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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 15-0010

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 Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

September 9, 2015

Ms. Nancy Smith-Leslie, Director
Medical Assistance Division
New Mexico Department of Human Services
P.O. Box 2348
Santa Fe, New Mexico 87504

Dear Ms. Smith-Leslie:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 15-0010. With the approval of TN 15-0010, the Centers for Medicare and Medicaid Services (CMS) has approved the State's request to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system providing they are under age 26, as outlined in 42 CFR 435.150, and 1902(a)(10)(A)(i)(IX) of the Social Security Act (The Act).

Transmittal Number 15-0010 is approved with an effective date of October 1, 2015, as requested. A signed and dated copy of the Transmittal No. 15-0010 summary is attached, along with the approved plan pages.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,



Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
Operations

Cc: Bill Bob Farrell, DMCH
Mary Corrdry, CMS Baltimore
Judith Cash, CMS Baltimore
Stephanie Kaminsky, CMS Baltimore
Tallie Tolen, NMHSD
Ellen Costilla, NMHSD

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New Mexico

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NM-15-0010

Proposed Effective Date

10/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.150 and 1902(a)(10)(A)(i)(IX)

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|---------------------|--------------|
| First Year | 2016 | \$ 75805.00 |
| Second Year | 2017 | \$ 156173.00 |

Subject of Amendment

Eligibility Groups - Mandatory Coverage
Former Foster Care Children
S33

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Authority Delegated to State Medicaid Director

Signature of State Agency Official

Submitted By: Tallie Tolen
Last Revision Date: Aug 26, 2015
Submit Date: Jul 15, 2015

Date Received: 7/15/2015

Date Approved: 9/9/2015

Signature of Regional Official:

Printed Name and Title: Bill Brooks, Associate Regional Administrator (ARA), Division of Medicaid and Children's Health (DMCH)



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NM - 15 - 0010

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Former Foster Care Children S33

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

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

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

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 0938-1148. 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.

V.20140415

STATE: New Mexico
Date Received: 7/15/15
Date Approved: 9/9/15
Effective Date: 10/01/15
Transmittal Number: 15-0010