limited to, Medicaid eligibility denials/reductions/closures, prior authorization denials, out-of-network coverage, budget allocation and utilization, Level of Care determinations, Personal Care Hour allocation, Waiver eligibility, patient pay amounts, medical service denials and nursing facility admission/discharge actions. All parties are provided advance written notice of the hearing as well as information explaining the hearing process and availability of accommodation. Hearings are conducted by an Administrative Law Judge and primarily held telephonically. After the hearing has been completed, a Recommendation will be submitted to the appropriate Medical Assistance Division Director who will issue a Final Decision based exclusively on the evidence admitted into the hearing record. Should the Final Decision be adverse to the Claimant, the Claimant retains the right to appeal to the New Mexico District Court.

It's important to note that OFH registers, schedules, and conducts the hearing. OFH does not coordinate the exchange of Summary of Evidence documents, which are compiled by the Medicaid program staff and contractors, as necessary, and disseminated to all parties. Additionally, OFH is not involved in settlement discussions between the parties or provide specific advisement to any party to maintain a neutral position. OFH does not review hearings other than in the completion of the Recommendation. Review of the record would be performed by the MAD Director prior to the issuance of the Final Decision without input or influence from the OFH (other than the Recommendation) or by the appellate body should the Final Decision be appealed to District Court.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The MAD Managed Care Oversight Bureau (MCOB) is responsible for the daily oversight and management of the Managed Care contracts. Activities include those functions necessary to implement, oversee and evaluate the requirements of the contracts including daily communication with the MCOs regarding contract compliance and performance. The Managed Care Oversight Bureau works collaboratively and in partnership with the MCOs but will enforce contract compliance through sanctions, including monetary penalties, as necessary. The Bureau also develops the managed care contracts overseeing contract amendments, letters of direction (LODs), and the Managed Care Policy Manual.

The MAD Long Term Services and Support Bureau (LTSSB) has oversight of the long-term care nursing facility benefits and the Home and Community Benefits offered through the MCOs. The bureau allocates individuals who are not otherwise eligible for Medicaid into Community Benefit waiver slots. The bureau conducts provider enrollment activities for the Community Benefit providers and collaborates with the MCOs.

The MAD Benefits & Reimbursement Bureau (BRB) oversees most Medicaid-covered health care services and benefits, including primary care and behavioral health services. The BRB oversees provider reimbursement rates and payment methodologies; ensures that the Medicaid claims processing system correctly enforces Medicaid reimbursement policy and works with the MCOs to ensure alignment and understanding on coverage and payment parameters.

The MAD Quality Bureau (QB) has oversight of the Managed Care quality and evaluation components, including monitoring quality indicators. The bureau is responsible for the development of the State Quality Strategy and Evaluation Design Plan required by the 1115 Demonstration Waiver. The Quality Bureau oversees the External Quality Review Organization contract for the purpose of conducting validations of MCO performance measures, network adequacy, and reviews of MCO contract compliance and performance improvement projects. The MAD Quality Bureau also oversees critical incidents and care coordination for Managed Care.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The MAD Policy & Provider Services Bureau (PPSB) is responsible for the development, modification, and interpretation of the existing Medicaid benefit package and provider operations for fee-for-service (FFS) providers. PPSB works closely with the MCOB to ensure consistency between FFS and managed care policies relating to the benefit package. The MAD PPSB oversees the coordination of Medicaid fair hearings by working closely with the Office of Fair Hearings. PPSB also oversees Medicaid provider enrollment activities and services and coordinates the resolution of provider concerns.

The MAD Exempt Services and Programs Bureau (ESPB) is responsible for a number of programs and contracts with services that fall outside of the Managed Care contracts. In collaboration with other agencies, they have oversight and management of the 1915 (c) waivers, the Program of All- inclusive Care for the Elderly (PACE), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), Medicaid School Based Services (MSBS), and the brain injury services program for individuals who are not eligible for Medicaid.

ESPB is responsible for the following 1915c home and community-based waivers:

Mi Via - Mi Via, which means "my path," "my way," or "my road" in Spanish, is the State of New Mexico's self-directed waiver program. The goal of Mi Via is to provide a community-based alternative that facilitates greater participant choice and control over the types of services and supports they receive. The services are purchased with an agreed budgetary amount, and consultants help participants navigate throughout the Mi Via processes. Consultants provide assistance and guidance with eligibility, Service and Support Plan (SSP) pre-planning, SSP development and implementation. The goal of Mi Via is to provide a community-based alternative that, 1) facilitates greater participant choice and control over the types of services and supports that are purchased within an agreed upon budgetary amount; and 2) enables the State to serve the most people possible within available resources.

