



State of New Mexico
Human Services Department
Human Services Register



I. DEPARTMENT
NEW MEXICO HUMAN SERVICES DEPARTMENT

II. SUBJECT
MEDICAID EXTENSION CATEGORIES

III. PROGRAM AFFECTED
(TITLE XIX) MEDICAID

IV. ACTION
PROPOSED REGULATIONS

V. BACKGROUND SUMMARY

The Human Services Department is proposing to re-number and update policy citations contained in the EXT-500 and EXT-600 sections of the Medicaid Policy Manual. The sections will be re-numbered in the NMAC format and policy citations will reflect NMAC citations where possible. There are no substantive changes to policy.

The Medicaid Extension Categories of Eligibility are 001, 003, and 004.

VI. REGULATIONS

These regulations will be contained in Sections 8.201.500 and 8.201.600 NMAC of the Medical Assistance Program Manual. All manual sections are available on the Medical Assistance Division web site at www.state.nm.us/hsd/mad/progmanindex.htm. If you do not have Internet access, a copy of the regulations may be requested by contacting the Medical Assistance Division at 827-3156.

VII. EFFECTIVE DATE

The Department proposes to implement these regulations effective October 1, 2009.

VIII. PUBLIC HEARING

A public hearing to receive testimony on these proposed regulations will be held at 9:00 a.m., on August 17, 2009 in the HSD Law Library of the Pollon Plaza, 2009 S. Pacheco, Santa Fe, New Mexico.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Division toll free at 1-888-997-2583 and ask for extension 7-3156, in Santa Fe call 827-3156, or through the Department TDD system, 1-800-609-4833, in Santa Fe call 827-3184. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

IX. ADDRESS

Interested persons may address written or recorded comments to:

Pamela S. Hyde, J.D., Secretary
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 PM on August 17, 2009. Written and recorded comments will be given the same consideration as oral comments made at the public hearing. Interested persons may also address comments via electronic mail to: Magdalena.Romero@state.nm.us.

X. PUBLICATIONS

Publication of these regulations approved by:

PAMELA S. HYDE, J.D., SECRETARY
HUMAN SERVICES DEPARTMENT

**ELIGIBILITY POLICY
INCOME AND RESOURCE STANDARDS**

EFF:proposed

500 NEED DETERMINATION

510 RESOURCE STANDARDS

To be eligible for medicaid Extension, applicants/recipients must meet SSI resource standards. Recipients initially eligible for medicaid Extension under E01 status lose eligibility when their resources exceed the SSI resource maximum. See [~~Section SSI-510~~] 8.215.500.11 NMAC, *Resource Standards*, for information on exclusions, disregards, and countable resources.

515 RESOURCE TRANSFERS

The Social Security Administration excluded transfer of resources as a factor of eligibility for non-institutionalized SSI recipients. Transfer of resources is not a factor for consideration in categories that use SSI methodology in the eligibility determination.

520 INCOME STANDARDS

To be eligible for medicaid Extension, an applicant/recipient must have countable income below the SSI FBR. See [~~Section SSI-520~~] Sections 8.215.500.18 NMAC, *Income*, through 8.215.500.22 NMAC, *Disregards*, for information on exclusions, disregards, and countable income.

522 COMPUTATION OF COLA DISREGARDS IN PICKLE AND 503 LEADS CASES

An applicant/recipient's countable income, after exclusion of the Title II COLAs received following SSI termination, must be less than the current SSI Federal Benefit Rate (FBR).

To determine the total amount of the applicant/recipient's Title II COLAs received since the applicant/recipient lost SSI, the following calculation must be completed:

1. Divide the current Title II amount by the percentage amount of the previous year's COLA;
2. Repeat this calculation for each Title II COLA benefit received after the applicant lost SSI.

Computations are based on the previous year's COLA and previous benefit. See [~~Section MAD-520~~] 8.200.520.12 NMAC, *COLA Disregard Computation*, of 503 Leads and Pickle cases.

ELIGIBILITY POLICY
INCOME AND RESOURCE STANDARDS

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3. When the last computation is completed, the result is the Title II benefit amount the applicant/recipient was receiving when he/she lost SSI;
4. Subtract this amount from the current Title II benefit amount. The result is the aggregate Title II COLAs the applicant/recipient received after losing SSI; and
5. Subtract the aggregate COLAs from the applicant/recipient's countable income to determine if the income is below the current SSI FBR.

If the resulting income is below the current SSI FBR, and the applicant/recipient meets all other requirements for SSI, he/she is eligible for medicaid Extension.

523 DEEMED INCOME

If an applicant/recipient is a minor who lives with a parent(s), deemed income from the parent(s) must be considered.

