

TITLE 8 SOCIAL SERVICES
CHAPTER 290 MEDICAID ELIGIBILITY - HOME AND COMMUNITY-BASED SERVICES WAIVER
(CATEGORIES 090, 091, 092, 093, 094, 095 AND 096)
PART 600 BENEFIT DESCRIPTION

8.290.600.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[2/1/1995; 8.290.600.1 NMAC - Rn, 8 NMAC 4.WAV.000.1, 5/1/2002; A, 11/1/2012]

8.290.600.2 SCOPE: The rule applies to the general public.
[2/1/1995; 8.290.600.2 NMAC - Rn, 8 NMAC 4.WAV.000.2, 5/1/2002]

8.290.600.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See NMSA 1978 Section 27-2-12 et seq.
[2/1/1995; 8.290.600.3 NMAC - Rn, 8 NMAC 4.WAV.000.3, 5/1/2002; A, 11/1/2012]

8.290.600.4 DURATION: Permanent
[2/1/1995; 8.290.600.4 NMAC - Rn, 8 NMAC 4.WAV.000.4, 5/1/2002]

8.290.600.5 EFFECTIVE DATE: February 1, 1995 unless a later date is cited at the end of a section.
[2/1/1995; 8.290.600.5 NMAC - Rn, 8 NMAC 4.WAV.600, 5/1/2002]

8.290.600.6 OBJECTIVE: The objective of this rule is to provide eligibility criteria for the medical assistance division (MAD) programs.
[2/1/1995; 8.290.600.6 NMAC - Rn, 8 NMAC 4.WAV.000.6, 5/1/2002; A, 11/1/2007; A, 11/1/2012]

8.290.600.7 DEFINITIONS: See 8.290.400.7 NMAC.
[8.290.500.7 NMAC - N, 11/1/2007]

8.290.600.8 [RESERVED]

8.290.600.9 BENEFIT DESCRIPTION: Eligible recipients are eligible for specified services available under the particular waiver and ancillary services available under the general medicaid program. See specific program policy sections for covered services.
[2/1/1995; 8.290.600.9 NMAC - Rn, 8 NMAC 4.WAV.600, 5/1/2002; A, 11/1/2012]

8.290.600.10 BENEFIT DETERMINATION: Application for the waiver programs is made using the ~~["application/redetermination of eligibility for medical assistance of aged, blind, and disabled individuals" (form MAD 384)-]~~ **HSD 100 application**. Upon notification by the appropriate program manager that an unduplicated recipient (UDR) is available for waiver services, applicants are registered on the income support division eligibility system. Applications must be acted upon and notice of approval, denial, or delay sent out within 45 calendar days from the date of application, or within 90 calendar days if a disability determination is required from the DDSU. The eligible recipients must assist in completing the application, may complete the form themselves, or may receive help from a relative, friend, guardian, or other designated representative. ~~[To avoid a conflict of interest, a case manager or any other MAD provider may not complete the application or be a designated representative.]~~

A. Representatives applying on behalf of individuals: If a representative makes application on behalf of the eligible recipient, that representative will continue to be relied upon for information regarding the eligible recipient's circumstances. The ISD caseworker will send all notices to the eligible recipient in care of the representative.

B. Additional forms: The following forms are also required as part of the application process:
(1) the eligible recipient or representative must complete and sign the primary freedom of choice of case management agency form at the time of allocation; and
(2) the eligible recipient or representative must sign the applicant's statement of understanding at the time waiver services are declined or terminated.

C. Additional information furnished during application: The ISD caseworker provides an explanation of the waiver programs, including, but not limited to, income and resource limits and possible alternatives, such as institutionalization. The ISD caseworker refers potentially eligible recipients to the social security administration to apply for supplemental security income (SSI) benefits. If a disability decision by the DDSU is required, but has not been made, the ISD caseworker must follow established procedures to refer the case for evaluation.

[2/1/1995; 1/1/1997; 8.290.600.10 NMAC - Rn, 8 NMAC 4.WAV.620 & A, 5/1/2002; A, 11/1/2007; A, 11/1/2012; A, xx/xx/xxxx]

8.290.600.11 INITIAL BENEFITS:

A. The application for home and community-based services waiver is approved when the following factors of eligibility have been met: financial, non-financial, and level of care. An application will be initiated when the ISD caseworker is notified by the appropriate program manager that a UDR position is available for the registrant (with the exception of the AIDS waiver). After the individualized service plan has been in effect for 30 days or if it can be reasonably anticipated that services will be in effect for 30 days, the application is approved effective the first day of the month of the start date of the individualized service plan, unless income/resources deemed to a minor child from his parents results in the child's ineligibility for the initial month. The eligibility start date is based on the date of application or the start date of the ISP, whichever is later. See 8.290.500.17 NMAC, DEEMING RESOURCES, and 8.290.500.21 NMAC, DEEMED INCOME. Following initial approval, waiver services must be provided to eligible waiver recipients within 90 calendar days of the approval.

