

TITLE 8 SOCIAL SERVICES
CHAPTER 206 ~~[MEDICAID ELIGIBILITY – RECIPIENTS FOR WHOM CYFD HAS FULL OR~~
~~PARTIAL RESPONSIBILITY] MEDICAL ASSISTANCE PROGRAMS CATEGORY OF~~
CYFD ELIGIBILITY
PART 400 RECIPIENT REQUIREMENTS

8.206.400.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.206.400.1 NMAC - Rp, 8.206.400.1 NMAC, 1-1-14]

8.206.400.2 SCOPE: The rule applies to the general public.
[8.206.400.2 NMAC - Rp, 8.206.400.2 NMAC, 1-1-14]

8.206.400.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See NMSA 1978, Section 27-1-12 et seq.
[8.206.400.3 NMAC - Rp, 8.206.400.3 NMAC, 1-1-14]

8.206.400.4 DURATION: Permanent.
[8.206.400.4 NMAC - Rp, 8.206.400.4 NMAC, 1-1-14]

8.206.400.5 EFFECTIVE DATE: [~~January 1, 2014~~] October 1, 2015, unless a later date is cited at the end of a section.
[8.206.400.5 NMAC - Rp, 8.206.400.5 NMAC, 1-1-14; A, xx-xx-15]

8.206.400.6 OBJECTIVE: The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) medical assistance programs (MAP) eligibility [policy] manual, specifically 8.200.400 NMAC, *General Medicaid Eligibility*. Processes for establishing and maintaining [~~medicaid~~] MAP eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.
[8.206.400.6 NMAC - Rp, 8.206.400.6 NMAC, xx-xx-15]

8.206.400.7 DEFINITIONS:

A. [~~“Full or partial financial responsibility” means children, youth and families department (CYFD) has made a payment on behalf of the eligible recipient during each month for which medical assistance division (MAD) eligibility is sought.~~] “Full or partial financial responsibility” means a payment has been made by the children, youth and families department (CYFD) on behalf of the eligible recipient during each month for which MAP eligibility is sought. The nature of CYFD’s financial responsibility must be documented. Documentation must include either the court-ordered placement or custody award, and CYFD payments made on behalf of the eligible recipient at the time of application and each subsequent periodic review.

B. “Private institutions” includes accredited and non-accredited residential treatment centers and group homes, and treatment foster care. Institutions specifically excluded from this definition are the youth diagnostic development center, New Mexico boys and girls schools, and reintegration centers which are not certified to furnish medical care. A child placed in one of these facilities is not eligible for [~~medical assistance program services~~] a MAP category of eligibility.

C. “Substitute care placement” includes placement in [~~foster homes or private institutions~~] a foster home or private institution.

[8.206.400.7 NMAC – Rp, 8.206.400.7, xx-xx-15]

8.206.400.8 MISSION: To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.
[8.206.400.8 NMAC - N, 1-1-14]

8.206.400.9 ~~[MEDICAID FOR RECIPIENTS FOR UNDER EIGHTEEN YEARS OF AGE FOR~~
~~WHOM THE CHILDREN, YOUTH, AND FAMILIES DEPARTMENT HAS FULL OR PARTIAL~~

FINANCIAL RESPONSIBILITY – CATEGORIES 017, 037, 046, 047, 066, AND 086 – AND EXTENDED MEDICAID FOR CERTAIN INDIVIDUALS RECEIVING CHAFEE INDEPENDENT LIVING ASSISTANCE:] MAP CATEGORY OF CYFD ELIGIBILITY:

A. MAD is required to furnish coverage to an eligible [~~recipients~~] recipient under 18 years of age for whom adoption assistance or foster care maintenance payments are made under Title IV-E of the Social Security Act [42 CFR Section 436.118].

B. MAD has opted to furnish coverage to an eligible [~~recipients~~] recipient under 18 years of age who [~~meet all the aid to families with dependent children (AFDC) eligibility criteria~~] meets a MAP category of temporary assistance for needy families (TANF) eligibility requirements except for the definition of “dependent child” for whom [~~the state of New Mexico, through~~] CYFD has assumed full or partial financial responsibility [42 CFR Section 436.222].

C. MAD furnishes extended coverage to an eligible [~~recipients~~] recipient over 18 years of age but under 21 years of age who [~~are~~] is receiving Chafee independent living assistance.

~~[D. —MAD furnishes extended coverage to former foster care eligible recipients up to 26 years of age under Category 066 as required by the Patient Protection and Affordable Care Act (ACA).]~~

[8.206.400.9 NMAC - Rp, 8.206.400.9 NMAC, 1-1-14; A, xx-xx-15]

8.206.400.10 MAP CATEGORY OF PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) ELIGIBILITY: MAD furnishes extended coverage under the Patient Protection and Affordable Care Act (ACA) to a former foster care recipient up to 26 years of age regardless if he or she also meets a MAP category of other adult eligibility when:

- (1) the applicant or recipient is a current resident of New Mexico; and
- (2) the applicant or recipient was in a medical assistance program in New Mexico or any other state at the time he or she turned 18 years of age or aged out of his or her foster care system; and
- (3) the applicant is not receiving supplemental security income (SSI).

