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State/Territory Name: NM

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 20, 2024

Dana Flannery
Director
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
Santa Fe, New Mexico 87504-2348

Re: New Mexico State Plan Amendment (SPA) – 24-0003

Dear Director Flannery:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This amendment proposes to exclude ABLE accounts from Medicaid Estate Recovery (House Bill 98).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 433.36 (c). This letter informs you that New Mexico's Medicaid SPA TN 24-0003 was approved on September 20, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Mexico State Plan.

If you have any questions, please contact Dana Brown at (410) 786-0421 or via email at Dana.Brown@cms.hhs.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned to the left of the digital signature information.

Digitally signed by James G.
Scott -S
Date: 2024.09.20 13:52:27
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Valerie.Tapia@hca.nm.gov
Dana.Flannery@hca.nm.gov
Larisa.Rodges@hca.nm.gov

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

1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</u>	2. STATE <u>NM</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07/01/2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 433.36 (c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 0
b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
4.17 Liens and Adjustment or Recoveries (b) Adjustments or Recoveries (page 53b)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
4.17 Liens and Adjustment or Recoveries (b) Adjustment or Recoveries (page 53b)


9. SUBJECT OF AMENDMENT

Exclusion of ABLE accounts from Medicaid Estate Recovery (House Bill 98)

10. 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

OTHER, AS SPECIFIED:
Authority Delegated to the Medicaid Director

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Dana Flannery

13. TITLE
Director, Medical Assistance Division

14. DATE SUBMITTED
06/25/2024

15. RETURN TO
Dana Flannery
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348


FOR CMS USE ONLY

16. DATE RECEIVED
06/25/2024

17. DATE APPROVED
9/20/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.09.20 13:59:04 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Mexico

Citation(s)

- _____ The State disregards the assets or resources for individuals who receive or are entitled to receive benefits under a long-term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.
- _____ The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long-term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long-term care insurance policy-based asset and resource disregard must select this entry. These five states may either check this entry or one of the following entries.
- _____ The State does not adjust or recover from an individual's estate on account of any medical assistance paid for nursing facility or other long-term care services provided on behalf of the individual.
- _____ The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long-term care services provided on behalf of the individual to the extent described below:
- _____ If an individual covered under a long-care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.
- x _____ Effective July 1, 2024, the State does not seek payment from an Achieving a Better Life Experience (ABLE) account or its proceeds for Medicaid benefits provided to the beneficiary of the account.