

CMS-10434 OMB 0938-1188

Package Information

Package ID NM2018M50005D
Program Name N/A
Version Number 1

Submission Type Draft
State NM
Region Dallas, TX
Package Status Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2018MS0005D

Package Header

Package ID	NM2018MS0005D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: NM Human Services
Department, Medical
Assistance Division

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

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Executive Summary

Summary Description Including Goals and Objectives New Mexico currently covers the mandatory former foster care individuals up to age 26 and on Medicaid and in foster care in New Mexico at the time they turned 18 or age out of the foster care system. While New Mexico formerly had State Plan authority to cover former foster care individuals up to age 26 who are former residents of other states, CMS finalized a regulation retracting states' authority to receive federal Medicaid matching funds to cover this population without a waiver. New Mexico would like to continue to cover the former foster care out of state individuals and has requested to do so through our 1115 Waiver request. Concurrent with the waiver request the state is required to also submit State Plan Amendment (SPA) S50 to cover these individuals.

New Mexico is required to cover these individuals under state law. Our goal is to cover these out of state individuals as we had done before we were required to rescind this option in our State Plan. New Mexico considers this a vulnerable population that should be covered regardless of whether aging out of foster care in New Mexico or from another state. There is also a parity issue as dependents are allowed to be covered under their parents health insurance coverage up to age 26 through private insurance.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$56700
Second	2020	\$75600

Federal Statute / Regulation Citation

42 CFR 435.150
1902(a)(10)(A)(i)(X)
42 CFR 435.218
1902(a)(10)(ii)(XX)

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Individuals above 133% FPL under Age 65

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F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes No

Individuals above 133% FPL under Age 65

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G. Additional Information (optional)

This coverage is to further the out-of-state former foster care youth demonstration project authorized under section 1115 of the Act (Project No. XX-X-XXXXX/X) and will begin when the demonstration authority is approved and end when the demonstration authority expires.

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

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The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

- The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

- The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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	System-Derived		

Mandatory Coverage
















A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included In Another Submission Package	Source Type
Infants and Children Under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included In Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included In Another Submission Package	Source Type 
Institutionalized Individuals Continuously Eligible Since 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Blind or Disabled Individuals Eligible In 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase In OASDI Benefits In 1972		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increases since April, 1977		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Adult Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 C.F.R. §435.219.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <input checked="" type="radio"/>	Included In Another Submission Package	Source Type <input checked="" type="radio"/>
Adult Group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. *

















Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered in State Plan	Include RU In Package <input checked="" type="radio"/>	Included in Another Submission Package	Source Type <input checked="" type="radio"/>
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Certain Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included In Another Submission Package	Source Type 
Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community Based Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries - 1634 States, and SSI Criteria States with 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries-209(b) States, and SSI Criteria States without 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals participating in a PACE Program under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Poverty Level Aged or Disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives Eligibility Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included In Another Submission Package	Source Type
Individuals Eligible for Home and Community-Based Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services - Special Income Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. *

Yes No

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

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Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

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The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Individuals above 133% FPL under Age 65

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C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

Individuals above 133% FPL under Age 65

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D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

- a. Percentage of the federal poverty level.
- b. No Income test (the income standard is infinite).

Individuals above 133% FPL under Age 65

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E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

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