HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

July 16, 2026

Courtney Miller, Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Ms. Miller:

Enclosed, please find documents related to New Mexico State Plan Amendment (SPA) 26-0004, Family Infant Toddler (FIT) Program Rate Increases.

New Mexico is requesting to increase provider rates for the Family Infant Toddler (FIT) program.

Effective July 1, 2026, New Mexico Medicaid is increasing rates within the FIT program for specific services as a result of the Early Childhood Education and Care Department (ECECD), FIT Program, receiving an appropriation of $2,000,000 from the FY26 State Legislature to increase rates for FIT Program services funded under State and Medicaid funds. These services are provided under the Early Periodic Screening Diagnosis and Treatment (EPSDT) Special Rehabilitation section. The State General Fund match will be paid through the ECECD.

FIT Program Service Rate Increase for Services Provided on or after July 1, 2026

Service	Current Procedure Code/Modifier	FY 27 Rate
Comprehensive Multidisciplinary Evaluation	H2000 TL	$ 1,208.00
Home and Community Individual	T1027 TL	$ 41.25
Home and Community Group	T1027 TL TJ	$ 16.25
Center-Based Individual	T1027 TL TT	$ 34.50
Center-Based Group	T1027 TL HQ	$ 14.00
Family Service Coordination	T2023 TL	$ 279.00
Transdisciplinary Team Consult Meeting	T1017 TL	$ 41.25
Collaborative Consultation	T1027 TL HT	$ 41.25

The estimated total Federal Budget Impact is $697,739 in federal funds for FFY 2026 and $2,098,783 in federal funds for FFY 2027.

The HCA followed a process that included public notification, tribal notification, and web posting. The HCA did not receive comments from the general public or tribal partners, nor was a tribal consultation formerly requested. Documentation of these activities is attached, along with the transmittal form and supporting SPA materials.

We appreciate your consideration of this state plan amendment. Should you have any questions, please contact Valerie Tapia at: Valerie.Tapia@hca.nm.gov or (505) 257-8420.

Sincerely,

Alanna Dancis
Acting Medicaid Director

cc: Dana Brown, CMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26-0004

2. STATE: NM

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

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

4. PROPOSED EFFECTIVE DATE: 07/01/2026

5. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(13) of the Social Security Act; 42 CFR 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 697,739
b. FFY 2027 $ 2,098,783

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 B, Page 3b.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19 B, Page 3b.1 (25-0003)

9. SUBJECT OF AMENDMENT: Family Infant Toddler (FIT) Program Rate Increases

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: Alanna Dancis

13. TITLE: Acting Medicaid Director, Medical Assistance Division

14. DATE SUBMITTED: 7/16/2026

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

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

E. Special Rehabilitation Services - Family Infant Toddler (FIT) Program Early Intervention Services

Special rehabilitation services (FIT program early intervention services) are reimbursed on a fee-for-service schedule basis.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of July 1, 2026, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at https://www.hca.nm.gov/providers/fee-schedules/. Notice of changes to rates are made as required by 42 CFR 447.205.