



State of New Mexico
Human Services Department
Human Services Register



I. DEPARTMENT

NEW MEXICO HUMAN SERVICES DEPARTMENT

II. SUBJECT

PREGNANT WOMEN WHO MEET AFDC CATEGORY 030

III. PROGRAM AFFECTED

(TITLE XIX) MEDICAID

IV. ACTION

PROPOSED REGULATIONS

V. BACKGROUND SUMMARY

The Human Services Department, Medical Assistance Division, is proposing amendments to Pregnant Women Who Meet AFDC Category 030, to reflect revised language and ensure accuracy with existing rules.

The proposed changes will renumber, reformat and amend 8.230.600 NMAC to conform with NMAC requirements, eliminate "Ongoing Benefits" as periodic reviews do not need to be conducted for pregnant women, update "Changes in Eligibility" to reflect that Family Planning services are for 12 months instead of 24 months after the post partum period, and will simplify language regarding how to request retroactive Medicaid on the application.

VI. REGULATIONS

These proposed rule changes refer to 8.230.600 NMAC of the Medical Assistance Eligibility Manual. The proposed rules are attached to the register and are available on the Medical Assistance web site at: www.hsd.state.nm.us/mad/registers/2012. If you do not have Internet access, a copy of the proposed register and rules may be requested by contacting the Medical Assistance Division at 505-827-3157.

VII. EFFECTIVE DATE

The Department proposes to implement these regulations effective July 1, 2012.

VIII. PUBLIC HEARING

A public hearing to receive testimony on these proposed regulations will be held at 9:00 a.m. on Friday, May 18, 2012 in the South Park Conference Room, 2055 S. Pacheco, Ste. 500-590, Santa Fe.

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. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the Medical Assistance Division upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

IX. ADDRESS

Interested persons may address written or recorded comments to:

Sidonie Squier., Secretary
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 p.m. on May 18, 2012. 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: barbara.watkins@state.nm.us.

X. PUBLICATIONS

Publication of these regulations approved by:

SIDONIE SQUIER, SECRETARY
HUMAN SERVICES DEPARTMENT

MAD-MR: MEDICAID ELIGIBILITY – PREGNANT WOMEN WHO MEET EFF: Proposed
AFDC CATEGORY 030
BENEFIT DESCRIPTION

TITLE 8 SOCIAL SERVICES
CHAPTER 230 MEDICAID ELIGIBILITY - PREGNANT WOMEN WHO MEET AFDC
(CATEGORY 030)
PART 600 BENEFIT DESCRIPTION

This is an amendment to 8.230.600 NMAC, Sections 1, 3, 5, 6 and 10 -14, effective July 1, 2012. This rule was also renumbered and reformatted from 8 NMAC 4.PWN.000 and 8 NMAC 4.PWN.600 to comply with NMAC requirements.

8.230.600.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[2/1/95; 8.230.600.1 NMAC - Rn, 8 NMAC 4.PWN.000.1; A, 7/1/12]

8.230.600.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.230.600.2 NMAC - Rn, 8 NMAC 4.PWN.000.2, 7/1/12]

8.230.600.3 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 Section 27-2-12 et seq. NMSA 1978 [~~Repl. Pam. 1991~~].
[2/1/95; 8.230.600.3 NMAC - Rn, 8 NMAC 4.PWN.000.3; A, 7/1/12]

8.230.600.4 DURATION: Permanent
[2/1/95; 8.230.600.4 NMAC - Rn, 8 NMAC 4.PWN.000.4, 7/1/12]

8.230.600.5 EFFECTIVE DATE: February 1, 1995 unless a later date is cited at the end of a section.
[2/1/95; 8.230.600.5 NMAC - Rn, 8 NMAC 4.PWN.000.5; A, 7/1/12]

8.230.600.6 OBJECTIVE: The objective of [~~these regulations~~] this rule is to provide eligibility policy and procedures for the medicaid program.
[2/1/95; 8.230.600.6 NMAC - Rn, 8 NMAC 4.PWN.000.6; A, 7/1/12]

8.230.600.7 DEFINITIONS: [RESERVED]

8.230.600.8 [RESERVED]

8.230.600.9 BENEFIT DESCRIPTION: An applicant/recipient eligible for medicaid under this category can receive the full range of medicaid-covered services.
[2/1/95; 8.230.600.9 NMAC - Rn, 8 NMAC 4.PWN.600, 7/1/12]

8.230.600.10 BENEFIT DETERMINATION: Eligibility for the application month and for each month between the application month and the month of approval must be determined in its own right. A signed application must be submitted to the income support [~~specialist (ISS)~~] division (ISD) office before eligibility can be determined.

