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**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) #: 14-03**

This file contains the following documents in the order listed:

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

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**

May 8, 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) 14-03, dated March 6, 2014. Currently, state funds are used to pay all of the non-federal share of total expenditures. With the approval of TN 14-03, the Centers for Medicare and Medicaid Services (CMS) has reviewed and approved language indicating limited local participation.

Transmittal Number 14-03 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 14-03 summary is enclosed, along with the approved plan pages and their attachments.

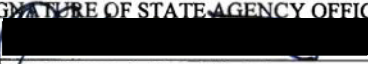

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A solid black rectangular box redacting the signature of Bill Brooks.

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 14-03	2. STATE New Mexico
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 433.33		7. FEDERAL BUDGET IMPACT:  for FFY 2013: (none) for FFY 2014 : (none)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  page 85		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  page 85 Approval Date 7/16/1976 Effective Date 7/1/1976	
10. SUBJECT OF AMENDMENT: State Financial Participation			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 – 2348	
13. TYPED NAME: Julie B. Weinberg			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: February 24, 2014			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: March 6, 2014		18. DATE APPROVED: May 8, 2014	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

HCFA-AT-80-38 (BPP)

May 22, 1980

State NEW MEXICOCitation

42 CFR 433.33

6.3 State Financial Participation

- a) State funds are used in both assistance and administration

State funds are used to pay all of the non-Federal share of total expenditures under the plan.

There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

- b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

State: New Mexico  
 Date Received: March 6, 2014  
 Date Approved: May 8, 2014  
 Date Effective: January 1, 2014  
 Transmittal Number: 14-03

TN: 14-03

Approval Date May 8, 2014 Effective Date January 1, 2014

SUPERSEDES: 76-10