The Developmental Disabilities Waiver (DD Waiver) - the DD waiver is designed to provide services and supports that assist eligible children and adults with Intellectual and Developmental Disabilities (IDD) to participate as active members of their communities. The program serves as an alternative to institutional care and is a person-centered, community-oriented approach.

The Medically Fragile Waiver (MF Waiver) - the MF Waiver serves individuals who have been diagnosed with a medically fragile condition before reaching age 22, and who have a developmental disability or delay, or who are at risk for developmental delay. A medically fragile condition is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary. Services provided through the MF Waiver are case management, home health care, respite care, private duty nursing, physical, occupational and speech therapies, behavior support consultation, nutritional counseling and specialized medical equipment and supplies.

The Supports Waiver is an option for individuals who are on the Developmental Disabilities (DD) Waiver wait list. Supports Waiver services are intended to complement unpaid supports that are provided to individuals by family members and others with a maximum $10,000 annual budget. An Individual Service Plan (ISP) and budget are determined through a person-centered planning approach in collaboration with the Community Support Coordinator (CSC). Services can be delivered via agency-based or participant directed models.

e. Administration, including budget, legal counsel

The Single State Agency designated to administer the Title XIX program in New Mexico is the Health Care Authority.

The Department is a Cabinet-level agency in the executive branch of the New Mexico state government. The Department's administrative head is the Secretary of the Health Care Authority, which is a Governor-appointed Cabinet-level position.

The Department is organized into 21 areas led and directed by the Office of the Secretary (OOS): Office of Inspector General (OIG); Office of Fair Hearings (OFH); Communications Director; Office of General Counsel (OGC); Income Support Division (ISD); Child Support Services Division (CSSD); Compliance Office; Division of Health Improvement (DHI); the Office of Human Resources (OHR); Chief Financial Officer (CFO); Chief Information Officer (CIO); Information Technology Division (ITD); Customer Service & Call Center Innovation Division; MMISR Team & HHS 2020; Office of Data & Analytics; Chief Data Officer; Employee Benefits Division; Behavioral Health Services Division (BHSD); Developmental Disabilities Supports Division (DDSD); Affordability Fund & Coverage; Office of Tribal Affairs; Strategic Planning; and the Medical Assistance Division (MAD).

The unit responsible for administering the Title XIX program under the Single State Agency in New Mexico is the Medical Assistance Division (MAD).

MAD is led by the Division Director, who is appointed by the Governor, and who oversees the following leadership: Deputy Director of Communication and Innovation; Deputy Director of Finance (Chief Financial Officer); Deputy Director of Programs, Operations and Contracts; Medicaid Management Information System-Replacement Business Manager; Chief Medical Officer; and Compliance Officer. Leadership oversees support staff and several bureaus, which include the following: Eligibility Bureau; Policy & Provider Services Bureau; Benefits and Reimbursement Bureau; Systems Bureau; Managed Care Oversight Bureau; Communication and Education Bureau; Exempt Services and Programs Bureau; Quality Bureau; Budget Planning and Reporting Bureau; Long Term Services and Supports Bureau and the Financial Management Bureau.

The Budget Planning and Reporting Bureau performs research and fiscal impact analysis and works closely across the Division, Department, and State to ensure that the Medicaid program is sufficiently funded. They are responsible for the Medicaid expenditure and enrollment estimates and projections, the Division's administrative budget, and CMS reporting (with ASD and others).

New Mexico is led by a Governor who oversees the executive branch which is comprised of a number of different Cabinet departments. The Governor appoints the secretaries of each Cabinet department.

The Health Care Authority establishes and maintains agreements with the New Mexico Department of Health, Early Childhood Education & Care Department, Public Education Department, Aging and Long-Term Services Department, and Children, Youth and Families Department concerning programs and projects of mutual interest, including the use of Medicaid funding for eligible services provided by or through other departments. The Children, Youth, and Families Department, a cabinet level department separate from the Health Care Authority, makes eligibility determinations for all adoption and foster care Medicaid.

