Table of Contents

State/Territory Name: New Mexico

State Plan Amendment (SPA) #: NM 13-0025 MM6

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Room 714 Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 19, 2014

Ms. Julie Weinberg, Director Medical Assistance Division New Mexico Department of Human Services P.O. Box 2348 Santa Fe, New Mexico 87504

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-25. With the approval of TN 13-25, CMS has reviewed and approved updates to Citizenship and Non-Citizen Eligibility under Section 1903(v)(4) of the Act, and in accordance with provisions as outlined in the Affordable Care Act (ACA).

Transmittal Number 13-25 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 13-25 summary is enclosed, along with the approved plan pages and their attachments.

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

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

Please enter the Tr			e state abbreviation, YY = the last two digits
NM-13-0025	r, and 0000 = a four digit n	umber with leading zeros. The dashes	must also be entered.
Proposed Effective I) Onto		
01/01/2014	(mm/dd/yyyy	y)	
Federal Statute/Reg	ulation Citation		
		CFR 435.4,1902(a)(46)(B), 8 U.S	.C. 1611, 1612, 1613, and 1641, and
Federal Budget Imp	act Federal Fiscal Year	Amoun	t
First Year	2014	\$ 0.00	
Second Year	2015	\$ 0.00	
	r's office reported no c		
Governor's Office R	r's office reported no c nts of Governor's office		
Governor's Office R Governo Commen Describe	r's office reported no c ats of Governor's office :	ereceived	
Governor's Office R Governo Commen Describe No reply Other, as	r's office reported no c ats of Governor's office : received within 45 day s specified	e received ys of submittal	
Governor's Office R Governo Commen Describe No reply Other, as	r's office reported no coats of Governor's office : received within 45 days specified : y Delegated to Medicaid	e received ys of submittal	
Governor's Office R Governo Commen Describe No reply Other, as Describe Authority	r's office reported no coats of Governor's office: received within 45 days specified: y Delegated to Medicaid gency Official	e received ys of submittal	
Governor's Office R Governo Commen Describe No reply Other, as Describe Authority Signature of State A Submitted By: Last Revision 1	r's office reported no coats of Governor's office: received within 45 days specified: y Delegated to Medicaid gency Official	ys of submittal Director	gibility under Section 1903(v)(4) of the
Governor's Office R Governo Commen Describe No reply Other, as Describe Authority Signature of State A Submitted By:	r's office reported no coats of Governor's office: received within 45 days specified: y Delegated to Medicaid gency Official	e received ys of submittal Director Caitlin Kuennen Breen	
Governor's Office R Governo Commen Describe No reply Other, as Describe Authority Signature of State A Submitted By: Last Revision 1	r's office reported no coats of Governor's office: received within 45 days specified: y Delegated to Medicaid gency Official	e received ys of submittal Director Caitlin Kuennen Breen Mar 4, 2014	
Governor's Office R Governo Commen Describe No reply Other, as Describe Authority Signature of State A Submitted By: Last Revision 1	r's office reported no cats of Governor's office: received within 45 days specified: Delegated to Medicaid gency Official	e received ys of submittal Director Caitlin Kuennen Breen Mar 4, 2014	

PRINTED NAME and Title: Bill Brooks, Associate Regional Administrator Division of Medicaid and Children's Health

SUPERSEDING PAGES OF STATE PLAN MATERIAL			
TRANSMITTAL NUMBER:	STATE:		
NM 13-25	New Mexico		
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
S89 Non-Financial Eligibility- Citizenship and Non-Citizen Eligibility	Attachment 2.6-A: Page 2a, TN 09-08 Attachment 2.6-A: Page 2b, TN 09-08 Attachment 2.6-A, Page 2c, TN 09-08		