A. **Processing time limit:** All applications must be processed within [~~forty five (45)~~] 45 days from the date of application. The time limit begins on the day the signed application is received.

B. Applications must be acted upon and notice of approval, denial or delay sent out within the required time limit: [~~The ISS explains the time limit and that the~~] the applicant will be explained the time limit and may request an administrative hearing if the application pends longer than the time limit allows.

[2/1/95; 8.230.600.10 NMAC - Rn, 8 NMAC 4.PWN.620; A, 7/1/12]

8.230.600.11 INITIAL BENEFITS: Notices of eligibility determinations are automatically generated and mailed to applicants/recipients.

A. **Move during eligibility determination:** If an applicant moves to another county while the eligibility determination is pending, the county [~~income support division~~] ISD office in which the application was originally registered transfers the case to the new responsible ISD office.

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B. **Delays in eligibility determination:** If an eligibility determination is not made within the time limit, the applicant is notified in writing of the reason for the delay. This notice also informs the applicant/recipient of the right to request an administrative hearing.

[2/1/95; 8.230.600.11 NMAC - Rn, 8 NMAC 4.PWN.623; A, 7/1/12]

8.230.600.12 ~~[ONGOING BENEFITS: Periodic reviews are conducted on a yearly basis.]~~ [RESERVED]

[2/1/95; 8.230.600.12 NMAC - Rn, 8 NMAC 4.PWN.624; A, 7/1/12]

8.230.600.13 RETROACTIVE BENEFIT COVERAGE: Up to three [~~(3)~~] months of retroactive medicaid coverage can be [~~furnished~~] provided 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 Section 435.914].

A. **Application for retroactive benefit coverage:** Applications for retroactive coverage can be submitted even after a pregnancy ends. If the mother was not eligible for and receiving medicaid at the time of delivery or when the pregnancy terminated, retroactive coverage for category 030 can only be extended through the month the pregnancy ended. Application for retroactive medicaid can be made by [~~checking “yes” in the “application for retroactive medicaid payments” box on the application/redetermination of eligibility for medicaid assistance (MAD 381) form or by checking “yes” to the question “does anyone in your household have unpaid medical expenses in the last three (3) months?” on the application for assistance ISD 100 S form~~] indicating the existence of unpaid medical expenses in the three months prior to the month of application on the application form. Applications for retroactive medicaid benefits must be made by 180 days from the date of application for assistance. Medicaid-covered services which were furnished more than two [~~(2)~~] years prior to application are not covered.

B. **Approval requirements:** To establish retroactive eligibility, the [~~ISS~~] caseworker must verify that all conditions of eligibility were met for each of the three [~~(3)~~] retroactive months [~~and that~~] in which the applicant received medicaid-covered services. Each month must be approved or denied on its own merits. Retroactive eligibility can be approved on either the [~~ISD2~~] ISD eligibility system (for categories programmed on that system) or on the retroactive medicaid eligibility authorization [~~ISD~~] MAD 333 form.

C. **Notice:**

(1) **Notice to applicant:** The applicant must be informed if any of the retroactive months are denied.

(2) **Recipient responsibility to notify provider:** After the retroactive eligibility has been established, the [~~ISS~~] caseworker 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; 8.230.600.13 NMAC - Rn, 8 NMAC 4.PWN.625; A, 7/1/12]

8.230.600.14 CHANGES IN ELIGIBILITY: If a pregnant woman who is eligible for medicaid under category 030 loses eligibility because of a change in family income, she automatically remains eligible for medicaid under category 035, pregnancy related services [~~and/or~~] or family planning services, without a new application. The pregnancy related services only remain effective for the two [~~(2)~~] months following the month in which the child is born or the pregnancy ends. Coverage is limited to pregnancy related services only. The family planning services for [~~24~~] 12 months remain effective subsequent to the two month post-partum period.

[2/1/95, 6/30/98; 8.230.600.14 NMAC - Rn, 8 NMAC 4.PWN.630; A, 7/1/12]

HISTORY OF 8.230.600 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center. ISD 290.1000, Medical Assistance for Woman and Children, filed 11/13/84.

ISD FA 830, Medical Assistance for Woman and Children and AFDC Related Groups, filed 2/10/88.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 8/11/88.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 9/8/88.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 9/30/88.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/1/88.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 3/31/89.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/8/89.

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MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/28/89.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/29/89.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 3/1/91.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/5/92.

History of Repealed Material:

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/5/92 - Repealed effective 2/1/95.