The Office of General Counsel (OGC) provides high quality legal services to HCA's divisions, bureaus and programs. OGC assists all of the Department's divisions with a wide range of legal issues, including the development of contracts, participation in recipient and provider hearings, litigation, legislative initiatives,

negotiations, settlements, evaluation of legal documents, training, compliance with state and federal laws and regulations, policy, and program development.

f. Financial management, including processing of provider claims and other health care financing

The MAD Financial Management Bureau (FMB) oversees MCO financial information and reporting and takes the lead on tracking MCO enrollment and capitation payments. They are also responsible for the development of reimbursement methodologies for institutional providers and hospitals and often represents the Department in relationships with provider associations.

The MAD Benefits & Reimbursement Bureau (BRB) oversees most Medicaid-covered health care services and benefits, including primary care and behavioral health services. The BRB oversees provider reimbursement rates and payment methodologies; ensures that the Medicaid claims processing system correctly enforces Medicaid reimbursement policy and works with the Medicaid Managed Care Organizations (MCOs) to ensure alignment and understanding on coverage and payment parameters.

g. Systems administration, including MMIS, eligibility systems

The MAD Systems Bureau is responsible for the MMIS, MMIS Data Warehouse, and related systems. This bureau manages the fiscal agent contract and directs the activities of the fiscal agent systems and operations staff. This bureau is also responsible for all data requests, including CMS reporting and operational activities for the Medicaid web portal and HCA website.

h. Other functions, e.g., TPL, utilization management (optional)

The MAD Quality Bureau has oversight of the Managed Care quality and evaluation components including monitoring quality indicators. The bureau oversees critical incidents and care coordination for Managed Care. Performance measures, Nursing Facility Level of Care criteria and surveys are also monitored and audited regularly.

The MAD Communication and Education Bureau (CEB) manages the Presumptive Eligibility (PE) Program and the Justice-Involved Utilization of State Transitioned Healthcare (JUST Health) Programs. Operational functions include Presumptive Eligibility Determiner (PED) certifications, trainings, auditing, program oversight, JUST Health program policy, and application processing. The CEB oversees MCO enrollment switch policy and processes requests during enrollment lock-in periods and troubleshoots issues with MCO enrollments received from clients, providers, State staff and the New Mexico Health Care Authority Customer Service Call Center (CSCC). The CEB is also responsible for the planning, development and distribution of outreach events, member materials, member notices, forms, documents and presentations for the New Mexico Medicaid program. This includes conducting trainings for internal HCA staff, contractors, other State Agencies and interested parties.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
MAD Org Chart_241011	10/16/2024 3:35 PM EDT	
HCA Org Chart 8.2024	10/16/2024 4:48 PM EDT	

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.
Children, Youth and Families Department (Title IV-E agency)	The Children, Youth and Families Department determines eligibility for children foster care and adoption Medicaid.

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- (●) Yes
- ( ) No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Health	The Department of Health administers various components of New Mexico's Developmentally Disabled (DD), Medically Fragile, Mi Via and Supports waivers including service provider contracting, determining if recipients meet the definition of DD, monitoring of waiver providers, and participation in fair hearings. In addition, DOH assists with the administration of the School Based Health Centers, Nurse Aide Training, and other Public Health services that are reimbursable through Medicaid.
Public Education Department	The Public Education Department assists the HCA in the administration of the Medicaid School Based Services program. The HCA also contracts with school districts, overseen by the Public Education Department, to allow school districts to receive Medicaid reimbursement for Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) related services as well as non-IEP services.
Children, Youth and Families Department	Children Youth and Families Department conducts eligibility determinations for all individuals who receive federal and state adoption assistance and foster care payments.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Aging and Long-Term Services Department	The Aging and Long-Term Services Department (ALTSD) operates the state's Aging and Disability Resource Center (ADRC), and places individuals on the Community Benefit Central Registry. ALTSD also administers Older Americans Act (OAA) programs and houses Adult Protective Services.
Early Childhood Education and Care Department	The Early Childhood Education and Care Department (ECECD) administers the state's Family Infant Toddler (FIT) Early Intervention program, including provider contracting. In addition, ECECD manages the home visiting program. Providers may enroll as Medicaid Home Visiting service providers.

Organization and Administration

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F. Additional information (optional)

Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- [ ] 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- [ ] 2. All requirements of 42 CFR 431.10 are met.
- [ ] 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- [ ] 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- [ ] 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- [ ] 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

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