NMAC Transmittal Form





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Volume: XXXIII	Issue: 23	Publication date:	12/13/202	Number of	pages: 1	(ALD Use Only) Sequence No.	308.6		
Issuing agency name and address: Agency DFA code:									
HSD - Medical Assistance Division 630									
Contact person's name: Phone number: E-mail address:									
Tabitha Mondragon 505-795-3572 tabitha.mondragon@state.n							nm.us		
Type of rule action: (ALD Use) Recent filing date:									
New Amendment Repeal Emergency Renumber 12/11/2018									
Title number: Title name:									
8	Social Services								
Chapter number:	hapter number: Chapter name:								
249	Medical Assistance Program Eligibility - Refugee Medical Assistance (RMA) Program								
Part number: Part name:									
600	Benefit Description								
Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment):									
Amending (5) Sections. Sections 9, 11, 12, 14 and 15 of 8.249.600 NMAC									
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Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable.									
Yes No X									
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If materials are at	tached has cor	vright normission h	en received?	Yes [Public dor	nain		
If materials are attached, has copyright permission been received? Yes No Public domain									
Specific statutory or other authority authorizing rulemaking:									
Office of Refugee Resettlement (ORR)-DCL 22-12 Expansion of RMA Eligibility Period									
Office of Northgeo Nosettierite (ONN) BOL 22 12 Expansion of NiviA Englosing Forton									
Notice date(s):		Hearing date(s):		Rule adoption	date:	Rule effec	tive date:		
7/26/2022	7/26/2022 8/26/2022			10/19/2022		1/1/202	23		

Concise Explanatory Statement For Rulemaking Adoption:



Findings required for rulemaking adoption:

Findings MUST include:

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- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

This rule is being adopted to implement the recent federal requirement that the Refugee Medicaid category be expanded to cover individuals from eight months to twelve months. There were no written or oral comments received so this rule is being adopted as proposed.								
Issuing authority (If delegated, authority letter must be on file with ALD): Name: Check if authority letter must be on file with ALD):	rity has been delegated							
David R. Scrase								
Title:								
Secretary								
Signature: (BLACK ink only OR Digital Signature)	Date signed:							
Docusigned by: David, R. Scrasco, M.D.	10/20/2022							
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This is an amendment to 8.249.600 NMAC, Sections 9, 11, 12, 14 and 15, effective 1/1/2023.

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8.249.600.9 BENEFIT DESCRIPTION: Refugee medical assistance (RMA) offers health coverage for refugees within the first [eight] twelve months from their date of entry to the United States, when they do not qualify for medicaid. RMA eligible refugees have access to a benefit package that parallels the full coverage medicaid benefit package. This program is not funded by medicaid. RMA is funded through a grant under Title IV of the Immigration and Nationality Act. The purpose of this grant is to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible. Refer to 8.100.100 NMAC. [8.249.600.9 NMAC - Rp, 8.249.600.9 NMAC, 1/1/2019; A, 1/1/2023]

8.249.600.11 INITIAL BENEFITS:

- **A.** Approval or denial of application: After the eligibility determination is made, the income support specialist (ISS) sends notice to the applicant or applicant group. The denial notice contains information on the reason for the denial and explanation of appeal rights to the applicant(s).
- B. Date of eligibility: Eligibility starts with the first day of the month of application after all eligibility requirements are met. The [eight month] twelve-month period begins with the month the refugee enters the United States, as documented by the immigration and naturalization service (INS) (form I-94). For cases involving children born in the United States, the child's eligibility period expires when the refugee parent who arrived last in the United States has been in this country for [eight] twelve months.

 [8.249.600.11 NMAC Rp, 8.249.600.11 NMAC, 1/1/2019; A, 1/1/2023]
- **8.249.600.12 ONGOING BENEFITS:** No periodic review is required, since coverage is limited to a maximum of [eight] twelve months from the date of entry into the United States. [8.249.600.12 NMAC Rp, 8.249.600.12 NMAC, 1/1/2019; A, 1/1/2023]
- **8.249.600.14 CASE CLOSURES:** Cases are closed when refugee medical assistance recipients no longer meet eligibility standards or after the [eight month] twelve-month eligibility period expires, whichever comes first. [8.249.600.14 NMAC Rp, 8.249.600.14 NMAC, 1/1/2019; A, 1/1/2023]

8.249.600.15 CHANGES AND REDETERMINATIONS OF ELIGIBILITY:

- **A.** A re-determination of eligibility is not required.
- **B.** Changes in income are not reportable. Reported income changes are not acted upon.
- **C.** A refugee who received medicaid for [seven] <u>eleven</u> or fewer months during the RMA period is eligible for RMA for any remaining months in the [<u>eight-month</u>] <u>twelve-month</u> RMA period. Eligibility for RMA is determined without a new eligibility determination or application.
- **D.** Residence changes must be reported within 10 days after the change for individuals placed in a public institution or those individuals moving out of New Mexico. Refer to 8.200.450 NMAC. [8.249.600.15 NMAC Rp, 8.249.600.15 NMAC, 1/1/2019; A, 1/1/2023]

8.249.600 NMAC