If an applicant/recipient is married and lives with a spouse, deemed income from the spouse must be considered. See [~~Section SSI-523~~] 8.215.500.21 NMAC, *Deemed Income*, for information on deemed income.

If an applicant/recipient has a spouse or parent who receives Title II benefits, all COLAs received by the spouse/parent since the applicant/recipient lost SSI are deducted from the spouse/parent's income before it is deemed to the applicant/recipient.

[526 COUNTABLE INCOME

~~Any other countable income received by an applicant/recipient must be included in the calculation of countable income. See Section SSI-526, SUPPLEMENTAL SECURITY INCOME METHODOLOGY for information on countable income and income guidelines for applicant/recipient couples.~~

~~The first twenty dollars (\$20) of income of countable income received in a month is disregarded. Only one twenty dollar (\$20) disregard is allowed for determination of eligibility for an applicant/recipient couple.]~~

**DESCRIPTION OF PROGRAM
BENEFIT DETERMINATION**

EFF:Proposed

600 BENEFIT DESCRIPTION

Applicants/recipients of Medicaid Extension receive the full range of Medicaid-covered services. [2-1-95]

620 BENEFIT DETERMINATION

Application for the Medicaid Extension is made on the assistance application form.

Applications must be acted on and notice sent to the applicant of the action taken within forty-five (45) days after the date of application.

503 [~~Lead~~] Lead cases, Disabled Adult Child (DACs), and Ping-pongs, nonpayment SSI Status (E01), SSI Child cases, and SSI Extension cases do not require a separate application for initial processing.

[2-1-95, 4-30-98]

623 INITIAL BENEFITS

When an eligibility determination is made, notice of the approval or denial is sent to the applicant. If the application is denied, this notice includes the reason for the denial and an explanation of rights to an administrative hearing. [2-1-95]

624 ONGOING BENEFITS

A periodic review is completed at least every twelve (12) months. [2-1-95]

625 SSI RETROACTIVE BENEFIT COVERAGE

Up to three (3) months of retroactive Medicaid coverage can be furnished to applicants who have received Medicaid-covered services during the retroactive period and would have met applicable eligibility criteria had they applied during the three (3) months prior to the month of application [42 CFR § 435.914].
[2-1-95]

625.1 Application for Retroactive Benefit Coverage

Application for retroactive Medicaid can be made by checking "yes" in the

**DESCRIPTION OF PROGRAM
BENEFIT DETERMINATION**

EFF:Proposed

"Application for Retroactive Medicaid Payments" box on the Application/Redetermination of Eligibility for Medical Assistance [~~MAD-381~~] form or by checking "yes" to the question on "Does anyone in your household have unpaid medical expenses in the last three (3) months?" on the Application for Assistance [~~ISD-100-S~~] form.

Applications for retroactive SSI Medicaid benefits for recipients of Supplemental Security Income (SSI) must be made by 180 days from the date of approval for SSI. Medicaid-covered services which were furnished more than two (2) years prior to approval are not covered.

[2-1-95]

625.2 Approval Requirements

To establish retroactive eligibility, the [~~ISS~~] ISD worker must verify that all conditions of eligibility were met for each of the three (3) retroactive months and that the applicant received Medicaid-covered services. Eligibility for each month is approved or denied on its own merits.

625.21 Applicable Benefit Rate The Federal Benefit Rate (FBR) in effect during the retroactive months based on the applicant's living arrangements is applicable for retroactive Medicaid eligibility determinations. See [~~MAD-520, INCOME STANDARDS~~] 8.200.520.13 NMAC . If the applicant's countable income in a given month [~~exceed~~] exceeds the applicable FBR, the applicant is not eligible for retroactive Medicaid for that month. If the countable income is less than the FBR, the applicant is eligible on the factor of income for that month.

A separate determination must be made for each of the three (3) months in the retroactive period.

625.22 Disability Determination Required If a determination is needed of the date of onset of blindness or disability, the [~~ISS~~] ISD worker must send a Referral to Disability Determination Services (ISD 305) to the Disability Determination Unit.

[2-1-95]

625.3 Notice

625.31 Notice to Applicant The applicant must be informed if any of the retroactive months are denied.

625.32 Recipient Responsibility to Notify Provider After the retroactive eligibility has been established, the ~~[ISS]~~ ISD worker must notify the recipient that he/she is responsible for informing all providers with outstanding bills of the retroactive eligibility determination. If the recipient does not inform all providers and furnish verification of eligibility which can be used for billing and the provider consequently does not submit the billing within 120 days from the date of approval of retroactive coverage, the recipient is responsible for payment of the bill.

[2-1-95]

630 CHANGES IN ELIGIBILITY

If a recipient becomes ineligible, advance notice of the closure is sent by the ~~[ISS]~~ ISD worker. If a recipient dies, the case is closed effective the following month. [2-1-95]