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TITLE 8 SOCIAL SERVICES

CHAPTER 234 MEDICAID ELIGIBILITY - LOSS OF SSI - INCOME OR RESOURCES AVAILABLE FROM A STEPPARENT (CATEGORY 034)

PART 600 BENEFIT DESCRIPTION

8.234.600.1 ISSUING AGENCY: New Mexico Human Services Department.
[2/1/95; 8.234.600.1 NMAC - Rn, 8 NMAC 4.ISS.000.1, 9-15-13]

8.234.600.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.234.600.2 NMAC - Rn, 8 NMAC 4.ISS.000.2, 9-15-13]

8.234.600.3 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. Pamp. 1991).
[2/1/95; 8.234.600.3 NMAC - Rn, 8 NMAC 4.ISS.000.3, 9-15-13]

8.234.600.4 DURATION: Permanent
[2/1/95; 8.234.600.4 NMAC - Rn, 8 NMAC 4.ISS.000.4, 9-15-13]

8.234.600.5 EFFECTIVE DATE: February 1, 1995
[2/1/95; 8.234.600.5 NMAC - Rn, 8 NMAC 4.ISS.000.5, 9-15-13]

8.234.600.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.
[2/1/95; 8.234.600.6 NMAC - Rn, 8 NMAC 4.ISS.000.6, 9-15-13]

8.234.600.7 DEFINITIONS: [RESERVED]

8.234.600.8 [RESERVED]

8.234.600.9 BENEFIT DESCRIPTION: An applicant/recipient who is eligible for medicaid under this category is eligible to receive the full range of medicaid-covered services.
[2/1/95; 8.234.600.9 NMAC - Rn, 8 NMAC 4.ISS.600., 9-15-13]

8.234.600.10 BENEFIT DETERMINATION:

A. Applications for category 034 are made on the application/redetermination of eligibility for medical assistance to aged, blind, and disabled individuals form.

B. **Processing time limit:**

(1) All applications must be processed within forty-five (45) days from the date of application. The time limit begins on the day the signed application is received.

(2) 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 applicant may request an administrative hearing if the application pends longer than the time limit allows.
[2/1/95; 8.234.600.10 NMAC - Rn, 8 NMAC 4.ISS.620, 9-15-13]

8.234.600.11 INITIAL BENEFITS: Notices of eligibility determinations are 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 office.

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; 8.234.600.11 NMAC - Rn, 8 NMAC 4.ISS.623, 9-15-13]

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8.234.600.12 ONGOING BENEFITS: Periodic reviews are conducted on a yearly basis.
[2/1/95; 8.234.600.12 NMAC - Rn, 8 NMAC 4.ISS.624, 9-15-13]

8.234.600.13 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].

A. **Application for retroactive benefit coverage:** 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 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.

B. **Approval requirements:** To establish retroactive eligibility, the ISS 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.

(1) 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 8.200.520.10 NMAC, *income standards*. If the applicant's countable income in a given month exceed the applicable FBR, the applicant is not eligible for retroactive medicaid for that month. If the countable income is less that 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.

(2) Disability determination required: If a determination is needed of the date of onset of blindness or disability, the ISS must send a referral to disability determination services (ISD 305) to the disability determination unit.

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 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; 8.234.600.13 NMAC - Rn, 8 NMAC 4.ISS.625, 9-15-13]

HISTORY OF 8.234.600 NMAC: [RESERVED]