State: New Mexico

Date Received: 1/13/14 Date Approved: 3/19/14 Effective Date: 1/1/4

Transmittal Number: 13-25

TN No: 13-25 APPROVAL DATE: 3/19/14 EFFECTIVE DATE: 1/1/14

STATE: NEW MEXICO SUPERSEDING DOCUMENT



Medicaid Eligibility

OMB Control Number 0938-1148

		OMB Expii	ration date: 10/31/2014
Non-Financial Eligibility			S89
Citizenship and Non-Citizen Eligibility	State: New Mexico		507
1002(a)(46)(B)	Date Received: 1/13/14		
1902(a)(46)(B) 8 U.S.C. 1611, 1612, 1613, and 1641	Date Approved: 3/19/14		
1903(v)(2),(3) and (4)	Effective Date: 1/1/4		
42 CFR 435.4	Transmittal Number: 13-2	25	
42 CFR 435.406			
42 CFR 435.956			
Citizenship and Non-Citizen Eligibility			
The state provides Medicaid to citizens and natio CFR 435.406, including during a reasonable opposatisfactory immigration status.			_
satisfactory miningration status.			
■ The state provides Medicaid eligibility to oth	nerwise eligible individuals:		
■ Who are citizens or nationals of the Unit	ed States; and		
Who are qualified non-citizens as define Reconciliation Act (PRWORA) (8 U.S.C	d in section 431 of the Personal Responsi C. §1641), or whose eligibility is required		•
§1612(b)) and is not prohibited by section	on 403 of PRWORA (8 U.S.C. §1613); an	nd	
immigration status, during a reasonable of	zens or nationals of the United States, or opportunity period pending verification out with requirements of 1903(x), 1137(d),	f their citizenship, nat	tionality or
The reasonable opportunity period begin received by the individual.	ns on and extends 90 days from the date the	he notice of reasonable	le opportunity is
	f the reasonable opportunity period if the y necessary documentation, or the agency	0	· ·
• Yes No			
The agency begins to furnish benefits to earlier than the date the notice is received	otherwise eligible individuals during the ed by the individual.	reasonable opportuni	ity period on a date
• Yes No			
The date benefits are furnished is:			
• The date of application cont	taining the declaration of citizenship or in	mmigration status.	
The date the reasonable opp	ortunity notice is sent.		
Other date, as described:			
TN No: 13-25 APPROVAL D	DATE: 3/19/14 EFF	FECTIVE DATE	: 1/1/14

STATE: NEW MEXICO SUPERSEDES: NEW PAGE



Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose (8 U.S.C. §1613).	e engionity is not promotted by section 403 of PRWORA
● Yes ○ No	
The state elects the option to provide Medicaid coverage to otherwise eliginaries residing in the United States, as provided in section 1903(v)(4) of the Act.	
• Yes O No	Date Received: 1/13/14
□ Pregnant women	Date Approved: 3/19/14 Effective Date: 1/1/4
☐ Individuals under age 21:	Transmittal Number: 13-25
• Individuals under age 21	
☐ Individuals under age 20	
○ Individuals under age 19	
An individual is considered to be lawfully residing in the United State eligibility requirements in the state plan.	es if he or she is lawfully present and otherwise meets the
■ An individual is considered to be lawfully present in the United States	s if he or she:
1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);	
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S. defined in 8 U.S.C. 1101(a)(17));	C. 1101(a)(15) or otherwise under the immigration laws (as
3. Is a non-citizen who has been paroled into the United States in accordance except for an individual paroled for prosecution, for deferred inspec	
4. Is a non-citizen who belongs to one of the following classes:	
■ Granted temporary resident status in accordance with 8 U.S.C	C. 1160 or 1255a, respectively;
Granted Temporary Protected Status (TPS) in accordance wire applications for TPS who have been granted employment aut	th 8 U.S.C. §1254a, and individuals with pending horization;
■ Granted employment authorization under 8 CFR 274a.12(c);	
■ Family Unity beneficiaries in accordance with section 301 of	Pub. L. 101-649, as amended;
■ Under Deferred Enforced Departure (DED) in accordance wi	ith a decision made by the President;
■ Granted Deferred Action status;	
■ Granted an administrative stay of removal under 8 CFR 241;	
■ Beneficiary of approved visa petition who has a pending app	lication for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S. U.S.C.1231, or under the Convention Against Torture who -	C. 1158, or for withholding of removal under 8
Has been granted employment authorization; or	
TN No: 13-25 APPROVAL DATE: 3/19/14 Is under the age of 14 and has had an application pending for STATE: NEW MEXICO SUPERSEDES: NEW PAGE	EFFECTIVE DATE: 1/1/14 at least 180 days;



Medicaid Eligibility

	6. Has been granted withholding of removal under the Convention Against Torture;	
	7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);	
	8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or	
	9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));	
	10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.	
	Other	
[The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:	
	Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;	
	Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).	

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.

State: New Mexico

Date Received: 1/13/14 Date Approved: 3/19/14 Effective Date: 1/1/4

Transmittal Number: 13-25

TN No: 13-25 APPROVAL DATE: 3/19/14 EFFECTIVE DATE: 1/1/14

STATE: NEW MEXICO SUPERSEDES: NEW PAGE