[8.206.400.10, xx-x-15]

~~[8.206.400.10]~~**8.206.400.11 BASIS FOR DEFINING THE GROUP:** An eligible recipient 18 years of age or under can be eligible for a MAP category of CYFD [~~medicaid~~] eligibility if [~~the state~~] New Mexico bears full or partial responsibility for [~~him or her~~] the eligible recipient and makes a payment on behalf of him or her. An eligible recipient 18 years of age or under will be assigned one of the following [~~MAD~~] MAP categories of eligibility.

A. **Category 017:** The eligible recipient resides in New Mexico and receives a Title IV-E adoptive subsidy from another state.

B. **Category 037:** The eligible recipient resides in New Mexico and receives a Title IV-E adoptive subsidy from New Mexico.

C. **Category 046:** The eligible recipient resides out-of-state and receives a Title IV-E foster care payment from New Mexico. A [~~medicaid~~] MAP card is issued by the state in which the eligible recipient resides.

D. **Category 047:** The eligible recipient currently resides out-of-state and receives a Title IV-E adoption subsidy payment. [~~medicaid~~] MAP is issued by the state in which the eligible recipient resides.

E. **Category 066:** The eligible recipient is in the child protective service component of CYFD and is IV-E eligible or is from a home that meets [~~AFDC~~] TANF eligibility [~~criteria~~] requirements.

F. **Category 086:** The eligible recipient resides in New Mexico, is in the custody of another state and receives Title IV-E foster care payment from that state.

[8.206.400.11 NMAC - Rp, 8.206.400.10 NMAC, 1-1-14; A, xx-xx-15]

~~[8.206.400.11]~~**8.206.400.12 LIVING ARRANGEMENTS:** To be eligible for CYFD medicaid, an individual must be under 18 years of age and must be in a substitute care placement or temporarily in a medical facility with an ultimate plan to be placed in substitute care arrangement.

A. **Removal from home:** An [individual] who is in the custody of his or her parent or guardian is not eligible medicaid. When a CYFD medicaid eligible recipient is returned to his or her parent or guardian’s custody, CYFD medicaid is terminated. n.

B. **Release from jurisdiction of non-Title XIX facility:** An eligible recipient who is released from the jurisdiction and control of the correctional system for whom CYFD has full or partial financial responsibility and is in a substitute care placement can be eligible for CYFD medicaid beginning the first of the month after release from the correctional system if all other eligibility criteria are met.

(1) **Permanent release from jurisdiction requirements:** An individual living in a correctional facility or under the jurisdiction and control of the correctional system is not eligible for MAD services. This includes an individual temporarily released from a correctional facility for the sole purpose of receiving medical treatment.

(2) **Documentation of release:** To document that the individual is no longer under the jurisdiction and control of the correctional system, the individual must be permanently released from the correction facility and the court or parole order must specify the following:

(a) the individual he or she is in the custody of CYFD; or

(b) CYFD is required to make monthly payment for the care, maintenance and medical treatment of the individual; in addition, the individual must receive or be evaluated for (or both) the receipt of long-term medical treatment.

C. **Independent living arrangements:** MAD furnishes extended coverage to an eligible recipient between 18 and 21 years of age who is considered to be in an independent living arrangement if foster care payment is made to the eligible recipient and he or she meets all other MAD eligibility criteria [8.206.400.11 NMAC - Rp, 8.206.400.11 NMAC, 1-1-14; A, xx-xx-15]

~~[8.206.400.12 — RESERVED]~~

~~8.206.400.13 ENUMERATION: [See 8.200.410.10 NMAC] See 8.200.410 NMAC.~~

~~[8.206.400.13 NMAC - Rp, 8.206.400.13 NMAC, 1-1-14; 8.206.400.12 NMAC - Rn, 8.206.400.13 NMAC, xx-xx-15]~~

~~8.206.400.14 CITIZENSHIP: [See 8.200.410.11 NMAC] See 8.200.410 NMAC.~~

~~[8.206.400.14 NMAC - Rp, 8.206.400.14 NMAC, 1-1-14; 8.206.400.13 NMAC - Rn, 8.206.400.14 NMAC, xx-xx-15]~~

~~8.206.400.15 RESIDENCE: [See 8.200.410.12 NMAC] See 8.200.410 NMAC.~~

~~[8.206.400.15 NMAC - Rp, 8.206.400.15 NMAC, 1-1-14; 8.206.400.14 NMAC - Rn, 8.206.400.15 NMAC, xx-xx-15]~~

~~[8.206.400.16 — NON-CONCURRENT RECEIPT OF ASSISTANCE: An applicant or re-determining recipient is not eligible for CYFD medicaid if he or she is eligible under another MAD category of eligibility, or if he or she receives supplemental security income (SSI). An applicant or re-determining recipient receiving SSI can qualify for and receive MAD services under an alternate category of eligibility.]~~

