

## **Table of Contents**

**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) 25-0003**

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 Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

October 14, 2025

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

RE: TN 25-0003

Dear New Mexico Medicaid Director: Dana Flannery,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Mexico state plan amendment (SPA) to Attachment 4.19-B 25-0003, which was submitted to CMS on August 1, 2025. This state plan amendment (SPA) updates the Family Infant Toddler (FIT) program Fee-for-Service (FFS) fee schedules, effective July 1, 2025.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at 214-767-4456 or via email at [monica.neiman@cms.hhs.gov](mailto:monica.neiman@cms.hhs.gov)

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 3

2. STATE

N M3. 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

07/01/2025

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 25 \$ 3,487,723b. FFY 26 \$ 10,480,7157. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19 B, Page 3b.18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19 B, Page 3b.1 (25-0001)

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  
Dana Flannery13. TITLE  
Director, Medical Assistance Division14. DATE SUBMITTED  
08/01/2025

15. RETURN TO

Medical Assistance Division  
P.O. Box 2348  
Santa Fe, NM 87504-2348**FOR CMS USE ONLY**16. DATE RECEIVED  
August 1, 202517. DATE APPROVED  
October 14, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE of NEW MEXICO  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
-OTHER TYPES OF CARE

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Attachment 4.19-B  
Page 3b.1

**E. Special rehabilitation services (Family Infant Toddler program early intervention services)**

Special rehabilitation services (Family Infant Toddler 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 agency's fee schedule rates were set as of July 1, 2025, and are effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website <https://www.hca.nm.gov/providers/fee-schedules/>. Notice of changes to rates are made as required by 42 CFR 447.205.