B. Notice of determination: Applicants determined to be ineligible for waiver services are notified of the reason for the denial and provided with an explanation of appeal rights.

C. Applicants determined to be eligible for waiver services are notified of the approval.
[2/1/1995; 1/1/1997; 8.290.600.11 NMAC - Rn, 8 NMAC 4.WAV.623 & A, 5/1/2002; A, 11/1/2007; A, 11/1/2012]

8.290.600.12 ONGOING BENEFITS:

A. Regular reviews: A complete redetermination of eligibility must be performed annually by the ISD caseworker for each open case. The redetermination includes contact with the eligible recipient or his representative to review financial and non-financial eligibility.

B. Additional reviews: Additional reviews are scheduled by the ISD caseworker depending upon the likelihood that the eligible recipient's income, resources or medical condition will change. The following are examples of frequently encountered changes which affect eligibility:

- (1) social security cost-of-living increases;
- (2) VA cost-of-living increases;
- (3) rental income may be sporadic and require review every three months; and
- (4) level of care review.

C. 90 day reconsideration period: HSD will reconsider in a timely manner the waiver eligibility of an individual who is terminated for failure to submit the renewal form or necessary information, if the individual subsequently submits the renewal form within 90 days after the date of termination without requiring a new application per 42 CFR 435.916(C)(iii).

[2/1/1995, 1/1/1997; 8.290.600.12 NMAC - Rn, 8 NMAC 4.WAV.624 & A, 5/1/2002; A, 11/1/2007; A, 11/1/2012; A, xx/xx/xxxx]

8.290.600.13 RETROACTIVE BENEFITS: Retroactive coverage is not available under any of the waiver programs.

[2/1/1995; 8.290.600.13 NMAC - Rn, 8 NMAC 4.WAV.625, 5/1/2002]

8.290.600.14 CHANGES IN ELIGIBILITY: If the eligible recipient ceases to meet any of the eligibility criteria, the case is closed following provision of advance notice as appropriate. See 8.200.430.9 NMAC and following subsections for information about notices and hearing rights.

A. Non-provision of waiver services: To continue to be eligible for waiver services, an eligible recipient must be receiving waiver services, early and periodic screening, diagnostic and treatment (EPSDT) benefits or managed care services, other than case management, [42 CFR Section 435.217]. If at any time waiver services are no longer being provided (e.g., a suspension) and are not expected to be provided for 60 consecutive days, the recipient is **ineligible** for the waiver category and the case must be closed after appropriate notice is provided by the ISD caseworker.

B. Admission to a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IDD): If an eligible waiver recipient enters an acute care hospital, a nursing facility, or an ICF-IID and remains for more than 60 consecutive days, the waiver case must be closed and an application for institutional care medicaid (ICM) must be processed. The eligible recipient is not required to complete a new application if the periodic review on the waiver case is not due in either the month of entry into the institution or the following month. If the waiver recipient is institutionalized within less than 60 consecutive days and still receives waiver services within that time frame, the waiver case is not closed and an application for ICM need not be processed.

C. Reporting changes in circumstances: The primary responsibility for reporting changes in the eligible recipient's circumstances rests with the eligible recipient or his/her representative. At the initial eligibility determination and all on-going eligibility redeterminations, the ISD caseworker must explain the reporting responsibilities requirement to the eligible recipient or his/her representative and document that such explanation was given. In the event that waiver services cease to be provided, the case manager or the waiver program manager (or designee) must immediately notify the income support division office of that fact by telephone. The telephone call is to be followed by a written notice to the ISD caseworker.

[2/1/1995; 1/1/1997; 8.290.600.14 NMAC - Rn, 8 NMAC 4.WAV.630 & A, 5/1/2002; A, 11/1/2007; A, 11/1/2012]

HISTORY OF 8.290.600 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the Commission of Public Records-State Records Center and Archives:
MAD Rule 898, Transfers Of Assets, 12/29/1994.

History of Repealed Material: [RESERVED]