~~[8.206.400.16 NMAC - Rp, 8.206.400.16 NMAC, 1-1-14; 8.206.400.15 NMAC - Rn, 8.206.400.16 NMAC, xx-xx-15]~~

~~[8.206.400.17 — RESERVED]~~

~~[8.206.400.18] 8.206.400.16 AGE: [To be eligible for CYFD medicaid, an applicant or a re-determining recipient must be under 18 years of age, except as outlined in Subsections C and D of Section 9 above.] To meet the requirements for a MAP category of CYFD eligibility, an applicant or re-determining recipient must be under 18 years of age, except as outlined in Section 9 and 10 of this rule.~~

~~A. **Students under 19:** When an eligible recipient reaches 18 years of age, he or she loses [medical assistance program] MAP eligibility unless (1) he or she is a full-time student in a secondary school or its equivalent and (2) he or she is expected to complete the program before reaching 19 years of age. In such cases, his or her MAP category of CYFD eligibility is terminated when he or she leaves school or upon his or her 19th birthday, whichever comes first. School attendance must be verified each semester as part of the recipient's MAP [CYFD's] re-determination process.~~

~~B. **Proof of age:** The following documents constitute primary evidence of age:~~

- ~~(1) birth certificate;~~
- ~~(2) adoption papers or records;~~
- ~~(3) hospital or clinic records;~~
- ~~(4) church or baptismal records;~~
- ~~(5) bureau of vital statistics or local government records;~~
- ~~(6) United States passports or immigration and naturalization service's records;~~

- (7) ~~[Indian]~~ American Indian census reports; or
- (8) birth records maintained by the social security administration (SSA).

C. If the age of the applicant or re-determining recipient cannot be established using primary evidence, a minimum of two pieces of corroborating secondary evidence must be used to establish his or her age, such as school records, census records, a court support order not generated by CYFD, ~~[physician]~~ his or her physical health practitioner's statement, juvenile court records not generated by CYFD, child welfare records not generated by CYFD, voluntary social services agency records, insurance policies, minister's signed statement, affidavits, or military records.
[8.206.400.18 NMAC - Rp, 8.206.400.18 NMAC, 1-1-14; 8.206.400.16 NMAC - Rn & A, 8.206.400.18 NMAC, xx-xx-15]

~~[8.206.400.19]~~ 8.206.400.17 **ASSIGNMENT OF MEDICAL SUPPORT:** MAD has established ~~[special requirement rules]~~ requirements of CYFD when the applicant or re-determining recipient meets a MAP category of CYFD eligibility; see 8.200.420 NMAC.

A. **CYFD requirements:** The authorized representative of CYFD who signs the ~~[MAD]~~ MAP eligibility application on behalf of the applicant or re-determining recipient must notify MAD of any available third party medical coverage.

B. **CYFD responsibilities for cooperation with HSD child support enforcement division (CSED):** CYFD is responsible for cooperating with CSED activities which include:

- (1) identifying and locating the absent parent(s) of the eligible ~~[recipients]~~ recipient receiving MAD services;
- (2) establishing paternity of ~~[children]~~ the applicant ~~[born-out-of-wedlock]~~ whose parents were not legally married at the time of his or her birth;
- (3) obtaining child and medical support for the ~~[child]~~ applicant or re-determining recipient;
- (4) identifying and providing information necessary to pursue third party health coverage;

and

- (5) developing procedures for referrals and determination of good cause for not pursuing child support or not requiring cooperation in pursuing such support.

[8.206.400.19 NMAC - Rp, 8.206.400.19 NMAC, 1-1-14; 8.206.400.17 NMAC - Rn, 8.206.400.19 NMAC, xx-xx-15]

~~[8.206.400.20]~~ 8.206.400.18 **REPORTING REQUIREMENTS:** ~~[For all eligible recipients who receive [medical assistance program] MAD services through CYFD, any change in an eligible recipient's circumstances which affect his or her eligibility must be documented and acted upon by the CYFD authorized representative within 10 calendar days of CYFD receiving notice of the change.]~~ When an applicant or re-determining recipient is approved for a MAP category of CYFD eligibility, the authorized CYFD representative must report within 10 calendar days any known change in the eligible recipient's circumstances which may affect his or her continued eligibility.

[8.206.400.20 NMAC - Rp, 8.206.400.20 NMAC, 1-1-14; 8.206.400.18 NMAC - Rn, 8.206.400.20 NMAC, xx-xx-15]

HISTORY OF 8.206.400 NMAC:

History of Repealed Material:

8 NMAC 4.CYM.430 Recipient Rights and Responsibilities, filed 12-30-94 - Repealed effective 7-1-03.
8.206.400 NMAC, Recipient Policies, filed 6-11-03 - Repealed effective 1-1-14.